STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968055	07/23/2015
NAME OF PROVIDER OR SUPPLIER **NUVISTA LIVING AT WELLINGTON GREEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **10334 DEVONSHIRE BLVD** **WELLINGTON, FL 33414**	

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

0000 Initial Comments

An unannounced Assisted Living Facility Relicensure survey was conducted on and , at Nuvista Living At Wellington Green. The facility had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, record review and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 2 out of 4 residents (Resident #1 and Resident # 3) observed during medication pass.

The findings include:

a) A record review of the Resident # 1's Medication Observation Record (MOR) on at 8:40 am revealed Resident # 1 was scheduled for the the following medications: 50 mg at 9 am, SO4- HCl 0.025 mg at 9 am, and 10 mg at 10 AM.

On at 8:45 AM, observations during assistance with self- administration of medication revealed Staff A, a Certified Nursing Assistant (CNA) and Medication Technician, assisted Resident # 1 with self - administration of medications. Staff A did not sanitize his hands and did not review Resident # 1's MOR before providing medication assistance. Staff A obtained 2 of Resident # 1's medications which were 50 mg and 10 mg, gave the medications along with a cup of water to Resident # 1. Staff A stated the names of the medications to Resident # 1. Staff A observed Resident # 1 take her medications. Staff A, immediately after, documented on the MOR that he gave Resident # 1 the 3rd medication, SO4- HCl 0.025 mg , and after he documented the MOR , he stated he forgot to give that medication to Resident # 1. Staff A gave Resident # 1 10 mg , but did not document the MOR that he gave the medication to the resident. Further review of the MOR revealed Resident # 1 is scheduled to receive 10 mg at 10 AM, but Staff A gave Resident # 1 the medication at 8:45 am.

b) A record review of the Resident # 3's Medication Observation Record on at 9:55 AM revealed Resident # 3 scheduled for the the following medications:
Refresh eye drops at 10 AM, 25 mg at 10 AM, Betahisdine 8 mg at 10:30 AM and 1.5 mg at 10:30 AM.

On at 10 AM, observations during assistance with self- administration of medication revealed Staff A, a Certified Nursing Assistant (CNA) and Medication Technician, assisted Resident # 3 with self - administration of medications. Staff A sanitized his hands and reviewed Resident # 3's Medication

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Observation Record (MOR) before providing medication assistance. Staff A obtained Resident # 3's medications, took the medications to Resident # 3's , obtained a cup of water for the resident, and gave Resident # 3 her medications. Staff A did not announce the names of the medications to Resident # 3. Staff A, stated, "I forgot to tell the resident the name of her medications she was receiving." Staff A documented Resident # 3's MOR.

During an interview on at 10:30 AM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Nuvista Living At Wellington Green
10334 Devonshire Blvd
Wellington, FL 33414

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on 2015 through 2015 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

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