AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967005	07/28/2015
NAME OF PROVIDER OR SUPPLIER **WESLEY HOUSE III**	STREET ADDRESS, CITY, STATE, ZIP CODE **28502 TALL GRASS DRIVE** **WESLEY CHAPEL, FL 33543**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY.

An Abbreviated Biennial Licensure Survey with Extended Congregate Care Services was conducted on

The Wesley House III had deficiencies found at the time of this visit.

0052 Medication - Assistance with Self-Admin

Based upon record review, interview & observation, the facility failed to ensure the medication for 1 (#4) resident was given as prescribed.

Findings Include:

During the visit of a review of the record for resident #4 revealed that a physicians order on file indicated the resident was to receive his [redacted] (Novalog, 5U SQ) twice daily at lunch & dinner.

A review of this residents medication revealed the prescription label on the residents Novalog Flex, 100u/ML pen also indicated the resident was to receive 5 units twice daily.

A review of the residents medication observation record (MOR) confirmed the Novalog was to be given at 11:30 a.m.. When staff was asked (12:55pm) why the medication had not been given, the staff could not provide an answer.

The resident received his medication at 1:05 p.m., which was 1 1/2 hrs late by facility management. The staff contacted the residents physician to inform him the [redacted] of resident #4 was given late.

Class III

0055 Medication - Storage and Disposal

Based upon observation & interview the facility failed to ensure that all medications were kept in a locked storage recepticle.

Findings Include:

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During tour on the ..... (Novalog & Lantus) belonging to resident #4 was observed in a small refrigerator located in the converted garage area. This refrigerator was not equipped with a locking mechanism. The door to the the kitchen was left unlocked and/or open through the day.

Class III

Note: A locked was obtained for the refrigerator & installed prior to departure.

0081 Training - Staff In-Service

Based upon record review, the facility failed to ensure that 1 (staff C) of 2 staff were trained in the following within 30 days of employment.

Findings Include:

A review on of the personnel record for staff C hired on revealed no documented evidence of training within 30 days of employment related to;

1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
4. Resident rights in an assisted living facility.
5. Recognizing and reporting resident , neglect, and .
6. Three hours of training related to Resident behavior and needs & providing assistance with the activities of daily living
7. Elopement response policies & procedures.

During exit conference (approximately 3 p.m. the administrator said she would ensure all training is done.

Class III

0090 Training -

Based upon record review & staff interview, the facility failed to ensure that 1 (staff C) of 2 staff received training related to the facility policy & procedures related to 's.

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Findings Include:

A review on of the personnel record for staff C hired on revealed there was not any documentation of training related to the facility policy & procedures concerning 's. During staff interview, when this staff was asked if they knew what a was staff responded they were not sure.

Class III

0093 Food Service - Dietary Standards

Based upon observation & interview the facility failed to follow the menus approved by the registered dietitian.

Findings Include:

A review of the noon meal on / revealed the residents were served a Peanut Butter & Jelly sandwich, cream of Broccoli soup, canned fruit.

A review of the cycle 4 menu in use which was approved signed by RD the meal planned for the day of this visit indicated that in addition to the Peanut Butter & Jelly sandwich, Cream of Broccoli soup & canned fruit the residents were to be served Salad

During interview with facility staff when asked why salad was not served (11:50 a.m.) staff indicated he missed it on the menu & was going to make it after the meal.

Class III

0167 Resident Contracts

Based upon record review & staff interview, the residency agreement for 1 (#4) of 2 resident records reviewed did not include a monthly rate.

Findings Include:

A review of the record for resident #4 admitted on / revealed the contract for care (residency agreement) signed on date / did not include a monthly rate. During interview at approximately 3 p.m. the administrator indicated that the residents family member has not been

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responsive when contacted.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Wesley House III
28502 Tall Grass Drive
Wesley Chapel, FL 33543

Dear Administrator:

This letter reports the findings of a abbreviated biennial state licensure survey with extended congregate care (ECC) 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,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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