STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	**05/19/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
CENTURY OAKS	**4001 STACK BOULEVARD MELBOURNE, FL 32901**	

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

0000 - Initial Comments

Complaint investigation CCR# 2015001703 was conducted on . . . . . Century Oaks had deficiencies found at the time of the visit.

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

Based on record review and interview the facility failed to ensure that when staff assisted 1 of 7 sampled residents (#2) the staff observed the resident take the medications and did not follow the correct steps when proving assistance with self -administration of medications.
Findings:
In an interview . . . . . at approximately 11:40 AM, with resident #6 whom stated she had resided at the facility for 4 years. She stated when the staff bring her mediations they bring them in a little cup. She stated when she asked what the medication was; they would tell her. They would not tell her what the medication was prior to handing her the cup with the pills inside.
In an interview on . . . . . at approximately 10:30 AM with resident #5 who stated "She brings me 2 cups, 1 cup with apple sauce and 1 with the pills. She used to bring them mixed but I like to see what I taking. Now I put the pills in apple sauce and feed it to myself ".
In an interview . . . . . at approximately 11:40 AM, with resident #7 who stated, she had only lived at the facility for two weeks. She stated the staff bring the pills for her to take in a small cup. She stated they tell her what they are giving her.
In an interview . . . . . at 12:30 PM with a family member for resident #1 stated the resident gets her medications in a cup, the staff bring the medication in a cup to the . . . . .
The grievance log indicated that on . . . . . a concern regarding the medications for resident #2 had been voiced. The corrective action indicated was a disciplinary review with employee and a meeting help regarding observing the resident take the medication before leaving the . . . . .
In a statement dated . . . written and signed by the Director of Nursing indicated the daughter of resident #2 called and wanted her to go to the resident's . . . . . see if there was a cup with pills inside. When asked the daughter how she knew pills were in a cup on the table, the daughter replied to ask the staff.
In a statement dated . . . . at 11:30 AM staff #A wrote that she went to the . . . . . resident #2, who was on the phone with her daughter trying to fix the TV. "I told her I had her new pills were here. She came and grabbed the cup of pills, held it on her hands and continued to talk on the phone. I told her I needed her to take the pills. She said she will. I walked out - left a cup of water on the table". At 11:45 AM {name} the supervisor gave me a verbal correction.
Resident record review for resident #2 revealed health assessment report form 1823 dated . . . . . that listed diagnoses of . . . . . , ... paranoia , hallucinations, . . . deficiency and behavioral outbursts. Assistance was needed with self-administration of medications. Facility note dated . . . . . indicated the Director of Nursing placed a call to security to re-program the TV.
In an interview with on . . . . . at approximately 4PM with the administrator and Director of Nursing who stated when the unlicensed staff were observed and they followed the correct procedure when providing assistance with self- administration of medications.

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

0052 Continued From page 1

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on interview and personnel record review the facility failed to provide or arrange for 1 of 1 sampled staff (#A) the mandated in-service training
Findings:
Personnel record review on at approximately 3 PM for staff A revealed she was hired The review revealed no evidence to confirm she received an in-service training regarding the facility's elopement policies and procedures; and 1 hour in-service training emergency procedures, adverse/incident reporting; a 1 hour in-service regarding Resident's Rights, Recognizing /neglect/e: , a 1 hour in-service regarding safe food handling. Continued review revealed an outline orientation presentation signed and dated by the staff on that indicated she received 17 minutes of training regarding "Recognizing and Reporting Elder ; 17 minutes of 'Emergency Procedures' and 18 minutes of 'Food Safety in Residential Care'.

In an interview on at approximately 2 PM with the Human Resources (HR) manager who stated she had taken the HR position recently and was becoming familiar with the requirements. She thought the orientation covered the required topics.
Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on personnel record review and interview the facility failed to ensure 1 of 1 sampled staff (A) who provided care to residents, received at last one hour of training in the facility's policies' and procedures regarding within 30 days after employment.
Findings:
Personnel record review on at approximately 3 PM for staff A revealed she was hired The review revealed no evidence to confirm she received at last one hour of training in the facility's policies' and procedures regarding
In an interview on at approximately 2 PM with the Human Resources (HR) manager who stated she had taken the HR position recently and was becoming familiar with the requirements.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Century Oaks
4001 Stack Boulevard
Melbourne, FL 32901

RE: CCR #2015001703

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. **Please forward documentation of correction to the Field Office.** 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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