STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965300	03/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Golden Sunset	5019 Magpie Drive New Port Richey, FL 34652	
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 - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt 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

A monitoring visit was conducted on .

Golden Sunset, 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 that residents requiring assistance with self-administration of medication received the assistance in accordance with Section 429.256 F.S. The facility staff did not provide the medication to the resident from the original pharmacy container but instead pre-poured prescribed medications.

Findings include:

An observation of the facility's medication cart on at 3:30 PM revealed multiple small cups in two of the top drawers of the cart, along with two pill organizers. The cups each has pills inside (see photos). Further observation revealed a pill bottle with medication inside and the label had been altered with a different name and note regarding the dosage.

When interviewed on at 3:45 PM, Staff A stated that Staff B did medications most of the time and Staff A sometimes did medications. Staff A stated that Staff B put the dosages of the residents' medications inside the cups each day.

On at 4:05 PM, Staff B was interviewed. When shown the medication in cups and a medication bubble pack for Resident #4, Staff B stated that Resident #4's medication prescribed for 5:00 PM on the date of the survey was pre-poured in the cups in the medication cart.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to ensure that the resident's centrally stored medications were kept in a locked container.

Findings include:

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On at 3:25 PM, Staff A was observed taking a key and unlocking the medication cart in the dining area of the facility. Staff A then left the cart, leaving it unlocked with the key in the lock. (Photo taken)

At 3:30 PM, Staff A was observed leaving the medication cart and the area and going to assist residents elsewhere in the building.

At 3:50 PM, Staff A was advised (by agency staff) that the medication cart was unlocked. Staff A acknowledged leaving the cart unlocked but stated "I was nearby."

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 one of two sampled staff (Staff A) providing residents assistance with self-administration of medication received required training from a registered nurse or pharmacist.

Findings include:

During an interview with Resident #1 conducted on at 3:40 PM, Resident #1 stated that Staff A had assisted her with medication that day and pointed to Staff A.

A review of the facility's Medication Observation Records (MORs) for 2015 for Resident #1, 3 and 4 revealed that for Staff A's initial were written next the prescribed times for the medications. Staff A's initials were also on multiple other dates on the MORs. (See photos)

When interviewed on at 3:45 PM, Staff A pointed to the initials on the MORs and stated that he had signed the MORs and given the prescribed medications to the residents.

When interviewed on at approximately 4:05 PM, Staff B stated that Staff A had no employee file at the facility, including proof of having completed required training.

Class III

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

Based on observation, interview and record review, the facility failed to ensure that one of two sampled staff (Staff A) providing direct care and having contact with residents was free of disqualifying criminal offenses and had a Level II background screen prior to beginning work in the facility.

Findings include:

On at 3:20 PM, when agency staff arrived at the facility for an unannounced visit, Staff A was observed to be the only staff on duty in the facility.
At 3:20 PM, Staff A stated he was the only staff on duty.

On that same date when interviewed at 3:40 PM, Resident #1 stated that Staff A had given her prescribed medications that morning.

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On that same date at 3:55 PM, Staff A was observed assisting a resident out of her wheelchair when she returned to the facility from an appointment.

On [redacted], when interviewed at 4:10 PM, Staff B stated that Staff A's employee file was not at the facility at the time of survey.

Review of an e-mail sent by the manager of the agency's background screening unit revealed that there was no record of Staff A having a required Level II background screen.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden Sunset
5019 Magpie Drive
New Port Richey, FL 34652

Dear Administrator:

This letter reports the findings of a monitoring visit that was conducted on ..... 10, 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Teresa Ryan RN

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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