STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964280	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Forest Lake Manor	252 Forest Lake Blvd Daytona Beach, FL 32119	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures
0054-Medication - Records-0
0081-Training - Staff
0082-Training -
N276-Lns - Nursing Services-C

Revisit Repeat Tags:
0000-Initial Comments-
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0078-Staffing Standards - Staff-58a-5.019(2) Fac

Revisit New Tags:
0058-Pharmacy & Dietary; Uncorrected Deficiencies-429.42 Fs; 58a-5.033(3)(a) Fac
N278-Lns - Records-58a-5.031(3) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced second follow up to a complaint survey along with a limited nursing services monitoring visit was conducted on Forest Lake Manor had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on Medication Observation Record (MOR) review and staff interview, the facility failed to assist with medication administration according to physician orders for 2 of 5 sampled residents, Residents #1 and #2. This was previously cited on and

The findings include:

Review of the 2015 MOR for Resident #1 revealed the resident was taking several anti-hypertensive medications including: 60 milligrams (mg) twice a day, Lisnopril 20 mg daily, 12.5 mg twice a day, 10 mg daily and 0.1 mg take one tablet orally twice a day as needed for greater than 160 and diastolic greater than 90. Further review of the MOR revealed they were recording daily. There were several days when the resident's was elevated above 160 and 90 diastolic. On 2015, the was 168 /91(diastolic). On 2015, the was On 2015, the was On 2015, the was The facility staff did not give the resident any of the as needed 0.1 mg for these elevated

Review of the 2015 MOR for Resident #2 revealed the resident was taking two anti-hypertensive medications, 10 mg twice a day, hold for less than 100 or diastolic less than 60 and 20 mg daily. The resident's was below 100 or 60 diastolic on several days: 2015, the diastolic was 50, 2015, the diastolic was 48 and on 2015, the was 84. On these days, the signed as given to the resident despite the physician's order to hold it.

The Resident Care Director was interviewed on at 10:40 a.m. She confirmed the facility staff did not

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follow physician orders for the medications for Residents #1 & #2.

Class III

0058-Pharmacy & Dietary; Uncorrected Deficiencies 429.42 FS; 58A-5.033(3)(a) FAC
Based on observation, record review and interview, the facility failed to correct deficient practice relating to assistance with self-administration with medication. The facility was cited at A0052 on &

The findings include:

The facility was cited at A0052, class III, during a complaint visit (CCR# 201400717) on . A revisit was conducted on , and on that date A0052 was recited at a class III. A second follow up was conducted on . A0052 was recited at a class III, during the second follow up visit.

On the facility was cited at A0052 for unqualified staff assisting with treatments as well as failing to follow a physician order for parameters around reading corresponding to medication ordered. On , the facility was cited at A0052 for unqualified staff assisting with treatments and failing to follow a physician order by crushing medications that were ordered not to be crushed. Lastly, on , the facility was cited at A0052 for failing to follow a physicians orders for parameters around reading corresponding to medication ordered.

Any assisted living facility which the agency has documented uncorrected class III deficiencies relating to medication administration, is required to employ the consultant services of a licensed pharmacist or a licensed registered nurse. A corrective action plan must be developed and implemented by the facility within 48 hours. After developing and implementing a corrective action plan in compliance with Florida Statute Section 429.42(2), the initial on-site consultant visit must take place within 14 working days. The facility must have available for review by the agency, a copy of the consultant ' s license and the consultant ' s signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. The facility must provide the agency with monthly on-site corrective action plan updates until the agency determines, after written notification by the consultant and facility administrator that deficiencies are corrected and staff have been trained to ensure proper medications standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
The facility failed to ensure that Employee O had 1 of 3 sampled employees, a written statement from a health care provider documenting she does not have and signs or symptoms of communicable .

The findings include:

A review of the employee file for Employee O date of hire: on revealed the abscense of a free from communicable statement .

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An interview with the Administrator at 10:38 AM on confirmed there was not a statement in Employee 0's file stating she was free from communicable

Class III

N278-LNS - Records 58A-5.031(3) FAC
Based on record review and staff interview the facility failed to conduct nursing assessments at least monthly for residents receiving Limited Nursing Services (LNS) for 1 of 1 sampled residents receiving LNS. (Res #4).

The findings include:

Review for Resident #4 revealed the last monthly assessment was completed 2014 by the contract registered nurse.

An interview was conducted with the Resident Care Director (RCD) on at 10:55am. She was asked where were the monthly nursing assessments for residents receiving LNS services be located. She stated they are kept in the Limited Nursing Services (LNS) book. She reviewed the LNS book for Res #4 and stated that there were no notes by the contract registered nurse since 2014. She stated the nurse had been ill, and had not been able to provide services. She stated the resident does receive monthly home health services and thought the RN from the home health agency could do the summaries. When asked if the home health nurse had performed monthly summaries since , she stated there were none found in the record.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Forest Lake Manor
252 Forest Lake Blvd.
Daytona Beach, FL 32119

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2015 by 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.

All deficiencies shall be corrected no later than , 2015.

Please note that due to the uncorrected deficiencies related to medication, the facility has now been cited at A0058. This requires the facility to employe the consultant services of a licensed pharmacist or a licensed registered nurse. A corrective action plan must be developed and implemented by the facility within 48 hours. After developing and implementing a corrective action plan in compliance with Florida Statute Section 429.42(2), the initial on-site consultant visit must take place within 14 working days. The facility must have available for review by the agency, a copy of the consultant's license and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. The facility must provide the agency with monthly on-site corrective action plan updates until the agency determines, after written notification by the consultant and facility administrator that deficiencies are corrected and staff have been trained to ensure proper medications standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.

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 (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

RS/JM/sm
Enclosure