STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	12/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angels Senior Living At New Tampa, Llc	**14712 N 42nd St Tampa, FL 33613**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014011863, was conducted on .

Angels Senior Living at New Tampa, Inc., assisted living facility, formally known as Connerton Court of New Tampa, had deficiencies at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interview and record review the assisted living facility failed to provide assistance with self-administration of medication per the guidelines as noted in 429.256, F.S. The facility failed to ensure qualified employees provided assistance with self-administration of medications for 2 of 2 (resident #3 and #4) sampled residents.

Findings include:

On , 2014 at 11:57 AM a medication pass observation was conducted with Employee A for Resident #3. Employee A was observed outside of Resident #3 ' s closed preparing Resident #3 medications from the medication cart. Employee A was observed reviewing Resident #3 medication observation record (MOR), obtaining a soufflé cup and retrieving Resident #3 ' s 650 mg pack from the medication cart. Employee A was observed crushing the medication and placing the medication into a soufflé cup. Employee A was observed placing Resident #3 ' s 650 mg pack into the medication cart. Employee A was observed signing Resident #3 ' s MOR that the medication was provided. Employee A placed apple sauce in the soufflé cup and mixed the applesauce with the Resident #3 ' s medication. Employee A poured a small cup of apple juice and then was observed knocking on Resident #3 ' s door and entering the Resident #3 was located during the observation. Employee A informed Resident #3 of the medication and Employee A was observed bending down on one knee beside Resident #3. Employee A stated to Resident #3, I ' m going to try to get it all in the spoon this time. " Employee A was observed scooping the 650 mg and applesauce mixture into a spoon and spoon feeding Resident #3 the medication.

On , 2014 at 12:05 PM a medication pass observation was conducted with Employee A for Resident #4. Employee A was observed preparing Resident #4 ' s medication while Resident #4 stood by the medication cart. Employee A was observed reviewing Resident #4 ' s MOR and retrieving the appropriate medication from the

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medication cart. Employee was observed popping Resident #4 ' s medications into a soufflé cup, signing the MOR that the medication was provided and handing Resident #4 the soufflé cup to self-administer the medication. Employee A was observed returning the medication pack and MOR book in the medication cart and locking the medication cart.

On , 2014 at 12:17 PM an interview was conducted with Employee A. When asked about the method of which she provided Resident #3 his medications, Staff A stated " when I do it, I have always spooned out the medications. " Staff A stated, " I kind of had to take my own initiative to figure out how to give the medications. "

A record review of Employee A ' s employee file revealed no certificate or evidence that Employee A received the required 4 hour assistance with self-administration of medication and safe practices training.

On , 2014 at 6:37 PM an interview was conducted with the assisted living Administrator. The Administrator acknowledged during the interview that Employee A did not have the required 4 hour medication training and stated that Employee A would no longer hand out medications until Employee A received the proper training.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview and record review the assisted living facility failed to maintain accurate and up to date medication observation records (MOR) for 1 of 10 sampled residents (Resident #2).

Findings include:

On , 2014 at 12:20 PM a medication cart audit was conducted. A comparison of Resident #2 ' s medications stored in the medication cart to Resident #2 ' s MOR revealed two pharmacy labeled medications in the medication cart, Polyethylene Powder 3350 NF 255GM dated , 2014 and Milk of Magnesia SUS 473 ML dated , not printed on Resident #2 ' s MOR. (Photos obtained)

On , 2014 at 12:25 PM an interview was conducted with Staff A. Staff A stated, " yeah I saw that " and stated she did not know why the pharmacy labeled medications were not on Resident #2 ' s MOR.

On , 2014 at 6:37 PM an interview was conducted with the assisted living facility Director of Nursing. The Director of Nursing stated the MORs are generated from the pharmacy and there have been a couple of issues with the pharmacy in the past.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview and record review the assisted living facility failed to ensure stored medication being used for assistance with self-administration were stored in properly labeled medication packages pursuant

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to F.A.C. 64B16-28.108 and F.S. 465 and 499. The assisted living facility also failed to ensure prescriptions for residents who received assistance with self-administration of medication were filled in a timely manner for 3 of 10 sampled residents (Resident #5, #6 and #7).

