



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Ruleme Place
2808 Ruleme Street
Eustis, FL 32726

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015
by representative(s) of this office.

Enclosed 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 , 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/15/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL1911115	(X3) DATE SURVEY COMPLETED 04/27/2015
NAME OF PROVIDER OR SUPPLIER RULEME PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2808 RULEME STREET EUSTIS, FL 32726	

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

0000 - Initial Comments

On 04/27/2015 an unannounced Biennial Licensure survey was conducted at Ruleme Place Assisted Living Facility located in Eustis, Florida. The facility was not in compliance.

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

Based on observation, record review and interview the facility failed to ensure that a written medication order was obtained within 10 working days from the physician when the medication order has changed for 1 (#4) of 4 residents in the sample.

Findings:

1. Observations of the medication pass on 04/27/2015 starting at approximately 12:30 pm showed that the Certified Nursing Assistant (C.N.A.) assisted resident #4 with the medication. Review of the label showed that the the resident was to receive the 0.5 mg 1/2 tablet by mouth three times a day as needed. The resident did not request the medication and there was no alert sticker noting a change in the order.

During the interview with the Wellness Care Director (WCD) on 04/27/2015 at 1:18 pm she stated that the medication was to have an alert sign on the bottle informing staff of the change in the order.

Review of Resident #4 clinical record with the WCD it showed that the record did not contain the prescription for the change in the medication. Continuation of the interview with the WCD on 04/27/2015 at 1:30 pm she stated that she did not know that the physician's order was not in the resident's record.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on interview and record review the facility failed to have a certificate documenting Activities of Daily Living Training in the facility's personnel files for 1 (Staff B) of 3 staff records reviewed.

Findings:

A record review of Staff B's personnel file showed that there was no documented certificate of training in Activities of Daily Living.

An interview was conducted on 04/27/2015 at 3:00 PM with the Administrator. She stated that the facility recently had their personnel files scanned and entered into a computer software system. She further stated that she was unable to find documentation of Activities of Daily Living training for Staff B.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911115	(X3) DATE SURVEY COMPLETED 04/27/2015
NAME OF PROVIDER OR SUPPLIER RULEME PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2808 RULEME STREET EUSTIS, FL 32726	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0091 Continued From page 1 An interview was conducted on _____ at 2:30 PM with the Resident Care Director via the telephone. She stated that she was still unable to find documentation of Activities of Daily Living training for Staff B. Class III		