AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964312	**05/06/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BRIGHT HORIZONS OF CORAL SPRINGS, INC	**8664 NW 1ST STREET CORAL SPRINGS, FL 33071**	

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

0000 - Initial Comments

An unannounced Relicensure survey was conducted on at Bright Horizons of Coral Springs. The facility had deficiencies found at the time of the visit.

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

Based on observation, interview and record review, the facility failed to maintain accurate Medication Observation Records (MORs) for each 6 out of 6 residents, as evidenced by the facility failure to sign the MOR immediately after assisting a residents with his/her medications.

The findings include:

During observation of the medication pass on at 9 AM, Staff A who assists all residents in the facility, failed to document the MORs immediately after assisting the residents with self administration of medication. After medication pass, the surveyor immediately conducted a record review of the MORs for all 6 residents and it was revealed that on at 9:40 AM, no documentation was noted on the MORs for assistance provided to the residents (#1-#6). On interviews with all 6 residents in the facility revealed they received their medications on time on the morning of
In an interview with the Administrator and Staff A on at 10:35 AM, they acknowledged the findings and stated no further information was available for review.

Class III

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

Based on observation and interview the Assisted Living Facility (ALF) failed to ensure all prescription medications were secured at all times.

The findings include:

During observations of assistance with medications in the facility on at 9:10 AM, it was noted that the medication cart was located in a closet in the hallway which leads into the living . During the observation, it was noted that Staff A unlocked the medication cabinet, obtained residents medications, walked away from the medication cabinet and closet, and entered into another the facility, without securing the medications until she was informed by the surveyor. During further observations it was noted that there was no other staff present. There were 3 residents sitting in the living could clearly see the medication cabinet and closet door left open.

In an interview with Staff A and the Administrator on at approximately 12 PM, they acknowledged the finding.

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Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Bright Horizons Of Coral Springs, Inc
8664 NW 1st Street
Coral Springs, FL 33071

Dear Administrator:

This letter reports the findings of a state 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 representative. Should you have any questions please call this office at (561)381-5840.

Sincerely,

for Arlene o-Davis
Field Office Manager

AMD/jw

XG90

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