STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	02/25/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angel Care Assisted Living Facility	**4301 31st St South Saint Petersburg, FL 33712**	
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 - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2014011737, was conducted on .

Angel Care Assisted Living Facility had deficiencies 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 ensure unlicensed staff followed statutory requirements for assisting with self-administration of medication for 3 of 4 sampled residents (Resident #1, Resident #2, Resident #3). This includes reading the label in the presence of the resident.

Findings include:

Observation of the medication pass on . at 12:15 PM revealed that Staff A removed a pill that was prepackaged in its container from the medication storage cart in the presence of Resident #1. Staff A crushed the pill and placed it in a cup of vanilla pudding and stirred. Staff A removed the medication pudding mixture with a spoon and spoon feed Resident ' s #1 the medication. Observation also revealed Staff A did not read the label in the presence of the resident.

Observation of the medication pass on at 12:20 PM revealed that Staff A removed a pill that was prepackaged in its container from the medication storage cart. Staff A crushed the pill and placed it in a cup of vanilla pudding and stirred. Staff A was observed leaving the medication storage cart with Resident #2 ' s medication and taking the medication to Resident #2 ' s , where Resident #2 was located during the medication preparation. Staff A removed the medication pudding mixture with a spoon and spoon feed Resident ' s #2 the medication. Observation revealed Staff A did not read the label in the presence of the resident.

Observation of the medication pass on at 12:25 PM revealed that Staff A removed a pill that was prepackaged in its container from the medication storage cart in the presence of Resident #3. Staff A crushed the pill and placed it in a cup of vanilla pudding and stirred. Staff A removed the medication pudding mixture with a spoon and spoon feed Resident ' s #3 the medication. Observation also revealed Staff A did not read the label in

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	02/25/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angel Care Assisted Living Facility	**4301 31st St South Saint Petersburg, FL 33712**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the presence of the resident.

On [redacted] at 12:25 PM an interview was conducted with Staff A. Staff A stated she was not a nurse. Staff A stated she always gives Resident #2 his medication with a spoon. Staff A stated Resident #2 will hold the spoon but will not put it into his mouth " so I just give it to him " . Staff A stated she spoon feeds all the residents that cannot do it themselves.

On [redacted] at 4:00 PM an interview was conducted with the Assistant Administrator. The Assistant Administrator stated Staff A should have read the label in the presence of the resident and she confirmed Staff A did not follow the requirements of assisting with self-administration of medication by placing the spoon in the resident ' s mouths.

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based on record review and interview the facility failed to record and update the Medication Observation Records (MORs) log book for 3 of 3 sampled residents (Resident #1, Resident #5, Resident #7) that were assisted by staff with self-administration of medication.

Findings:

Review of Resident # 1 ' s MOR ' s on [redacted] revealed staff did not sign off or initial the MOR ' s dated [redacted] 1st., 2nd , 14th and 22nd 2015 for Resident #1 ' s required medication. There was no staff explanation listed for the blank spaces on the MOR ' s for these dates.

Review of Resident # 5 ' s MOR ' s on [redacted] revealed staff did not sign off or initial the MOR ' s dated [redacted] 2nd, 7th, 10th, 13th, 14th, 18th and 22nd 2015 for Resident #5 ' s required medication. There was no staff explanation listed for the blank spaces on the MOR ' s for these dates.

Review of Resident # 7 ' s MOR ' s on [redacted] revealed staff did not sign off or initial the MOR ' s dated [redacted] 2nd, 3rd, 7th 14th,and 22nd 2015 for Resident #7 ' s required medication. There was no staff explanation listed for the blank spaces on the MOR ' s for these dates.

On [redacted] at 9:40 am, an interview was conducted with the Assistant Administrator. The Assistant Administrator stated she was unaware why the MOR ' S had blank spaces for Resident #1,#5,#7 with no explanation listed at the bottom of the page.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	02/25/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angel Care Assisted Living Facility	4301 31st St South Saint Petersburg, FL 33712	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview and record review, the facility failed to ensure the physician orders were followed for assistance with self -administration of medication for 1 of 4 resident (Resident #1).

