RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Key Traning Center
5359 W. Safari Lane
Lecanto, FL 34461

RE: CCR #

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 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 Jasmine Hayes at (386) 462-6201.

Sincerely,

Kristen J. Mennella
Field Office Manager

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911734	07/09/2015
NAME OF PROVIDER OR SUPPLIER **KEY TRANING CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **5359 W. SAFARI LANE** **LECANTO, FL 34461**	

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

0000 Initial Comments

An unannounced Biennial survey was conducted on 2015 at Key Training Center, an Assisted Living Facility. Deficient practices were identified at the time of the survey.

0026 Resident Care - Social & Leisure Activities

Based on observation and interview the facility failed to provide a current monthly activities calendar posted in common areas where residents normally congregate, for 8 of 8 Residents in the facility.

Findings:

On at 9:32 AM the 2015 Activity calendar was posted on the kitchen refrigerator. The 2015 calendar was not posted on the refrigerator or found to be posted anywhere in the facility. On at approximately 9:32 AM, an interview was conducted with the Resident Manager regarding the Activity calendar posted on the refrigerator. The that the Activity Calendar currently posted on the refrigerator was dated 2015. When the questioned where the 2015 Calendar was posted the " It is not posted yet and it is probably still in the mailbox. " He further stated he had not retrieved the 2015 Calendar from the mailbox.
Class

0055 Medication - Storage and Disposal

Based on observation, interview and record review the facility failed to dispose of expired medication, within 30 days of the expiration date, for 1 of 3 residents observed during the medication assistance with self-administration medication pass (Resident #5).

Findings:

A review of the eye drop bottle on revealed the manufacture expiration date was

On at 11:00 AM Staff A was observed preparing to assist Resident #5 with self-administration of medication. Staff-A removed Eye drops from the locked cabinet. He asked the resident to tilt her head back and handed her a tissue. He assisted the resident ' s hands into the hand-over-hand position. Surveyor intervened and inquired about the expiration date of the medication.

On at 11:05 AM an interview was conducted with Staff A regarding the expiration date on

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the bottle of Eye drops for Resident #5. Staff A stated "I do check for the expiration date and go by the expiration date of the Pharmacy label but I will look into this with my manager for further discussion."

On at 5:55 PM a record review was conducted of the facility ' s policy and procedure regarding " Assistance with Medication Study Guide; Chapter II-26. " Under section #3 Medication storage tips: bullet #5 revealed: " Destroy any prescription medication that has expired or is no longer prescribed and document on a: " Medication Destruction Record " . " Sign the record before a third party witness. "

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review the facility failed to provide an updated menu in a conspicuously posted area, failed to note meal substitutions before or when the meal is served during lunch, and substitute lunch menu items with items of comparable nutritional value, for 8 of 8 residents in the facility.

1. On at 9:40 AM the weekly menu, dated was posted on the kitchen refrigerator. The weekly menu was outdated and did not have a header of what week the menu represented.

On at 11:45 AM an interview was conducted with Staff A regarding the outdated menu posted on the refrigerator. The he looked at the menu and stated: "Yes, this is an outdated menu." He further stated he must have pulled the wrong menu from the file when he posted the menu for this week.
2. On at 11:30 AM the lunch meal today had substitutions which were not noted before or when the meal was served.

On at 12:00 PM an interview was conducted with Staff A, no substitutions written on the back of the posted menu for the lunch meal today. The the back of the posted menu and agreed there were no substitutions written on the back of the posted menu for lunch. He further stated he would write the substitutions on the back of the posted menu for lunch. The the lunch substitutions, on the back of the menu, after the residents had completed the meal.

3.On at 9:40 AM a review of the weekly menu posted, on the kitchen refrigerator, revealed the menu for lunch consisted of a Box lunch of 1 Sandwich Tuna-Chicken-Ham-Turkey-Egg-Peanut butter; 1 serving Baked Chips-Graham Cracker-Pretzel; 1 serving Fruits-Apple-Banana-Orange-Melon;

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Small fruit-apple, orange ,banana, pears, grapes, melon, etc.; 1 6oz. can vegetable juice or fruit juice; Diet Soda-Tea-Crystal Lite.

On at 11:30 AM an observation was conducted of the lunch meal that consisted of the following substitutions: individualized sandwiches of baloney and/or salami or both and with or without cheese, on white bread, condiments of choice: mustard, mayonnaise and ketchup. A mixed Green Salad with tomatoes, dressing choice of Italian or Thousand Island, and individual cups of raisins, on dining table, next to each place setting. Drink of iced tea and/or orange juice. No substitution was noted for the 1 serving Baked Chips-Graham Cracker-Pretzel.

On at 12:00 PM an interview was conducted with Staff A regarding no substitution for the Baked Chips - Graham Cracker- Pretzel item. He stated," The salad and raisins are the substitutions for the crackers and veggie sticks. "

Class