RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Leisure Manor ALF
301 South Main Avenue
Minneola, FL 34755

RE: CCR #2014011959, 2015000317 & 2015000484

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) of this office.

Enclosed 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 **, 2015** 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 this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910284	02/02/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Leisure Manor Alf	301 South Main Avenue Minneola, FL 34755	
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
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - L243 - 429.075(1) Fs; 58a-5.0191(8) Fac - Lmh - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Complaint Survey for CCR #2015000484, CCR #2015000317 and CCR #2014011959 was conducted at Leisure Manor Assisted Living Facility in Minneola, Florida on , and . Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on interview and record review the facility failed to follow appropriate procedures for self-administered medication 1 of 4 sampled employees (Staff C).

Findings:

An interview conducted on at 4:50 PM with Staff C revealed that she is a CNA and a med tech and had training as a med tech when she first started working here. She stated she does not prepare the medication in the presence of the residents and admitted to occasionally pre-pour medication and then returning later to give them the residents.. She further stated she does not always inform the residents as to which medications they received. Staff C said, "I would have to go back to the medication cart and look at the original medication container."

An interview conducted on at 5:00 PM with the Administrator revealed that she is surprised to find out that Staff C pre-pours medications and does not take the original package of medications to the residents.

A review of the facility Policy and Procedures For Supervision of Self-Administered Medications showed that under the Procedure section on page 3 it states the following: Obtain the medication from the locked storage area or cabinet, call out patient name and then verify medication with/ medication record .....Observe resident taking medication, retrieve medication container and return to locked cabinet. Further review of the policy stated on page 5 under the Do's and Don't section: All medications must be kept in their legally dispensed and labeled containers.

Class III

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0054-Medication - Records 58A-5.0185(5) FAC
Based on interview and record review the facility failed to maintain accurate and up-to-date Medication Observation Records (MOR) for 4 (Resident 4, 8, 9 and 10) of 4 residents.

Findings:

A review of the Medication Observation Record (MOR) for Resident #4 revealed that the documentation is not accurate or up-to-date with the following medications:
Prazosin, 1 mg, take 3 capsules by mouth every night at bedtime showed no documentation of medication assistance on
5 mg, take 1 tablet by mouth twice daily showed no documentation of medication assistance on
and

A review of the MOR for Resident #8 revealed that the documentation is not accurate or up-to-date with the following medications:
25 mg, 1 tablet by mouth twice a day at 7:00 AM and 7:00 PM showed no documentation of medication assistance on and at 7:00 AM and and at :00 7 PM.
Lisinopri, 1 40 mg, 1 tablet by mouth every day at 7:00 AM showed no documentation of medication assistance on at 7:00 AM.
, 0.5 mg, 1 tablet by mouth at bedtime showed no documentation of medication assistance on at bedtime.
Nevanac, 0.1% Opth Suspension, instill one drop in left eye 4 times a day showed no documentation of medication assistance on and
10 mg, 1 tablet by mouth every day at 7:00 PM showed no documentation of medication assistance for , 1 and
Sod, 100 mg, take 1 capsule by mouth twice a day at 7:00 AM and 7:00 PM showed no documentation of medication assistance on for 7:00 AM and 7:00 PM
Mal 0.5% Opth Solution, instill one drop in both eyes twice a day showed no documentation of medication assistance on and at 7:00 AM and and at 7:00 PM
Clondidine, 0.1 mg tablet, take 1 tablet by mouth 4 times a day showed no documentation of medication assistance for all doses on in addition no documentation of medication assistance for three doses on and
81 mg table,T 1 tablet my mouth every day showed no documentation of medication assistance on
0.6% Opth Susp, instill one drop in left eye twice a day showed no documentation of medication administration on and at 8:00 AM and and
1 at 5:00 PM
500 with/vita D, 1 tablet by mouth twice a day at 7:00 AM and 7:00 PM showed no documentation of medication assistance on and at 7:00 AM and at 7:00 PM
Aureole 0.05% opt emulsion, instill on drop in left eye twice a day showed no documentation of medication assistance at 7:00 AM and and at 7:00 PM
Hydrastine 100 mg tablet 1 tablet by mouth three times a day showed no documentation of medication assistance

A review of the MOR for Resident #9 revealed that the documentation is not accurate or up-to-date with the following medications:
, 12% cream, apply to affected area twice a day as directed showed no documentation of medication assistance on and for 7:00 AM and 7:00 PM doses.

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81 mg, take 1 tablet by mouth every day at 7:00 PM showed no documentation of medication assistance on and
Atenolol 25 mg take, 1 tablet by mouth every day at 7:00 AM showed no documentation of medication assistance on and
20 mg, take 1 capsule by mouth every morning showed no documentation of medication assistance on and
Invega ER, 6 mg, take 1 tablet by mouth every day at 7:00 AM showed no documentation of medication assistance on and
20 mg, take 2 capsules by mouth every day at 7:00 PM showed no documentation of medication assistance on and
1 mg, take 1 tablet by mouth at bedtime showed no documentation of medication assistance on and

A review of the Medication Observation Record (MOR) for Resident #10 revealed that the documentation is not accurate or up-to-date with the following medications:
20 mg, take 1 capsule by mouth twice a day at 7:00 AM and 5:00 PM, showed no documentation of medication assistance on and for the 5:00 PM dose.
CHL 20 MEQ, take 1 tablet by mouth every day at 7:00 AM, showed no documentation of medication assistance on
HC 2.5% cream, apply 1 application to affected area twice a day, showed no documentation of medication assistance on and 1//4
100 mg take 1 tablet by mouth every day at 5:00 PM, no documentation of medication assistance on

An interview conducted on at 12:55 PM with Resident #9 revealed that he receives his medication each day at 7:00 AM and 5:00 PM. He also states that he has doesn't think I has ever run out of medication.

