STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964889	11/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arbor Cove	305 North Hiawassee Rd Orlando, FL 32835	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0010-Admissions - Continued Residency-11/20/2014
0026-Resident Care - Social & Leisure Activities-11/20/2014
0053-Medication - Administration-11/20/2014
0078-Staffing Standards - Staff-11/20/2014
0080-Training - Core & Competency Test-11/
0083-Training - First Aid And
0085-Training - Nutrition & Food Service-1
0093-Food Service - Dietary Standards-
0161-Records - Staff-11/
0162-Records - Resident-11

Revisit Repeat Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac

Revisit New Tags:
Z815-Background Screening; Prohibited Offenses-408.809, 435.02(2), 435.06

Specific Tag Findings:
0000-Initial Comments
Revisit to the re-licensure survey including Limited Nursing Services was conducted on 11/20/14. Arbor Cove Assisted Living Facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

Personnel record review for Staff B revealed she was an unlicensed staff that assisted with the Self-Administration of Medications.

The following observations were made on

1. Observations for resident #2 at 1:10 PM revealed staff B removed the medications from

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storage; compared the medications to the Medication Observation Record (MOR). Staff B placed the medication in a cup and handed the cup to the resident who was sitting at the table. Staff B stated to resident #2 here is your pill.

2. Observations for resident #5 at 1:30 PM revealed staff B removed the medications from storage. Compared the medications to the MOR Staff B placed the medications in a cup and handed the cup to the resident who was sitting at the table. Staff B stated to resident #5 here are your pills. The resident had to ask her what they were for.

3. Observations for resident #6 at 1:40 PM revealed staff B removed the medications from the storage. Compared the medications to the MOR placed them in a cup and handed the cup to the resident she stated here is your pills.

4. Observations for resident #7 at 1:45 PM revealed staff B removed the medications from storage; compared the medications to the MOR. Staff B placed the medications in a cup and handed the cup to the resident who was sitting at the table. Staff B stated to resident #7 here are your pills.

The administrator who was a Registered Nurse and provided the training to Staff B was also present.

Staff B did not follow the appropriate procedure at all times and did not take medication, in its dispensed, properly labeled container, from where it was stored and brought to the resident, she did not in the presence of the resident, read the label, open the container, remove the prescribed amount of medication from the container and close the container and return the medication container to proper storage.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on Observations and interview, the facility failed to ensure medications that were kept refrigerated were in a locked container or that the refrigerator was locked at all times.

Findings:

During an interview with Staff A (Administrator) on [redacted] at approximately 12 PM. She stated resident #3 used [redacted] pens and they were kept in the refrigerator.

The administrator went to the refrigerator and removed the box that contained the [redacted]

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pens. Observation on at 12 PM revealed it was a box of Flex touch Pens. Staff A was asked at the time how were the pens kept secured in the refrigerator. Staff A opened the refrigerator and pointed to where they were kept in the refrigerator and stated she did not have the pens in a locked container as required.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and interview, the facility failed to ensure that 1 of 4 sampled staff met the background screening requirements and were allowed to provide personnel care to the residents of the facility.

Findings:

Personnel Record review for staff C revealed she was hired in . Further personnel record review revealed that there was a Level II background screening result that was printed on that noted eligible. Review of the Agency's website for background screening results on at approximately 12:45 revealed on staff C was not eligible. This was before staff C was hired by the facility.

During an interview with the Administrator on at approximately 1 PM, she stated staff C was hired sometime in . Staff C provided the facility with the Level II results that were printed on and she did not check the website herself before Staff C was hired to determine whether or not she was eligible to provide personnel Care to the resident of the facility.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Arbor Cove
305 North Hiawassee Rd
Orlando, FL 32835

RE: 2nd revisit to Biennial relicensure w/LNS

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2015.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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