STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922343	02/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Elms (the)	1740 Elmhurst Circle Palm Bay, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Specific Tag Findings:
0000-Initial Comments
Re-licensure survey was conducted on . . . . The Elms Assisted Living had a deficiency found at the time of the visit.

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 4 sampled residents (#3 and #4) with self-administration of medications followed the correct procedure.

Findings:

Observations on . . . . at approximately 12 PM of the medication pass noted that staff A assisted resident #3 and resident #4 with self-administration of medications. The staff washed her hands. She retrieved the medication for resident #3 from the locked medication cabinet. She brought the medication on its properly labeled container to the resident. The resident took the medication out of the bubble pack with the assistance of staff A . She observed the resident take the medication. She did not read the label in the presence of the resident. She returned the medication to the locked medication cabinet and then signed the Medication Observation Record (MOR).

Continued observations noted she assisted resident #4 in the same manner. She retrieved the medication for resident #3 from the locked medication cabinet. She brought the medication its properly labeled container to the resident. The resident took the medication out of the bubble pack with the assistance of staff A. She observed the resident take the medication. She did not read the label in the presence of the resident. She returned the medication to the locked medication cabinet and then signed the MOR.

In an interview on . . . . . at approximately 1:30 PM with the administrator who stated she did not know she had to read the label to the resident, but she does now.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Elms (the)
1740 Elmhurst Circle
Palm Bay, FL 32909

RE: Biennial relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 17, 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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