STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968058	03/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SALUS SENIOR SERVICES	2400 NEW YORK ST MELBOURNE, FL 32904	

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

0000 - Initial Comments

The re-licensure survey was conducted on . . Salus Senior Services Assisted Living Facility had deficiencies found at the time of the visit.

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observations and interview the facility did not have an activities calendar posted in an area that could be seen by the residents.

Findings:

Observations on . at approximately 10 AM, revealed there was no Activities Calendar posted anywhere in the facility.

During an interview with the administrator at the time she stated there was an Activities Calendar and it was not posted.

Class . .

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times.

Findings:

Observations on . at 9 AM revealed staff C removed resident #3's pill packages from the locked medication cart. She removed the medication from the package and placed them in a small cup. Resident #3 was sitting at the dining . . . . . She took the small cup to resident #3 and stated "I come bearing gifts" and handed the medications to the resident.
During an interview with staff C on . . . . . at 9 AM, she stated she was not a nurse.

Observations on . at 9:45 AM revealed staff C removed the pill packages from the medication cart. She place the pills in applesauce. Resident #2 was sitting at the dining . . . . . Staff C stated to her "this is your morning Medicine." Staff C fed the medications that were mixed in the applesauce to resident #2 until she had taken all of them.

Staff C did not follow the appropriate procedures at all times and did not take Medication, in its dispensed, properly labeled container, from where it was stored and brought to the resident, she did not in the presence of the resident, read the label, open the container, remove the prescribed amount of medication from the container and close the

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

0052 Continued From page 1

container and return the medication container to proper storage.

The administrator was informed on at approximately 12:30 PM that staff C did not follow the appropriate procedure.

Class III

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

Based on Medication Observation Record (MOR) review and interview the facility failed to maintain accurate MORs for 2 of 3 sampled residents (#2 and #3).

Findings:

1. Review of the 2015 MOR for resident #2 revealed that it noted the was out since

Observations during the Medication Pass on at approximately 9:45 AM, revealed that Staff C did not give resident #2 and the MOR was marked as given on

2. Review of the 2015 MOR for resident #3 revealed the following:
on 3/8, and at 8 AM and 6 PM -out of supply. The front of the MOR for 3/9 at 8 am and 6 PM was left blank and on it was left blank at 8 AM there was an initial at 6 PM when the medication was out.

During an interview with staff C on at approximately 11:45 AM, she reviewed resident #2's MOR and stated she did not get the and she initialed the MOR in error. She circled her initials for the and wrote error on the MOR.

During an interview with the Administrator on at approximately 12:30 PM, she stated she was not aware the MORs were not accurate.

Class III

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

Based Medication Observation Record (MOR) review and interview the facility did not make every reasonable effort to ensure prescriptions were filled or refilled in a timely manner for 2 of 3 (#2 and #3) sampled residents who received assistance with self-administration of medications.

Findings:

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

0056 Continued From page 2

Review of the 2015 MOR for resident #2 revealed it noted the following:
On 50 Milligrams (mg) was not given because there was none in the drawer. 81 mg 1 day was not given through the MOR noted "Out".

Review of the 2015 MOR for Resident #3 revealed it noted:
Metoclopram 10 mg on and -none in drawer
on 3/8, and at 8 AM and 6 PM -out of supply. The front of the MOR for 3/9 at 8 am and 6 PM was left blank and on blank at 8 AM there was an initial at 6 PM when the medication was out.

During an interview with the administrator on at approximately 4 PM, she confirmed the findings.

Class III

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

Based on observations, personnel record review and interview the facility failed to ensure all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse administered medications to 1 of 2 sampled residents (#2) and failed to ensure 3 of 3 sampled staff (Staff #A, B and C) had documentation of annual signed by a healthcare provider and 1 of 3 sampled staff (C) had a freedom from Communicable statement completed by a health care provider.

Findings:
1. During an interview with Staff C on at approximately 9 AM she stated she was not a nurse.

Observations on at 9:45 AM revealed Staff C removed the pill packages from the medication cart. She placed the pills in applesauce. Resident #2 was sitting at the dining Staff C stated to her "this is your morning Medicine." Staff C fed/administered the medication that was mixed in the applesauce to Resident #2 until she had taken all of them.

2. Personnel record review revealed the Following:
Staff A-hired had a freedom from statement that was completed on (due by a registered nurse (RN) and not a health care provider (physician or physician's assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S.)
Staff B-hired had a freedom from statement from the health care provider that was completed on (due
Staff C on had a freedom from statement that was dated (due and was completed by an RN.

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0078 Continued From page 3

During an interview with the administrator on [redacted] at approximately 4 PM, she confirmed the above findings.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observations, menu review and interview the facility failed to ensure menus to be served were dated and kept on file for 6 months and did not maintain a 3-day emergency supply water on hand to meet the needs of 4 residents in the event of an emergency.

Findings:

Observations on [redacted] at approximately 9:30 AM, revealed the menus that were posted on the refrigerator were not dated.

During an interview with the administrator on [redacted] at approximately 10 AM, she stated the facility used 4 week cycled menus and they would be rotated weekly. She stated the menus were not dated and she could not provide the last 6 months of dated menus.

Observations on [redacted] at approximately 11 AM, revealed there was no water stored at the facility for the residents in the event of an emergency. During an interview with the administrator at the time she pointed to the hot water tank and stated they would use water from it in the event of an emergency. She stated it was noted in the plan that the facility could use the hot water tank.

Review of the Emergency plan revealed it was dated [redacted]. The plan noted that the facility would fill the bathtub with water and use it for drinking and cooking only. The plan also noted that the facility had a contract with a water company to deliver and it was attached. Further review of the Emergency plan revealed there was no water contract available for review. The administrator was asked to provide the contract and it was not provided as requested.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Salus Senior Services
2400 New York St
Melbourne, FL 32904

Dear Administrator:

This letter reports the findings of a 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 Lorraine Henry at 407-420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

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