STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953352	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Dixie Oak Manor, Llc	6410 Old Dixie Hwy Vero Beach, FL 32967	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014010821, was conducted on , 2015 at Dixie Oak Manor, LLC. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 3 out of 3 residents (Resident #1, # 2 and #3) observed during medication pass.

The findings include:

a) Observations on at 12:15 PM, found Resident # 1 receiving the following medications (as documented on the MOR for 2015): 25 mg. At 12:15 PM, observations during assistance with self- administration of medication revealed Staff A, a Home Health Aide (HHA)/unlicensed staff , assisted Resident # 1 with self - administration of medications. Staff A sanitized her hands, put each of Resident # 1's medications in a cup, gave the medications along with a cup of water to the resident. Staff A did not state the names of the medications to Resident # 1. Staff A observed Resident # 1 take her medications and signed her Medication Observation Record (MOR).

b) Observations on at 12:25 PM, found Resident # 2 receiving the following medications(as documented on the MOR for 2015): 10-325 mg and .25 mg. At 12:25 PM observations during assistance with self- administration of medication revealed Staff A, a Home Health Aide (HHA)/unlicensed staff, assisted Resident # 2 with self - administration of medications. Staff A sanitized her hands, obtained the medication from an secured medication cart, put Resident # 2's medication in a cup, and gave the medication along with a cup of water to the resident. Staff A did not state the name of the medication to Resident # 2. Staff A observed Resident # 2 take her medication and signed her Medication Observation Record (MOR).

c) Observations on at 12:35 PM, found Resident # 3 receiving the following medications (as documented on the MOR for 2015): .25 mg and 20 mg. At 12:35 PM observations during assistance with self- administration of medication revealed Staff A, a Home Health Aide (HHA)/unlicensed staff, assisted Resident # 3 with self - administration of medications. Staff A sanitized her hands, obtained the medication from an secured medication cart, put Resident # 3's

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medication in a cup, and gave the medication along with a cup of water to the resident. Staff A did not state the name of the medication to Resident # 3. Staff A observed Resident # 3 take her medication and signed her Medication Observation Record (MOR).

During an interview on at 12:40 PM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged her error in not informing the residents of the names of the medications given to them.

During an interview with the Administrator on at approximately 2:00 PM, she acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dixie Oak Manor, Llc
6410 Old Dixie Hwy
Vero Beach, FL 32967

RE: CCR #2014010821

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on 2015 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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