STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968150	01/30/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Southern Breeze Living Llc	18 Woodward Ln Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D
St - A - 0161 - 429.275(2) Fs; 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An off-year monitoring survey was conducted at Southern Breeze Living LLC on . 2015. Deficiencies were identified.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, resident record review and interview with staff, the facility failed to ensure that 1 of 2 sampled residents (Resident #2) received medications as ordered by the health care provider.

The findings include:

An observation of Resident #2 was conducted on . at 8:23 am. She was receiving assistance with the self-administration of medication by Employee A, a Caregiver. Employee A prepared Resident #2's medications by pouring them into the bottle cap, and transferring them into a small cup. She dispensed the following, while telling the resident what she was pouring: 1 tablet, 1 tablet, 1 tablet, 1 tablet, 1 tablet, and 1 capsule of Fish Oil. The resident was then observed to take her medications independently.

Observation of the medication bottles for Resident #2's revealed the label instructed to take 1 20 mg tablet daily. A review of Resident #2's Medication Observation Record (MOR) revealed 20 mg was to be taken every other day. The was signed out on the MOR as given daily on and . Further record review found a physician's order dated for 20 mg, give one tablet by mouth one time a day, every other day, related to unspecified essential

An interview was conducted with the Administrator on at 9:35 am. He stated Resident #2 returned from rehabilitation on Tuesday. The order for her had been changed to 20 mg every other day while she was in rehabilitation. He reviewed the MOR and confirmed she had not received the medication per the physician's order between and . He confirmed she had received the medication daily, rather than every other day, per the physician's order.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation, record review, and staff interview, the facility failed to ensure that over -the-counter medications were labeled with the resident's name for 1 of 2 sampled residents (Resident #2) observed for assistance with self-administration of medications.

The findings include:

An observation of Resident #2 was conducted on at 8:23 am. She was receiving assistance with the

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self-administration of medication from Employee A, a Caregiver. Employee A prepared Resident #2's medications by pouring them into each bottle cap, then transferring them into a small cup. She dispensed the following, while explaining to the resident what she was dispensing: 1 tablet, 1 tablet, 1 tablet, 1 tablet, 1 tablet, and 1 capsule of Fish Oil. The resident was then observed to take her medications independently.

Observation of the medication bottles for Resident #2 revealed the over-the-counter bottle of Fish Oil, which was labeled with the manufacturer's label and instructions for use, had not been labeled with Resident #2's name.

An interview was conducted with the Administrator on at 9:35 am. He confirmed the Fish Oil for Resident #2 had not been labeled with Resident #2's name.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on observation and employee file review, the facility failed to ensure 1 of 2 sampled employees (Employee A) who provided assistance with self-administration of medication received the required training covering state law and rule requirements.

The findings include:

A personnel file review conducted for Employee A found she was hired on as a Caregiver. A certificate indicating Employee A had received the required training in assistance with self-administration of medication expired on There was no documentation that Employee A received the required ongoing training prior to, or upon expiration of her certificate in 2014.

An interview was conducted with the Administrator on at 11:00 am. He reviewed Employee A's personnel file, and confirmed she was overdue for the required training in assistance with self-administration of medications.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on a review of facility records, and interview with the Administrator, the facility failed to maintain an admission and discharge log that included all required information pertaining to resident discharges.

The findings include:

A review of the facility's admission and discharge logs found one was maintained for long term residents, and one was maintained for residents admitted for respite care. Neither of the logs contained the the reason for discharge, or the identification of the facility/ home address to which the resident(s) were discharged, as required.

An interview was conducted with the Administrator at 11:15 am on He reviewed the logs, and confirmed they did not contain all of the required information.

Class III

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0161-Records - Staff 429.275(2) FS; 58A-5.024(2) FAC
Based on observation and employee record review, the Administrator failed to maintain a complete personnel file which contained documentation of all training requirements for 1 of 2 sampled employees (Employee A) whose file was reviewed.

The findings include:

A personnel file review conducted for Employee A found she was hired on [redacted] as a Caregiver. A certificate indicating Employee A had received the required training in assistance with self-administration of medication expired on [redacted]. There was no documentation that Employee A received the required ongoing training prior to, or upon expiration of her certificate in 2014.

An interview was conducted with the Administrator on [redacted] at 11:00 am. He reviewed Employee A's personnel file, and confirmed she was overdue for the required training in assistance with self-administration of medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Southern Breeze Living, LLC
18 Woodward Lane
Palm Coast, FL 32164

Dear Administrator:

This letter reports the findings of a state licensure off-year monitoring survey that was conducted on 2015 by a representative 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. Should you have any questions please call this office at

Sincerely,

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

LL/JM/sm
Enclosure

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