An interview conducted on at 12:10 PM with Staff A revealed that if the MOR is left blank or the initials of the Med Tech are circled then there should be a corresponding entry on back of MOR stating why the medication was not taken or why it was refused.

An interview conducted on at 2:44 PM with the Administrator revealed that when medications are refused or not given for any reason there is a corresponding note on the back of the MOR explaining what happened.

A review of Resident #4, 8, 9, and 10's reverse side of MOR showed no entries explaining the absence of documentation for any of their medications.

A review of the Medication Policy and Procedure, Page 4, at the top of the page it states "complete medication record by signing your name in appropriate time that it was given. Note and document when resident refused or missed taking medication."

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on interview and record review the facility failed to ensure that staff are appropriately trained in Asssistance with Self-Administered Medication for 3 of 3 staff members (Staff A, B and C)

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Findings:

A record review on of Staff A's personnel file showed that there was no required annual 2 hour training for Assistance with Self-Administered Medication. Last training received was

A record review on of Staff B's personnel file showed that there was no required annual 2 hour training for Assistance with Self-Administered Medication. Last training received was

A record review on of Staff C's personnel file showed that there was no required annual 2 hour training for Assistance with Self-Administered Medication. Last training received was

An interview conducted on at 2:20 PM with the Administrator confirmed that Staff B did not have the required training update in Assistance with self-administered medication in 2014. She also confirmed that Staff A does not have a record of an update training in Assistance with self-administered medication since and Staff C has not had an update in Assistance with self-administered medication since

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on interviews and record reviews the facility failed to provide snacks as required, for 23 of 23 residents.

Findings:

On at approximately 10:47 AM an interview was conducted with resident #2. During the interview the resident was asked if he gets snacks. He stated they used to serve snacks but they haven't provided them lately. He said the last snack he had was a week ago when his brother bought him a coke and a bag of chips.

On at approximately 11:15 AM an interview was conducted with resident #3. During the interview the resident was asked if she receives snack at least once a day. She stated she was not aware of any snacks being offered at the facility.

On at approximately 11:30 AM an interview was conducted with resident #4. During the interview he was asked if the facility provides snacks to the residents. He stated we do not get a snack from the facility.

On at approximately 12:10 PM an interview was conducted with resident #5. during the interview he was asked if the facility provides snacks to the residents and he stated no they do not.

On at approximately 12:41 PM an interview was conducted with resident #6. During the interview she was asked if the facility provides snacks to the residents. She stated no we do not get snacks in the facility.

On at approximately 1:14 PM an interview was conducted with resident #8. During the interview she was asked if the facility provides snacks to her. She said no they do not provide snacks to us.

On a record review was conducted on the facility dining menu. It was observed that the dining menu states, snacks will be provided at 2pm & 8pm.

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On at approximately 1:58 PM an interview was conducted with the Administrator/owner about the facility providing residents with snacks as required. She stated that residents are provided upon the residents request.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on interviews and observations the facility failed to maintain a physical environment as required for 3 of 8 residents (#1, 6, 7,).

Findings:

On at approximately 9:30 AM a tour was conducted of building B. during the tour to was observed that the by the male residents had a strong smell of . The garbage pal was full of garbage and there was no toilet paper on the toilette paper holder. The floor had tile which was broken and missing pieces. The shower drain was observed to be covered with hair. The hallway light fixture was missing light bulbs leaving the light sockets exposed. The air return had a thick layer of dust on the grill. The women's bath observed to be dirty and the tub had two rusted holes above the drain. The window sill had a thick layer of dust. Resident #6 observed to have two dressers which were being used by the occupants missing drawers. Resident #7 observed to have a strong body odor smell.

On at approximately 10:20 AM an interview was conducted with resident #1. During the interview the resident stated he cut his foot on the broken tile in the men's He said he never sees staff cleaning the building and that the residents are responsible for cleaning the building and their own He said he has got to beg for toilet paper when he runs out. We get 1 roll a week. He said he has shared his concerns with the Administrator/owners but they do not care.

On at approximately 12:41 PM an interview was conducted with resident #6. She was asked why the dressers in her missing drawers. She stated the dressers have been falling apart for a long time. She has told the owner and he keeps telling her he will be getting new ones. She said the staff rarely cleans the building and that the residents do most the cleaning.

On at approximately 12:55 PM an interview was conducted with resident #7. He stated that staff normally clean the building but not today. He said he has got to clean his own He was asked why his such a bad smell and he said he did not know.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on interview and record review the facility failed to file an adverse incident report when an event is reported to law enforcement in 1 of 1 residents (Resident #14)

Findings:

A record review of the resident observation record for Resident 14 showed that the resident was a danger to self

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and Staff B called 911 for dispatch to send an officer. The resident left the facility with law enforcement

An interview conducted on at 10:55AM with Staff B revealed that Resident 14 was a danger to herself and was taken from the facility in a police car to the Lifestream In-Patient Hospital.

An interview conducted on at 1:43 PM with the Administrator revealed that they did not file an adverse incident report because the police did not investigate.

Class III

L243-LMH - Training 429.075(1) FS; 58A-5.0191(8) FAC

Based on interview and record review the facility failed to ensure that staff received the required training in Limited Mental Health in 1 of 3 staff members (Staff A).

Findings:

A record review on of the personnel file for Staff A showed was hired on . Further review showed there was no training for Limited Mental Health which is required within 6 months of hire.

An interview conducted on at 3:40 PM with the Administrator confirmed that Staff A does not have the required Limited Mental Health Training.

Class III