STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964320	01/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Country Manor	2806 West Sam Allen Road Plant City, FL 33565	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

Assisted Living Facility

A complaint investigation (CCR#201401220) was conducted on .

The Country Manor Assisted Living Facility had deficiencies found at the time of this visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based upon interview, observation and record review the facility did not ensure that the use of bedrails were limited to the use of 1/2 bed rails when authorized by a physician for 1 resident (#3).

Findings Include:

During facility tour on . it was observed that the bed of resident #3 had full bed rails installed. According to Direct Care staff interviewed (approximately 10:15am) the residents family brought them in & requested they be used. She stated the bed rails were used at night.

A review of this residents record revealed no physician orders for 1/2 rails on file.

Staff were informed that only 1/2 bed rails were permitted with physicians orders.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC

Based upon record review & staff interview, 2 (#3 & 5) of 3 residents health assessments (AHCA form 1823) indicated they required medications administered by licensed staff which the facility does not employ.

Findings Include:

1) A review of the health assessments for residents #3 & #5 revealed the health assessments dated 11 & . respectively indicated these residents required administration of medications.

2) During the visit of , the two staff on duty (A & B) were responsible for passing the residents medications. These staff were not licensed nurses but trained to assist and supervise residents with their medications.

Class III

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

Based upon observation & staff interview, the facility failed to ensure that unlicensed staff responsible for the supervision & assistance of residents medications maintained an accurate & up to date medication record for 1 (#3).

Findings Include:

During the medication pass at approximately 12:45 to 1:00 p.m. on staff supervising the 10 units three times a day) for resident #3 were not able to annotate the residents electronic medication observation record (MOR) after the medication pass. According to the staff person involved (A) she was not able to click on the tab denoting the medication was received since time the medication was received was outside of the 1 hour window or because the electronic MOR noted the resident is to have administered medications. When staff was asked if there was anywhere else she could record a note that the resident received this medication staff said she did not know. This was a new electronic medication system the facility recently started using.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Country Manor
2806 West Sam Allen Road
Plant City, FL 33565

RE: CCR #201401220

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 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 Kaufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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