STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	03/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN ABBEY ORMOND BEACH	1410 HAND AVENUE ORMOND BEACH, FL 32174	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR # 2015000932 was conducted on Golden Abby had deficiencies found at the time of the visit.

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

ST- 0052

Based on record review and staff interview the facility failed to provide assistance with self administration to residents in accordance with procedures described in Section 429.256, F.S., by pre-pouring medications for 1 out 3 resident's sampled. (Resident #2) In addition, the facility failed to notify the Resident's physician for refusal to take prescribed medications for 2 out of 4 resident's sampled. (Resident #2 & Resident #4).

The findings include:

1) On at 12:10 PM, a review of Resident #2's Medication Observation Record (MOR) was conducted and revealed the resident has a medication, 36 capsule, scheduled 3 times a day with one dose to be given at 6 AM. Further observation revealed the day shift medication technicians were signing the MOR, indicating that they were assisting the resident with the 6 AM medication. (photographic evidence obtained)

On at 12:15 PM, an interview was conducted with Employee A and she verified she had signed off for the 6 AM medications. She stated " We pre-pour the medication for Resident #2 before we leave at night and then the 11-7 shift gives it to her. I pop it out of the card and place it in this small white basket here in my top drawer. Then I sign the MOR off". In addition to Employee A confirmed she does not see Resident #2 take the 6am medication and can not confirm if she receives the medication or not.

2) On a review of the Medication Observation Record (MOR) was conducted for Resident # 4. It revealed that Resident #4's medication & were circled as not given for the Month of 2015 from the 1st - 23 rd. Further observation of the MOR revealed their is no reason listed as to why the medications was not given.

On A record review was conducted for Resident #4 and it revealed there was no documentation to the resident's physician to notify him that the resident was refusing her & for the 23 days in (photographic evidence obtained)

On at 3:30 PM A staff interview was conducted with facility administrator and he confirmed the facility had not notified the Physician for Resident #4 for the refusal of her medications. He confirmed that Resident #4 was refusing her medications, and that is why the MAR was circled on the dates in 2015.

3) On a review of the MOR was conducted for Resident #2 and it revealed the medication 100

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	03/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN ABBEY ORMOND BEACH	1410 HAND AVENUE ORMOND BEACH, FL 32174	

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

0052 Continued From page 1

mg 1 capsule twice a day (has been circled as not given for the whole month of except 5 times. (photographic evidence obtained)

On A record review was conducted for Resident #2 and it revealed there was no documentation sent to the resident's physician to notify him that the resident was refusing her

On at 3:30 PM A staff interview was conducted with facility administrator and he confirmed the facility had not notified the Physician for Resident #2 refusal of her medications. He confirmed that Resident #2 was refusing medications, and that is why the MAR was circled on the dates in 2015.

Class III

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

ST- 0054

Based on Resident Medication Observation Record (MOR) review and staff interview, the facility failed to accurately maintain daily MOR for 2 out of 4 resident's sampled. (Resident #1 & Resident # 3).

The findings include:

1) On , a record review was conducted of the 2015 MOR for Resident #1 and revealed that white out had been used to remove initials of staff who had signed for administering Levemir from the 1st-16th. (photographic evidence obtained)

On at 1:15 PM A staff interview was conducted with Employee A and she confirmed she had used white out of the MOR and stated "It was signed it error so I used white out to get rid of where I signed".

On at 1 PM A staff interview was conducted with the facility Administrator and he confirmed the proper way to correct a mistake is to draw a line through it and write error on top.

2) On A record review was conducted of the MOR for Resident #3 and it revealed that facility medication techs have been signing for administering from 24th. (photographic evidence obtained)

On at 1:45 PM A staff interview was conducted with Employee A and she confirmed that she did not administer for Resident #3 and she signed the MOR in error.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	03/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN ABBEY ORMOND BEACH	1410 HAND AVENUE ORMOND BEACH, FL 32174	

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

0056 Continued From page 2

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

St-0056

Based on record review and staff interview, the facility failed to use an "Alert " sticker on a medication bottle for a change in directions for 1 out 3 Resident's sampled, (Resident #1). In addition to the facility failed to obtain the circumstances for which a resident may request an "As Needed" medication for 1 out of 3 resident's sampled (Resident #1).

The findings include:

On at 12:10 PM An observation was conducted of the facility noon medication pass with Employee A. A bottle of was observed in the top drawer of the medication cart for Resident #1. The medication bottle read - 0.5 milligrams (mg) give 1-2 tablets 3 times a day as needed.

On An observation was conducted of the MOR for Resident #1 and the order for the Medication read: 0.5 mg 1-2 tablets by mouth up to 3 times a day as directed, and 0.5 mg 2 tabs at PM. (photographic evidence obtained).

On at 12:22 PM, an staff interview was conducted with Employee A and she verified the orders on the MOR were different from what was on the medication bottle. She stated " I don't use an "Alert" sticker, I've never heard of that before". She also verified there was no reason for why is to be requested by the Resident. She stated " He tell us he want's it and I give it to him". She confirmed that Resident #1's medications were changed to include 2 tablets at night.

Class III

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

ST-0078

Based on employee record review and staff interview, the facility failed to obtain a communicable statement for 5 out of 6 employee personnel files that were sampled (Employee C, D, E, F, & H). In addition, the facility failed to obtain annual testing for 3 out of 6 employee personnel files that were sampled (Employees C, E & F)

The findings include:

1) On a employee record review was conducted for Employee C. It revealed a hire date of and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	03/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN ABBEY ORMOND BEACH	1410 HAND AVENUE ORMOND BEACH, FL 32174	

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

0078 Continued From page 3

no communicable statement or freedom from statement was available.

On at 11:45 AM A staff interview was conducted with the facility Administrator and he confirmed that Employee C didn't not have a communicable statement or a test done.

2) On an employee record review was conducted for Employee D. It revealed a hire date of an no communicable statement was found.

On at 11:45 AM A staff interview was conducted with the facility administrator and he confirmed that Employee D did not have a communicable statement done.

3) On An employee record review was conducted for Employee E and it revealed a hire date of and found no evidence of a communicable statement or test.

On at 11:45 AM A staff interview was conducted with the facility administrator and he confirmed that Employee E did not have communicable statement or test done.

4) On An employee record review was conducted for Employee F and it revealed a hire date of and found no evidence of a communicable statement or test.

On at 11:45 AM A staff interview was conducted with the facility administrator and he confirmed that Employee F did not have communicable statement or test done.

5) On An employee record review was conducted for Employee H and it revealed a hire date of and found no evidence of a communicable statement or test.

On at 11:45 AM A staff interview was conducted with the facility administrator and he confirmed that Employee H did not have communicable statement or test done.

CLASS III

0085 - Training - Nutrition & Food Service - 58A-5.0191(6) FAC

St-0085

Based on employee record review and staff interview the facility failed to obtain a minimum of 2 hour continuing education in food service and nutrition for the food service designee (Employee C).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	03/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN ABBEY ORMOND BEACH	1410 HAND AVENUE ORMOND BEACH, FL 32174	

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

0085 Continued From page 4

The findings include:

On . An employee record review was conducted for Employee C and it revealed a hire date . Employee C did not have any continuing education in nutrition or food service.

On . at 11:15 AM, a staff interview was conducted with the facility administrator and he confirmed Employee C was the food service designee and his training was not current.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Golden Abbey Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

RE: CCR #2015000932

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 **05/09/2015** 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. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KJ/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

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