RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
The Haven House at Ocala
12980 S.W. Highway 484
Dunnellon, FL 34430

RE: CCR #2015003265

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2015 by representative(s) 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 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 this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911641	07/07/2015
NAME OF PROVIDER OR SUPPLIER THE HAVEN HOUSE AT OCALA	STREET ADDRESS, CITY, STATE, ZIP CODE 12980 S.W. HIGHWAY 484 DUNNELLON, FL 34430	

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

0000 Initial Comments

An unannounced complaint survey (CCR#2015003265) was completed on 2015 at The Haven House 12980 SW Highway 484, Dunnellon, Florida 34430. The Assisted Living Facility had deficiencies found at the time of the visit per 429.01-429.54, Part I & 408, Part II and 58A-5, 59A-35 & 58T-I.

0052 Medication - Assistance with Self-Admin

Based on observation, interview and record review the facility failed to ensure that staff assisting with self-administration of medications provided uncontaminated medications (Resident #6) and Medication Technicians informed residents of the name and purpose of the individual medications provided during assistance with self-administration of medications for 3 of 3 residents (#5, #6, #7) observed during assistance with self-administration of medications of 7 sampled residents.

Findings:

1. During observation on beginning at 9:00 AM of assistance with self-administration of medication or Resident #6, the Medication Technician dropped 1 pill from the container on to the top of the medication cart when dispensing the pill. The Medication Technician was then observed to pick the pill up with her bare fingers and put it in the medication cup with other medications for assistance with administration. The Medication Technician then prompted Resident #6 to take the medications. The Medication Technician was not observed to replace the contaminated pill with an uncontaminated pill or inform Resident #6 the pill was contaminated before Resident #6 ingested the pill. During this observation the Medication Technician acknowledged she had dropped the medication on to the top of the medication cart but was not observed to dispose of the dropped medication.
A record review of the Saber Healthcare Group's Policy and Procedures Medication Management Plan from the facility ' s Operations Policies and Procedure Page 96-102 (no date found on the policy). The policy stated: " #5 (h) A dose of any medication prepared for administration and accidentally contaminated or not administered shall be destroyed (page 100 bottom of policy). "
An interview was conducted on at approximately 11:40 AM with Staff Licensed Practical Nurse regarding facility policy related to contaminated medications. The Licensed Practical Nurse confirmed that it was facility policy to destroy contaminated medications and provide an uncontaminated dose of the medication to the resident.
2. During observation on beginning at 9:00 AM of assistance with self-administration of medication for Resident #5, Resident #6 and Resident #7, the Medication Technician was not observed to read the medication label in the presence of these residents or inform these residents of the name and purpose of the individual medications provided.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911641	**07/07/2015**
NAME OF PROVIDER OR SUPPLIER **THE HAVEN HOUSE AT OCALA**	STREET ADDRESS, CITY, STATE, ZIP CODE **12980 S.W. HIGHWAY 484** **DUNNELLON, FL 34430**	

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

During interview on at 11:40 AM, the facility Licensed Practical Nurse stated that it was the facility expectation and standard that Medication Technicians inform residents of the name and purpose of the individual medications provided during assistance with self-administration of medications.