STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932390	03/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FARMER'S RETIREMENT HOME	2135 40TH AVENUE N. SAINT PETERSBURG, FL 33714	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A complaint investigation CCR# 2015000807 survey was conducted on .

Farmer's Retirement Home had deficiencies found at the time of the visit.

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

Based on observation, interview and record review, the facility failed to ensure that an updated and accurate Medication Observation Record (MOR) was maintained for three (Resident #1, 2, 3 and 3) of three sampled residents who require assistance with self-administration of medications.

Findings Include:

At 11:50 a.m. Staff A, was observed to begin assisting Resident #1 with self-administration of medications. The reconciliation was completed. Review of the MOR ' s for ... and ... revealed multiple frequent holes on the ... and ... MOR, where it was not documented that the resident had received her medication.

At 11:58 a.m. Staff A, was observed to begin assisting resident #2 with self-administration medications. The reconciliation was completed. Review of the MOR 's for ... and ... revealed multiple frequent holes on the ... and ... MOR, where it was not documented that the resident had received his medication.

On ... at 1:15 p.m. Resident #2 stated that he has had a problem with getting his medications from staff on the weekends.

A review of the MOR ' s for Resident #3 dated ... and ... revealed multiple frequent holes on the ... and ... MOR, where it was not documented that the resident had received his medication.

Interview with staff #A, Med Tech, on ... at 12:16 p.m. she stated that she had just written the MOR's for the three residents out on ... because none of the VA residents MOR ' s were written out. She stated that she was giving the resident the meds from ... but she did not write it down. She was asked how she knew what meds to give the resident if there was no MOR and she stated, "I just know exactly what medications that each resident gets. I was just giving it to them." She confirmed that it was not documented anywhere that the residents received the mediations from ... She stated that another staff member usually writes out all the VA residents MORS but that it was not done so she just wrote them out on ... She and the administrator further confirmed that there were many holes in the MORS where it was not documented that the residents received their meds as ordered. The administrator and the Staff A both confirmed that the weekend staff should have documented on the MOR that the resident had received the medication. The Administrator stated that staff D and Staff C are the weekend staff that assist with medications.

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FARMER'S RETIREMENT HOME	2135 40TH AVENUE N. SAINT PETERSBURG, FL 33714	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0054 Continued From page 1

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that a employee record was available to include all training and background screening requirements.

Findings Include:

Three employee records were requested for review of employee training and background requirements. Review of the schedule revealed that Employee D was on staff at the facility. A review of the staff record for Staff D could not be conducted because the administrator could not produce the record. During an interview with the administrator on at 12:30 p.m. he stated that he must have the file at home because he cannot find it. He confirmed that staff D does work at the facility and assists the residents with self-administration of medications.

Class III

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

Based on record review and interview with the Administrator, the facility failed to ensure that one (Staff Employee A) of three sampled staff employee records requested for review for Medication training, processed documentation for the two hour update for Assistance with Self-Administration for assisted living facility

Findings Include:

A review of Staff Employee A record was conducted. The staff hire date was not noted in the record. On at 12:30 p.m. an interview was conducted with the Administrator. Per the Administrator, the staff was hired and she was the " Lead Med Tech " , responsible for ordering and assisting residents with self-administration of medications Monday through Friday from 7:00 a.m. to 3:00 p.m.. The last documentation for the two hour update for Assistance with Self-Administration for assisted living facility in the record was dated

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interviews, the facility failed to ensure that the environment was maintained related to a window being broken in one (Resident #3) of three sampled resident ' s and related to concerns about heating from three (Resident #1, 2, and 3) of three sampled residents of the seventeen residents in the facility.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932390	03/18/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FARMER'S RETIREMENT HOME	2135 40TH AVENUE N. SAINT PETERSBURG, FL 33714	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0152 Continued From page 2

Findings Include:

On at 1:00 p.m. Resident #1 was asked if there were any problems with temperature in the building during the summer or winter. She stated that all winter the heat on the wing of the building she resides on did not work and that it was very in the building. She stated, "It was blowing, but only air was coming out." She stated that her boyfriend lives on the other side of the building and the heat worked on that side. She stated that it was very when she went to shower so she would shower at her mother ' s house for this reason.

On at 1:15 p.m. Resident #2 was asked if there was a problem with the heating units in the building during the winter time. He stated that the front unit was very and that when he visited residents in the front hall he could feel the air blowing from the unit vents. He stated, "It was freezing over there."

On at 1:10 p.m. an observation of Resident #3 ' s conducted. It was observed that the resident bed was next to the wall directly under the . The window was missing two of the parallel lower glass jalousie panels exposing the screen. This window lead to an outside screened porch area and was subject to the outside temperatures. An interview was conducted with Resident #3 at that time and he stated that he has resided at the facility for over six months and that the window has been broken the entire time. He confirmed that during the winter months it was in his that he told the administrator and staff but that the window was never fixed.

On at 1:11 p.m. an interview was conducted with Staff B. She was asked if the heat worked in the entire building during the winter. She stated that it was colder on the front unit than it was on the back unit. She confirmed that a few residents, including Resident #1 and Resident #3, complained about it being .

During an interview with the Administrator at 2:00 p.m. he stated that during the winter, he did have someone come out to repair the heating unit because it was not functioning properly. He further confirmed that the window in Resident #3 been broken " for a while " . He stated that it has been difficult to find the jalousies for the window and that is why it has not been replaces.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Farmer's Retirement Home
2135 40th Avenue N.
Saint Petersburg, FL 33714

RE: CCR #2015000807

Dear Administrator:

This letter reports the findings of a complaint state licensure 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 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,

For Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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