STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966881	02/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hollywood Manor Assisted Living, Inc	1928 Washington Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0083 - 58a-5.0191(4) Fac - Training - First Aid And S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Abbreviated Relicensure survey was conducted on at Hollywood Manor Assisted Living, Inc. The facility had deficiencies found at the time of the visit.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observations, interviews and record review, the facility failed to ensure non-licensed staff properly assisted residents with self-administration of medications, for 1 of 3 sampled residents (Resident #7). It was also determined the facility staff did not follow written Health Care Provider (HCP) orders. As evidence a medication received was not documented on the medication record (MOR); and, an "as needed" medication order had no indication for why the medication would be taken.

The findings include:

Resident #7 was admitted to the facility on . Her medical examination (AHCA Form 1823) dated documented she required assistance with self-administration of medication. Review of her medications and related records was conducted on with the Assistant Administrator; the following concerns were revealed:

Resident #7's 2015 MOR included an order for with #4, 1 table every 6 hours as needed, maximum 4 tablets every 24 hours, but there was no medication supply available for review. At 2:05 PM, the Assistant Administrator presented a matching written HCP order dated and provided the following information: he thought the order was discontinued but contacted the pharmacy on the day of the survey and was told there was no discontinue order for this medication; the resident received 4 doses of the medication in and he presented a pharmacy receipt showing delivery of only 4 tablets (due to insufficient supply) on at 6:33 PM; facility staff did not document the HCP order nor the 4 doses received on her 2015 MOR. He further stated he had no explanation for why facility staff did not follow up with the pharmacy to ensure the resident received proper assistance with self-administration of this medication as ordered by her HCP.

Review of the above-mentioned HCP order revealed no indication as to why the "as needed" medication would be taken by the resident. At 2:05 PM, the Assistant Administrator acknowledged facility staff did not follow up to obtain the information the unlicensed staff needed in order to properly

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assist with self-administration of this medication.

Class III

0083-Training - First Aid and . . . 58A-5.0191(4) FAC
Based on observations, interviews and record review, the facility failed to ensure at least one staff member on duty received the required training in First Aid for 2 of 3 sampled employee files (Employee C and Employee A).

The findings include:

The Employee C (Assistant Administrator) and Employee A were observed providing direct care to the facility's eight residents throughout the survey conducted . . Personnel file review was conducted . . . . . with the Assistant Administrator present. Review of the Assistant Administrator's and Employee A's personnel files revealed the Assistant Administrator's First Aid training expired . . . . . and Employee A's First Aid training expired . . Review of the facility's staffing schedule revealed both employee are staffing the facility alone at various times.

In an interview conducted at 4:20 PM, the Assistant Administrator acknowledged he and Employee A did not receive the training as required.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assisted residents with self-administration of medications received the required continuing education, for 2 of 2 sampled employee files (Employees A and B).

The findings include:

A review of the facility's medications procedures was conducted on . . . . . At 12:15 PM, Employee A was observed to assist three residents with self-administration of medications. At 3:14 PM, Employee A was interviewed and stated she assists residents with self-administration of medications.

In an interview conducted at 4:15 PM, the Assistant Administrator (Employee C) confirmed both Employee A and B assisted residents with self-administration of medications. Review of their personnel files with the Assistant Administrator(Employee C) present revealed neither employee had received update training in Assistance with Self-Administration of Medications since . . . . . The Assistant Administrator acknowledged the two staff members had not received the continuing education training as required.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hollywood Manor Assisted Living, Inc
1928 Washington Street
Hollywood, FL 33020

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene -Davis
Field Office Manager

AMD
Enclosure

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