AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942870	08/06/2015
NAME OF PROVIDER OR SUPPLIER **PARK PLACE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **541 PARK STREET** **DUNEDIN, FL 34698**	

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

0000 Initial Comments

Assisted Living Facility

A change of ownership Survey (CHOW) state licensure survey was conducted in conjunction with a complaint survey, CCR# 2015005389, on .

Park Place Assisted Living had deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the assisted living facility failed to provide assistance with self-administration of medication per the guidelines as noted in 429.256. F. S. The facility failed to ensure qualified staff provided assistance with self- administration of medications by washing hands prior to medication pass for three of three (resident ' s #3, #4 and #5) residents observed.

Findings include:

An observation of Staff B, who is a med tech, took place during the medication pass on at 11:00 A.M. for Resident #4. Staff B walked into the resident ' s medications still in the bubble pre-packed container with the medication observation record (MOR). He placed the MOR on Resident #4 ' s bed and opened it up to Resident #4 ' s name. Staff B then compared the MOR to the label on the medication in the bubble pre- packed medication container of 0.5MG 1 tablet three times daily. Staff B then explained the medication to Resident #4. Staff B opened the bubble pre packed medication container and emptied the medication in to Resident #4 ' s hand, gave the resident water, and then initialed the MOR.
During an interview with Staff B, he stated that he washed his hands prior to entering the Resident #4 ' s .
Observation of Staff member B during the medication pass on at 11:07 A.M. for Resident #3 revealed he opened the medication cabinet where the medications were stored and compared the MOR to the label on the bubble pre- pack container, locked the cabinet back up, and opened the bubble pre-pack of medication of 7.5MG 1 tablet daily. Staff B then explained the medication and emptied the medication into resident #3 ' s hand and gave the resident water in a plastic cup. Staff B was not observed washing his hands prior to the medication pass for Resident #3.
Observation of Staff member B during the mediation pass on at 11:12 A.M. for Resident #5 revealed that he did not wash his hands prior to the medication pass for Resident #5. He unlocked the medication cabinet and compared the MOR to the bubble pre- packed container label for 600 MG 1 tablet daily, D 5000 1 capsule daily and 5000 1 tab daily. He went to the

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Resident #5 ' s ' explained the medication to Resident #5 and opened the bubble pre- packed medication container and emptied the medication into the Resident #5 ' s hand.

Class III

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to maintain required documentation of an annual, negative examination for 1 (Staff C) of 4 records reviewed.

Findings include:

An employee record review was conducted on . A review of Staff C's employee file showed no evidence of a negative ( ) examination.
Staff E was interviewed at approximately 3:20 P.M. on and was asked to produce a copy of Staff C's examination. Staff E reviewed Staff C ' s file and stated that she couldn't find it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August , 2015

Administrator
Park Place Assisted Living
541 Park Street
Dunedin, FL 34698

RE: CHOW survey & **CCR# 2015005389**

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey and a complaint survey that were 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/kpr
Enclosures: State Forms 5000-3547

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