STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942983	01/14/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Aiden Springs	5520 Howell Branch Road Winter Park, FL 32792	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:
0000-Initial Comments
The re-licensure survey with Limited Nursing Services was conducted on Aiden Springs had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on interview and record review the facility failed to ensure the health assessment for 3 of 4 sampled residents (#1, #5, and #6) contained all required information.

Findings:

1. Resident record review for resident #1 on at approximately 2 PM revealed she was admitted to the facility on Continued review revealed a health assessment report dated that indicated the resident needed assistance with self-administration of medications but the report did not indicate the type of assistance needed.

2. Resident record review for resident #5 on at approximately 2 PM revealed a health assessment report dated that indicated the resident needed assistance with self-administration of medications but did not indicate the type of assistance needed.

3. Resident record review for resident #6 on at approximately 2 PM revealed a health assessment report dated that indicated the resident needed assistance with self-administration of medications but did not indicate the type of assistance needed.

In an interview with the administrator on at approximately 2:30 PM who stated the information had been overlooked.

Class III

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0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations the facility failed to ensure the unlicensed staff that assisted 2 of 2 sampled residents (#2 and #5) with self-administration of medications followed the correct procedure and did not observe the resident take his medication.

Findings:

1. Observations on at approximately 12 PM during the medication pass for resident #5 noted that staff E sanitized her hands. She retrieved a medication from the locked medication cart. She poured a pill inside of the cup and told resident #5, who was and hard of hearing that it was time for the noon medication. Resident #5 was about to eat lunch, her daughter was present, so she (resident) was distracted. The Agency representative requested to see the medication bottle, the prescription label indicated 20 mg at bedtime.

The AHCA representative requested to see the Medication Observation Record (MOR). While reviewing the MOR the staff pointed to 20 milligrams (mg) at bedtime. The Agency representative asked her why was she giving the resident the medication when the MOR and the prescription label indicated at bed time. She replied "Oh this is not the one" and placed the pill back and retrieved Cycebenzapine (Flexaril) 10 mg one 3 times daily with a prescription dated . The MOR listed the medication as due at 8 AM, 12 PM and 8 PM.

2. Continued observations of the medication pass at approximately 12 PM noted staff B sanitized her hands. She retrieved the medications from the locked medication cart. She poured the pills in a cup. Resident #2 stood by her. She handed it to the resident #2. She observed the resident take the medication and signed the MOR. She returned the medication to the locked medication cart.

Neither staff B or F took the medications in it's properly dispense label container, brought it to the resident and read the label in front of the resident.

In an interview with the administrator on at approximately 3PM, who stated he would speak with the staff, maybe they needed a refresher course.

Class III

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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observations and interview the facility failed to ensure medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times, out of sight of all residents.

Findings:

Observations during the facility tour on at approximately 8:30 am noted resident #6 placed a chair in front of the door of the The resident wanted the Agency representative to see her Observations at approximately 1 PM noted 2 bottles of medication on top of her bed. The medications were 40 milligrams (mg) daily and 20 mg at bedtime. She stated "See like I told you I get them from [name]".

In an interview with the administrator on at approximately 3 PM, who stated he did not know why she had those bottles and would speak with the staff.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and interview the facility failed to ensure 2 of 4 sampled staff (B and C) who provided care to residents, received at last one hour of training in the facility's policies' and procedures regarding within 30 days after employment.

Findings:

1. In an interview on at approximately 10:30 AM with staff B who stated when asked if she knew what a was, "She replied No".

Personnel record review on at approximately 3 PM for staff B revealed she was hired 4//1(

2. In an interview on at approximately 2 PM with staff C who stated when asked if she knew what a was "Yes When asked about what was the facility police regarding residents on hospice, she replied "I will call 911".

Personnel record review on at approximately 3 PM for staff C revealed she was

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hired .

Individual personnel record review revealed both staff had a in-service training certificate dated .

Review of the facility policy and procedure revealed if a resident was on hospice, call hospice and their procedures will take precedence over those of the facility.

In an interview with the administrator on at approximately 3:30 PM, who stated she trained the staff, maybe they needed a refresher class.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observations and interview the facility failed to ensure walls were maintained in good repairs.

Findings:

Observations during the facility tour on at approximately 9:15 AM noted the left side wall in the a square hole.

In an interview with the administrator on at approximately 3 PM, who stated he had brought the equipment to make the repairs, but needed something else which he purchased. He just needed do fix it .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Aiden Springs
5520 Howell Branch Road
Winter Park, FL 32792

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure 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 after 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 Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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