RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
ALF of Pomona Park, Inc
422 Pleasant Street
Pomona Park, FL 32181

RE: CCR #2015006419

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by a representative of this office.

Enclosed 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 attach your corrective action and any additional documentation to support correction of identified deficiencies to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Menrella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968597	07/02/2015
NAME OF PROVIDER OR SUPPLIER **ALF OF POMONA PARK, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **422 PLEASANT ST** **POMONA PARK, FL 32181**	

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

0000 Initial Comments

A complaint investigation was conducted from to at ALF of Pomona Park, Inc located at 422 Pleasant Street, Pomona Park, Florida 32181. Deficiencies were found at the time of the visit.

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on interview and record review the facility failed to ensure that 2 out of 4 sampled employees (administrator and Staff A) complete the annual 2 hours up-date assistance with medication training given by a Registered Nurse or a Licensed Pharmacist according to 58A-5019(5) FAC.
Findings include:
On at 5:15pm, an interview was conducted with the assisted living facility administrator. She stated she completed an online course that included the 2 hours up-dated assistance with medication training. The administrator was unable to verify the online course was given by a registered nurse or a licensed pharmacist.
On at 5:15 pm, an interview was conducted with Staff A. She stated she completed an online course that included the 2 hours up-dated assistance with medication training. She was unable to verify the online-course was given by a registered nurse or a licensed pharmacist.
On a review of the 2015 Medication Observation Records (MORS) revealed that Staff A, medication technician and caregiver signed the MORS indicating she had administered medication for Resident # 3 and Resident #6 . In addition, the administrator and Staff A both signed the signature log for the MORS. (See photographic evidence)
Class III

0165 Risk Mamt & QA: Adverse Incident Report

Based on interview and record review, the assisted living facility failed to complete and submit an initial adverse incident report for 2 out of 2(resident #1 and resident #3) sampled residents within 1 business day after the occurrence of an adverse incident.

Findings include:

On at 11:35am, an interview was conducted with the assisted living facility administrator. The administrator stated that Resident #1 left the facility without their knowledge on . In addition, she admitted the adverse incident report for Resident #1 was submitted 6 days late on . The administrator admitted that Resident #3 obtained an injury that was not reported to the Agency for Health Care in a timely manner. She stated that the adverse incident report for Resident #3 was submitted 14

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SUMMARY STATEMENT OF DEFICIENCIES
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days late on .

On at 05:15pm an interview was conducted with the administrator and Staff A. They both stated that the adverse incident report for Resident #1 was not reported timely because the administrator was on vacation. In addition, the administrator stated that the adverse incident report for Resident#3 was late because she didn't know what to do.

A search of Versa Regulation System (Agency for Health Care Administration web reporting system) revealed the adverse incidents reports were submitted for Resident #1 on and Resident #3 on .

Class III