Findings include:

During an observation on _____ at 9:36 am, Resident #1 was lying in her bed being assisted by Staff A and Staff D preparing to place the _____ 5% _____ Patch on Resident #1 ' s back at 9:36 am.

A review of Resident #1's medical chart revealed a health assessment (AHCA Form 1823) dated _____ The health assessment (AHCA Form 1823) revealed Resident #1 requires assistance with self- administration for all medications. Review of the physician order confirmed Resident #1 is to receive _____ 5% _____ Patch at 8:00 am every day, once a day, and to be left on for up to 12 hours. No additional physician orders were located in Resident #1 chart regarding any changes for the _____ 5% _____ Patch.

A review of the facility's policy with assistance with self-administration of medication, states: " Any change in directions for use of a medication for which the facility is providing assistance with self- administration medication must be accompanied by a written medication order issued and signed by the residents health care provider " .

During an interview with Staff A on _____ at 9:30 am, Staff A stated she did not apply Resident #1's _____ 5% _____ Patch yet because Resident #1 " She had just got done eating and I haven't put her in bed yet " .

During an interview with the Assistant Administrator on _____ at 9:40 am, she stated that Resident #1 does not have the required change of physician orders to allow staff to change the times of applying the _____ 5% _____ Patch. She stated that the patch should have been applied at 8 am or within the hour. She confirmed that staff did not follow the policy.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on interview and record review the assisted living facility failed to ensure 1 of 4 sampled employees (Employee A) obtained the initial 4 hour medication training required of unlicensed personnel prior to providing assistance with self-administered medications to residents.

Findings Include:

On _____ at 9:05 AM during a tour of the assisted living facility memory care unit, Staff A was observed preparing medication to assist a resident with self-administered medications.

A review record review of Employee A ' s personnel file reveal a 2 hour medication update training dated _____ No evidence was located in Employee A file to verify that Employee A obtained the required initial 4 hour medication training.

On _____ at 2:19 PM and interview was conducted with the assistant administrator. The Assistant

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967749	02/25/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angel Care Assisted Living Facility	4301 31st St South Saint Petersburg, FL 33712	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Administrator reviewed Employee A ' s personnel file and stated Employee A " just has the 2 hour update and this is expired " .

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on interview and record review the assisted living facility failed to ensure personnel files for 2 of 4 sampled employees (Employees B &C) contained certificates of staff in-services training to document the training was received.

Findings Include:

On [redacted] a personnel record review on Employee B and Employee C ' s file revealed a list of staff in-service training signed by the facility administrator and Employee B and [redacted] and signed by the administrator and Employee C on [redacted]. Neither Employee B nor Employee C personnel file contained certificates documenting that training was received on Resident Rights in an Assisted Living or Recognizing and Reporting Resident Neglect and [redacted].

On [redacted] at 2:11 PM an interview was conducted with the assistant administrator. The assistant administrator stated she was unaware that training certificates were required to be in the employee ' s files.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on interview and record review the assisted living facility failed to conduct a Level II background screening after 1 of 4 sampled employees (Employee B) had a break in service for more than 90 days.

Findings Include:

On [redacted] a record review of Employee B's personnel file revealed Employee B's date of hire was [redacted] A review of Employee B's employment application dated [redacted] revealed Employee B separated from her previous employer on [redacted] where she worked as a medication technician and a cook. A review of the Agency for Health Care Administration background screening website revealed the last background screening request submitted for Employee B was dated [redacted] and Employee B's eligibility status date was [redacted]. No evidence was located in Employee B's personnel file that a new background screen was submitted to the Agency for Health Care Administration when Employee B was hired at Angel Care Assisted Living Facility.

On [redacted] at 2:11 PM an interview was conducted with the facility Assistant Administrator. The Assistant Administrator stated the facility only checks to verify if the new hire has a clear background screen. The Assistant Administrator stated she was unaware of the re-screen requirements after a 90 day gap of employment.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

..... 12, 2015

Administrator
Angel Care Assisted Living Facility
..... lst St South
Saint Petersburg, FL 33712

RE: CCR# 2014011737

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on . 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida