STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953542	**05/07/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CORNERSTONE AT LONGWOOD (THE)	**480 EAST CHURCH AVENUE LONGWOOD, FL 32750**	

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

0000 - Initial Comments

The complaint investigation CCR #2015001694 was conducted on . . . . . Cornerstone at Longwood had deficiencies found at the time of the visit.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview and record review the facility failed to have residents keep their . . . . . locked when they are away if they have medication stored in their . . . . for 3 of 12 sampled residents (#1, 2, and 8).
Findings:
On . . . . . at approximately 9:00am during the tour of the facility it was observed:
. . . . . (resident #1) had a prescription on the night stand near the open door where anyone walking by would have access. The prescription was labeled "Murine Ear Wax Removal System", instill 2 drops in both ears every evening shift . . . . 302051880.
. . . . . (resident 2) was observed to have Moisture Barrier Ointment on the night stand, near the door where anyone would have access.
. . . . . (resident 8) was observed to have Protect Soothe & Cool Free Moisture Barrier Ointment with Aloe & . . . . . A, D & E, on the night dresser near the open door where anyone would have access.
Record review for resident #1 revealed a Health Assessment (1823) dated . . . . . The 1823 listed diagnoses of PMH: . . . . . Chronic airway obstruction, and . . . Further review revealed the resident needs assistance with self-administration of medication. The resident is not prescribed Murine Ear Wax Removal System, instill 2 drops in both ears every evening shift.

Record review for resident #2 revealed a Health Assessment (1823) dated . . . . . Record reveals the resident is diagnosed with: Femur . . . . . placement, ... Further review reveals the resident needs assistance with self-administration of medication. Resident is not prescribed Moisture Barrier Ointment.
Resident focused record review for resident #8 revealed a health Assessment (1823) dated 10/9//14. Record The 1823 listed diagnoses of . . . . . (Chronic . . . . . Failure). Further review revealed the resident needs assistance with self-administration of medication. The resident is not prescribed Protect Soothe & Cool Free Moisture Barrier Ointment with Aloe . . . . . A, D, & E.
On . . . . at approximately 11:30am in an interview with the supervisor of memory care . . . . . resident #1), she stated that the cream belonged to hospice.
On . . . . at approximately 11:45am in an interview with the administrator she stated she did not want to take the resident personal belongings.
Class III

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

Based on observation, and interview the facility failed to ensure it provided a safe living environment and did not ensure dish washer machine in the kitchen was maintained to clean and remove stains from all dishes, failed to keep the floors clean, failed to keep the facility of insects, failed to maintain table cloths that were clean and

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SUMMARY STATEMENT OF DEFICIENCIES
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attractive for all residents and failed to have blinds repaired and electrical covers repaired for 1 of 12 residents (# 5). Findings:
On [redacted] at approximately 11:30 am it was observed that a [redacted] cock roach was under the serving station in the kitchen.
On [redacted] at approximately 11:30 am I requested to observe a stack of clean plates. The food service designee pointed to several stacks of dishes on a rolling cart. He stated all dishes on that cart are clean from the dishwasher. I observed a stack of 8 clean plates had 5 of the 8 plates with stains or food particles on them.
On [redacted] at approximately 11:45 am, I observed residents sitting down for lunch. I observed 4 out of 12 tables had table cloths with food debris or stains on them. Several of the table cloths stains appeared to be old and one stain appeared to be newly wet.
On [redacted] at approximately 11:45am in an interview with the food service designee he stated he has observed some baby cock roaches. He stated that he has no ant problems. The food service designee stated pest control was called, and they came out last weekend, but could not give a precise time or date. The food service designee stated that he checks all plate prior to serving food and puts aside the ones that are still dirty or stained. The food service designee stated he would change out the table cloths after every meal if they were not clean.
On [redacted] at approximately 5:10 pm in an interview with pest control, he stated he was at the facility the end of 2015. He could not provide an exact date or time. He stated he provided technical assistance to the food service designee to clean behind the coolers, freezer and pantry area. He stated his company has a running contract with the facility and he will come out anytime they call.
On [redacted] at approximately 9:00 am during the tour of the facility it was observed resident #5's [redacted] broken blinds on the window by her bed and had an electrical cover on the wall opposite her bed that was broken with exposed wiring.
On [redacted] at approximately 11:58 am in an interview with the administrator she stated she was not aware of the problem
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Cornerstone At Longwood (the)
480 East Church Avenue
Longwood, FL 32750

RE: CCR #2015001694

Dear Administrator:

This letter reports the findings of a state licensure complalint investigation 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 .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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