Findings include:

On , 2014 at 1:56 PM a medication cart audit was conducted in the memory care unit of the assisted living facility. An 325 MG TAB 60 TAB medication pack dated , 2014 was observed with a pharmacy label with white out covering the name of the resident of which it was originally prescribed. The hand written name of Resident #5 with the letters " MAPAP " was observed hand written on the pack. The pack contained 5 of 30 unopened medication units (photo obtained).

On , 2014 at 2:58 PM a medication cart audit was conducted on the first floor of the assisted living facility. An 325 MG 60 TAB pack with white out over the original pharmacy label was observed with Resident #6 ' s name hand written over the white out. The hand written label read, " take 2 tablets by mouth 2 times a day, take 2 tablets by mouth at bedtime. " The pack contained 5 of 30 unopened medication units (photo obtained).

On , 2014 at 2:00 PM an interview was conducted with Employee A. Employee A stated she noticed the hand written label in the cart for Resident #5 but she as unaware why the label was hand written.

On , 2014 at 3:00PM an interview was conducted with Employee B. Employee B stated she did not know who wrote the label on the pack being used for Resident #6.

On , 2014 at 6:37 PM an interview was conducted with the assisted living Director of Nursing (DON). The DON acknowledged observing hand written label for Resident #6 and stated he was " not sure why staff were whiting out resident ' s names and hand writing the names of other residents on the bubble packs. " The DON continued by stating, " my staff know better and that is illegal. "

On , 2014 at 10:30 AM an interview was conducted with the DON. The DON stated Resident #7 ' s AER 160-4 inhaler was ordered on , 2014 and the medication did not come in until yesterday.

A record review of Resident #7 ' s Health Assessment (AHCA Form 1823) dated 2014 revealed Resident #7 required assistance with self-administration of medication. A review of Resident #7 ' s MORs dated through and through revealed direction for Resident #7 ' s AER 160-4 medication as " inhale 2 puffs by mouth twice a day ". The notes section of the and MOR revealed notations of " out of med " beginning on and ending on .

On , 2014 at 2:32 PM an interview was conducted with Resident #7. Resident #7 stated he does not know what happened with his . Resident #7 stated " it showed the order was filled on and we did not get it until yesterday. " Resident #7 stated " I have breathing problems and that multiplied them ". Resident #7 stated the " prevented me from having breathing problems. Resident #7 stated he was

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uncomfortable without the : and he asked the facility aides, nurse and his physician assistant about the medication but all would tell him that the medication was ordered.

On , 2014 at 5:00 PM an interview was conducted with the assisted living facility DON. The DON stated he was unable to provide documentation of contacting the Veteran Administration regarding Resident #7 ' s : medication not being received by the assisted living facility.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observation, interview and record review the assisted living facility failed to ensure unlicensed facility employee who provided assistance with self-administered medication completed the initial 4 hour medication training and the annual 2 hour continuing education training on providing assistance with self- administrated medication training and safe medication practices to 2 of 3 sampled employees (Employee A and B).

Findings include:

On , 2014 at 11:57 AM Employee A was observed conducting a noon medication pass. Employee A was observed providing medications to Resident #3 and Resident #4.

A record review of Employee A ' s employee file revealed no certificate or evidence that Employee A received the required 4 hour assistance with self-administration of medication and safe practices training.

A record review of Employee B ' s employee file revealed Employee B ' s initial assistance with self-administration of medication and safe practices training was obtained on . 2013. No certificate or evidence was located in Employee B ' s file that Employee B obtained the required 2 hour annual assistance with self-administration of medication and safe practices updated training.

On , 2014 at 6:37 PM an interview was conducted with the assisted living administrator. The administrator acknowledged during the interview that Employee A did not have the required 4 hour medication training and stated that Employee A would no longer hand out medications until Employee A received the proper training. The Administrator stated she thought Employee B had the required 2 hour annual medication training update but stated she could not provide a certificate or evidence that the training was obtained by Employee B.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Angels Senior Living at New Tampa, LLC
14712 N 42nd St
Tampa, FL 33613

RE: CCR# 201401863

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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