STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967045	07/14/2015
NAME OF PROVIDER OR SUPPLIER **CARICIAS ASSISTED, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8016 DELL DRIVE** **TAMPA, FL 33615**	

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

0000 Initial Comments

Assisted Living Facility

A change of ownership (CHOW) state licensure survey was conducted on .

The Caricias Assisted, Inc., assisted living facility, had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to acquire a completed health assessment (AHCA FORM 1823) for 1 (#4) of 2 residents sampled for completed health assessments.

Findings include:

Record review on . of Resident #4's medical record revealed he was admitted to the facility on . and his last health assessment was dated . The section of the health assessment which stated whether the individual will require any assistance with the administration of medication was not filled in.

When interviewed on . at 12:15 p.m., the administrator stated she did not realize the health assessment was incomplete. She stated the resident was being assisted with his medications before going to the hospital so she continued assisting him with medications when he came back.

Class III

0054 Medication - Records

Based on record review and interview, the facility failed to ensure the medication observation record (MOR) was updated each time the medication was offered regarding as needed medication (PRN) information on the back of the MOR for 2 (#2 & #4) of 2 residents sampled for medication review.

Findings include:

Record review of the medication observation record on . for Resident #2 revealed the resident was receiving assistance with . 10gm/15ml solution; take 15ML by mouth once daily as needed for . and IPRAT-ALBUT 0.5-3(2.5) mg/3ml. use as directed as needed. The dates initialed on

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the MOR, from to 2015 were for the and the initialed dates from to 2015 were for the IPRAT-ALBUT . On the back of the MOR there was nothing listed for the PRN medications when it was being given. There should have been a date, time, initial, drug dose, reason and result documented each time the PRN medication was given.

Record review of the medication observation record on for Resident #4 revealed the resident was receiving assistance with 400 mg tablet; take one tablet by mouth twice a day as needed and MAPAP 650mg tablet; take one tablet by mouth twice a day as needed for The dates initialed on the MOR were from to 2015 for the and the dates initialed for the MAPA were from to 2015. On the back of the MOR there was nothing listed for the PRN medications when it was being given. There should have been a date, time, initial, drug dose, reason and result documented each time the PRN medication was given.

When interviewed on at 1:00 p.m., the administrator stated she did not realize she had to document on the back of the MOR each time a PRN medication was given.

Class III

0056 Medication - Labeling and Orders

Based on interview and record review, the facility failed to ensure that revised instructions were obtained for "as needed" medications for two (#2 & #4) of two residents sampled for medication review.

Findings include:

Record review on of Resident #2's medication observation record (MOR) for 2015 revealed a prescription for IPRAT-ALBUT, 0.5-3(2.5) mg/3ml; use as directed as needed.

Record review on of Resident #4's medication observation record (MOR) for 2015 revealed a prescription for 400mg tablet; take one tablet by mouth twice a day as needed.

The facility did not contact the health care provider for revised instructions concerning the circumstance under which it would be appropriate for Resident #2 to request the medication, IPRAT-ALBUT and Resident #4 to request the medication,

When interviewed on 1:15 p.m., the Administrator confirmed that no further instructions for use had been obtained from the health care provider for Resident #2 and Resident #4.

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Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to ensure 1 (#B) of 3 direct care staff sampled for facility elopement training and facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation had the required in-service training within 30 days of hire.

Findings include:

Record review of staff #B's personnel file on revealed she was hired on 1/1/15 and there was no documentation in her file stating staff #B had completed the required facility elopement training and the required in-service training for facility emergency procedures including chain-of-command and staff roles relating to emergency evacuations within 30 days of hire.

When interviewed at 12:45 p.m., the administrator verified the documentation for the required trainings were not in staff #B's personnel file.

Class III

0090 Training -

Based on record review and interview, the facility failed to ensure 1 (#B) of 3 direct care staff sampled for training had the required of at least 1 hour training on the facility's policies and procedures regarding within 30 days of hire.

Findings include:

Record review of staff #B's personnel file on revealed she was hired on and there was no documentation in her file stating staff #B had completed the required of at least 1 hour training on the facility's policies and procedures regarding within 30 days of hire.

When interviewed on at 12:50 p.m., the administrator verified the documentation for the required training for was not in staff #B's personnel file.

Class III

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK

, 2015

Administrator
Caricias Assisted, Inc
8016 Dell Drive
Tampa, FL 33615

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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