STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966952	06/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
LILAC HOUSE	1770 S LILAC CIRCLE TITUSVILLE, FL 32796	

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

0000 - Initial Comments

The biennial re-licensure survey was conducted on . . . . . Lilac House had deficiencies found at the time of the visit.

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

Based on record review and interview the facility failed to ensure that every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication had prescriptions filled or refilled in a timely manner for 1 of 2 sampled residents (#1).
Findings:
On . . . . . a resident record review for resident #1 revealed a Resident Health Assessment (1823) dated . . . . . that stated on the last page of the form see attached for medication and attached is the below list:
. . . . . 100mg capsule give 1 capsule by mouth twice daily.
Mapap 325 mg tablet give 2 tabs (650mg) by mouth three times daily.
. . . . 81mg chewable tablet give 1 tablet by mouth once daily.
. . . . 600 mg tablet give 1 tablet by mouth once daily.
. . . . . 5mg-325mg give 1 tablet by mouth every 6 hours.
. . . . .5 mg tablet give 1 tablet by mouth three times daily.
. . . . . DN 20mg tablet give 1 tablet by mouth twice daily.
. . . . . 25mg tablet give 1 tablet by mouth once daily.
. . . . . 5mg tablet give 1 tablet by mouth once daily
. . . . . 25mg tab give 1 tablet by mouth at bedtime.
The MOR (Medication Observation Record) on . . . . . and . . . . revealed the following:
. . . . .ole .5mg tablet give 1 tablet by mouth three times daily - resident did not receive his 8am and 12 noon dosages on . . . . .
. . . . . DN 20mg tablet give 1 tablet by mouth twice daily - resident did not receive his 8am dosage on . . . . .
. . . . . .25 mg tablet give 1 tablet by mouth twice daily - resident did not receive his 8am dosage on . . . . .
. . . . . Besyalate 10 mg tab give 1 tablet by mouth once daily - resident did not receive his 8am dosage on . . . . .
. . . . . 40mg tablet give 1 tablet by mouth once daily - resident did not receive his 8am dosage on . . . . .
. . . . . 5mg tablet give 1 tablet by mouth once daily - resident did not receive his 8am dosage on . . . . .
. . . . . 81 mg chewable tablet give 1 tablet by mouth once daily - resident did not receive his . . . . and . . . . dosages.
. . . . . 5mg-325mg give 1 tablet by mouth every 6 hours - resident did not receive his . . . . and . . . . dosages.
. . . . . 600 mg tablet give 1 tablet by mouth once daily - resident did not receive his . . . . and . . . . dosages.
On . . . . . at approximately 1:40 pm in an interview with staff B she stated the medicine was not available (MNA). She stated the resident was admitted originally on . . . . . and discharged to the hospital. She stated after receiving rehabilitation he was readmitted to Lilac House from rehabilitation on . . . . . She stated the nephew dropped the

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

0056 Continued From page 1

resident off and stated he would get the medicine, but never did. She further explained; she did not make any effort to get the prescriptions because she felt the nephew was getting them.
On [redacted] at approximately 2:50 pm in an interview with the staff D (team leader) she stated she did not know the resident was not receiving his medications as prescribed. She stated she would contact the pharmacy.
Class III

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

Based on record review and interview the facility failed to ensure that 1 of 3 sampled staff (C) had documentation from a health care provider that they were free from communicable [redacted] including [redacted].

Findings:

Review of personnel file for staff C revealed she was hired on [redacted]. Further review revealed a Freedom from Communicable [redacted] including [redacted] statement in his file dated [redacted]. There was no other current statement. Staff would need a statement annually from [redacted] through [redacted].

On [redacted] at approximately 3:00 pm in an interview with the staff D who stated that they have no other current statements for staff C.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lilac House
1770 S Lilac Circle
Titusville, FL 32796

RE: Biennial relicensure

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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