STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967538	04/24/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SUMMERHAVEN ASSISTED LIVING, LLC	520 LANYARD LANE DE BARY, FL 32713	

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

0000 - Initial Comments

On 4/7//2015 an unannounced abbreviated biennial survey was completed. At the time of the survey, deficient practice was found.

0051 - Medication - Pill Organizers - 58A-5.0185(2) FAC

Based on observation and record review, the facility failed to ensure that 3 out of 3 residents whose medication was distributed from a pill organizer were administered by licensed staff member- such as a nurse.

On at 1:00 p.m. a non-licensed staff member (administrator) was observed giving medication from a pill organizer to Resident # 1.

On a review of Resident # 1 health assessment (1823)dated revealed that she required assistance with self-administration of medication.

On a review of Resident # 3 health assessment (1823) dated revealed that he required assistance with self-administration of medication.

On a review of Resident # 5 health assessment (1823) revealed that she required assistance with self-administration of medication.

On at 1:03p.m., and interview was conducted with the administrator. He stated that he thought that it was ok to have the pill organizers completed.

On at 10:05 a.m., an interview was conducted with the facility nurse who admitted that part of her duties consisted of filling the pill organizers for Resident # 1 Resident #3 and Resident #5.

On at 09:30 a.m., the facility nurse was observed filling pill organizers.

Class III

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

Based on observation and interview the administrator failed to update the Medical Observation Report (MOR) immediately after assisting one out of one sampled resident (Resident #5) prescribed medication.

Findings Includes:

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SUMMARY STATEMENT OF DEFICIENCIES
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0052 Continued From page 1

On at 1:00p.m.,the administrator was observed giving Resident# 5 medication. In addition, he was observed leaving Resident #5 updating the MOR.

On a review of the 1823 (with a fax date of revealed that Resident # 5 required assistance with self-administration of medication.

Class III

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

Based on observation, interview and review of records the facility failed to maintain documentation of discontinuation of medication for one out of three sampled residents (Resident #6).

Findings include:

On a review of Resident #6 health assessment (AHCA form 1823) dated revealed that Resident # 6 required assistance with self-administration of medication. In addition, the 1823 revealed that resident # 6 was prescribed and

On a review of Resident file revealed no medical documentation showing that Resident # 6 no longer was required to take any medication.

On at 12:15p.m., an interview was conducted with the administrator. He stated that Resident # 6 was no longer taking any medication. He failed to provide medical documentation, that medication had been discontinue for Resident #6.

On the administrator submitted a fax letter from Resident #6 family member indicating that medication was discontinued.

On A review of Resident #6 records revealed no medical observation report on file.

Class III

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

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

0078 Continued From page 2

Based on review of file and interview the facility failed to ensure that 1 out of 4 staff members (Staff #C) had the required annual documentation indicating freedom from

On a record review of (Staff #C)employment record showed that Staff #C failed to obtain the annual test. Further review of the record showed that Staff #C last had the test on

On at 2:19 p.m.,when the administrator was asked to provide a current assessment for Staff#C; the administrator provided documentation revealing that Staff# C current negative assessment was dated

On the administrator provided a written statement that Staff #C handles food prep only, so she doesn't do any caregiving, therefore she stopped getting annual assessments.

On at 10:00a.m., Staff # C was observed escorting Resident # 6 to the emergency

Class III

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

Z815 Background screenings
Based on a review of personnel files, and interview with staff, the facility failed to obtain the required level 2 background screen for one 1 of 5 sampled employees who provided care and services to the residents.
Findings include:
On at 3:00p.m., an interview was conducted with the administrator of the facility. He stated that he did not believe that the facility nurse was required to have a level 2 background screening.
On at 2:35p.m., an interview was conducted with the facility nurse who stated that she has never had level 2 background screening through the Agency for Health Care Administration.
In addition, a review of the Agency for Health Care Background Screen revealed no level 2 background screen was completed.

Unclassified.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Summerhaven Assisted Living, LLC
520 Lanyard Lane
DeBary, FL 32713

Dear Administrator:

This letter reports the findings of a state initial licensure 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 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 Jana Meyering, QIDP at

Sincerely,

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

VS/JM/sm
Enclosure

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