| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963819** | **04/23/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **WOODLANDS VILLAGE** | **1055 301 BLVD EAST**<br>**BRADENTON, FL 34203** | |

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

**0000 - Initial Comments**

Assisted Living Facility

A biennial licensure survey was conducted on .

The Woodlands Village Assisted Living Facility had deficiencies found at the time of the visit.

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

Based on record review and interview the facility failed to record and update the medication observation records (MORs) for 3 of 4 sampled residents ( Resident #2, Resident #11, Resident #12) that were assisted by staff with self-administration of medication.

Findings Include:

Review of Resident #2's MOR's on , revealed staff did not sign off or initial the MOR's dated , , 12th, 13th, 17th, 19th, 20th, and 21st, 2015 for Resident #2's required medication. There was no staff explanation listed for the blank spaces on the back of the MORs for these dates.

Review of Resident #11's MOR's on , revealed staff did not sign off or initial the MOR's dated , and 20th, 2015 for Resident #11's required medication. There was no staff explanation listed for the blank spaces on the back of the MORs for these dates.

Review of Resident #12's MOR's on , revealed staff did not sign off or initial the MOR's dated , 19th, 2015 for Resident #12's required medication. There was no staff explanation listed for the blank spaces on the back of the MORs for these dates.

On at 2:00 pm, an interview was conducted with the administrator. The administrator stated she was unaware why the MORs had blank spaces for Residents #2, #11 and #12 with no explanation listed on the back of the MORs.

Class III

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

Based on Record Review and Interview, the facility failed to ensure that one out of three employees, (Staff B) had evidence of an annual, negative ( ) examination, done by a licensed health care provider (M.D., P.A., A.R.N.P., R.N.).

Findings Include:

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11963819** | **04/23/2015** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **WOODLANDS VILLAGE** | **1055 301 BLVD EAST BRADENTON, FL 34203** | |

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

**0078** Continued From page 1

On at approximately 1:30 pm, an employee Record Review revealed that Staff B, hired on , on the 11:00 pm-7:00 am shift, did not have evidence of an annual negative ( ) examination done by a licensed health care provider. The test was administered on / , and interpreted on / , by the Director of Nursing (DON) who is a Licensed Practical Nurse (LPN).

Staff B did have evidence of a negative test within 30 days of hire on / , done by a licensed health care provider.

On at approximately 3:30 pm, an Interview with the Administrator and Director of Nursing (DON) revealed that they did not know that a Licensed Practical Nurse (LPN), could not interpret a ( ) test. The Administrator, who is an Registered Nurse (RN) will administer and interpret the test for Staff B as soon as possible. The facility will submit Staff B's new test to the Area Office.

CLASS

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Woodlands Village
1055 301 Blvd East
Bradenton, FL 34203

Dear Administrator:

This letter reports the findings of a Biennial 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 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/src
Enclosure: State (5000-3547) Form

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