STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910551	**05/21/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
BROXTON'S ACLF	**2233 PATE POND ROAD CARYVILLE, FL 32427**	

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

0000 - Initial Comments

bienniel with LMH
An unannounced Biennial Survey (with Limited Mental Health) was conducted at Broxton's Assisted Living Facility . At the time of survey deficiencies were identified.

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on interview and observations, the Assisted Living Facility (ALF) failed to follow the appropriate assistance with self- administration of medication procedures for 4 of 4 residents (Resident #2, #3, #4 and #9). Specifically, the ALF unlicensed staff failed to read the medication label in the presence of the resident as required in Florida Statute 429.256. This four residents observed during med pass (#2, 3, 4 & 9).
Findings include:
1. During a medication pass observation on at 12:00 PM thru 12:10 PM, the Administrator was observed providing assistance with self-administrator of medication to Resident #2, Resident #3, Resident #4 and Resident # 9. Each resident sat down at the dining while the Administrator handed each resident their packet of medication. The residents pushed a pill out the packet and drink water to take their pill. The Administrator did not read the medication label in the presence of the resident prior to giving them the packet of medication.
2. During an interview on at 12:28 PM, the Administrator reported how she provided assistance with self-administration of medication to the residents was how she always did it. She stated, " Nobody ever told me I needed to read it (medication label) in front of the residents.
Class III

L241 - LMH - Records - 58A-5.029(2) FAC

Based on record review and staff interview the facility failed to ensure that 1 of 6 limited mental health resident (#10) community living support plan was updated at least annually. The facility also failed to ensure that 1 of 6 limited mental health resident community living support plan was prepared within 30 days after receiving the appropriate placement assessment.

The Findings:

On a record review was conducted of resident's medical files in reference to the community living support plan.
1. Resident #10 community living support plan was last updated and signed off on . Date of Admission for the resident was .
2. Resident #13 date of admission was on and there was no community living support plan found in resident's medical file.

On at approximately 11:10 am, an interview was conducted with the Administrator who confirmed that resident #10's community living support plan had not been updated since 2013 and also confirmed that resident #13

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SUMMARY STATEMENT OF DEFICIENCIES
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had no community living support plan. The Administrator reported that both residents attend Life Management and has a case manager.
Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on record review and staff interview the facility failed to ensure that 1 of 5 sampled employees (staff A) received a minimum of 3 hours of continuing education in regards to limited mental health.

The Findings:

On [redacted] a record review was conducted of employee "A" personnel file in regards to a minimum of 3 hours of continued education biennially provided by administrator or distance learning. Employee "A"ceived 6 hours of initial limited mental health training on [redacted] and received no other continuing education on limited mental health.

On [redacted] at approximately 9:45am, an interview was conducted with the Administrator and the Manager who confirmed that Employee "A" did not have the minimum 3 hours of continued education in regards to limited mental health.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Broxton's ALF
2233 Pate Pond Road
Caryville, FL 32427

RE: Licensure Survey

Dear Administrator:

This letter reports the findings of a 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 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 me at 850-412-4540.

Sincerely,

Donah Helberg, MSW
Field Office Manager

DH/dh
Enclosure

XG90

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