STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967569	04/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BENTON HOUSE OF TITUSVILLE	497 N WASHINGTON AVE TITUSVILLE, FL 32796	

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

0000 - Initial Comments

The Change of Ownership (CHOW) survey was conducted on ... Benton House of Titusville had deficiencies found at the time of the survey.

0003 - Licensure - Change of Ownership (CHOW) - 58A-5.014 FAC

Based on record review and interview the facility failed to provide the residents of the facility a notice in writing within 7 days of the Change of Ownership after receipt of a new license.

Findings:

Resident record review on ... for 2 of 2 sampled residents (resident #1 and #3) revealed there was no documentation to confirm the facility notified residents of the Change of Ownership (CHOW) pursuant to 429.12(1) Florida Statutes.
On ... at approximately 3:00 pm in an interview with the administrator she stated she checked with the corporate office and no Change of Ownership letter was sent to the residents of the facility.
Class III

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

Based on record review and interview the facility failed to ensure all staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse administered as needed medications to 1 of 3 sampled residents (#2) who was ... and could not request the medication and failed to ensure 1 of 4 sampled staff (#C) had documentation of annual freedom from ... statement signed by a healthcare provider.

Findings:

1. Record review for resident #2 revealed a Resident Health Assessment form 1823 that was dated ... The 1823 noted diagnosis that included ... The 1823 noted she was alert and oriented x 1.
Further record review revealed the following note on ... "Resident Very ... tonight. Certified Nursing Assistant (CNA) found her going through side door to the front door up front. She wouldn't cooperate. Refuser' meds. Son was called and he asked the med tech to give ... tonight to calm down. Resident was given as needed (PRN) 0.5 dose. Resident sleeping well."

Review of the Medication Observation Record (MOR) for ... 2015 revealed there was no ... 0.5 PRN.
Further review of the MOR revealed there was ... 0.5 Milligrams (mg) by mouth every 8 hours as needed for agitation, it was marked as given on ... The back of the MOR noted it was given on ... at 8:15 PM the reason for giving noted: "Upset/c ... Nurse requested."
On ... at 8:30 PM and ... at 5:50 PM the back of the MOR noted ... 0.5 mg was given, the

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0078 Continued From page 1

reasons noted "requested by Nurse."
Review of the Controlled Substance record revealed that on ... at 8:15, ... at 8:30 PM and ... at 5:50 PM, the ... 0.5 mg was given and the same staff initials were noted.
During an interview with the resident care director on ... at approximately 2:30 PM, she stated there was no ... ordered for the resident and the nurse possibly wrote the wrong medication in the notes. She explained the unlicensed staff (not nurses) initials were on the MOR as giving the medication to resident #2 who was confused and could not request the medication. She stated the nurse instructed the unlicensed staff to give the medications to the resident and the nurse should have given the medication.
2. Review of personnel files revealed Staff C, had a ... assessment on ... (due ... There was no documentation to review that indicated Staff C had a current, annual ... assessment.

In an interview with the administrator on ... at approximately 4 PM who stated, Staff C did not have her annual ... completed.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Benton House Of Titusville
497 N Washington Ave
Titusville, FL 32796

RE: Change of Ownership

Dear Administrator:

This letter reports the findings of a state licensure CHOW survey that was conducted on 29, 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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