STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968537	08/10/2015
NAME OF PROVIDER OR SUPPLIER **ELITE MANOR-KISSIMMEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4034 SUNNY DAY WAY** **KISSIMMEE, FL 34744**	

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

0000 Initial Comments

The re-licensure survey was conducted on / / . Elite Manor- Kissimmee had deficiencies found at the time of the visit.

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to ensure that centrally stored medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times for 6 of 6 facility residents.
Findings:

Observations on / at approximately 8:15 AM noted all the 6 facility residents sat at the table and ate breakfast. Continued observation noted staff #A assisted resident #6 with self-administration of medication, after he ate his breakfast. After she retrieved the medications from the locked medication cart, she brought the medications to where the resident sat. She left the keys hanging from the medication cart and did not lock the medication cart.

In an interview on / at approximately 1 PM with the assistant administrator/manager who stated he was aware that she did not lock the cart, the staff told him she was nervous.

Class III

0078 Staffing Standards - Staff

Based on observations, record review and interviews the facility failed to ensure that all staff were assigned duties consistent with his/her level of education, training, preparation, and experience and allowed unlicensed staff to administer to 1 of 2 sampled residents (#2).
Findings:
In an interview on at approximately 1 PM with staff #A who stated "resident #1 has , I turn the pen for him and he injects himself".
Resident record review revealed a health assessment report from 1823 dated / that indicated work injury lower back, rods on back, conversion , left sided . His cognition level was indicated as mild . The review revealed a healthcare provider's order dated /15 that indicated 44 Units twice daily. The 2015 Medication Observation Record (MOR) listed inject 40 Units daily and had staff initials that indicated the staff gave the resident his during the month of . The 2015 MOR listed inject 44 units twice daily @ 7:30 AM and 7:30 PM and had staff initials were from / to / .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968537	08/10/2015
NAME OF PROVIDER OR SUPPLIER ELITE MANOR-KISSIMMEE	STREET ADDRESS, CITY, STATE, ZIP CODE 4034 SUNNY DAY WAY KISSIMMEE, FL 34744	

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

There was a locked box that contained 10 pens with prescription labels dated / 44
U twice daily.
Personnel record review for staff #A revealed she was not a nurse, therefore unable to administer medications.
In an interview on at approximately 1 PM with the assistant administrator/manager who stated the resident was able to inject the and should be able to turn the pen to the units he needed.
Class III

0080 Training - Core & Competency Test

Based on personnel record review and interview the manager/assistant administrator failed to have evidence of 12 hours of continuing education in topics related to Assisted Living every 2 years.
Findings:
Personnel record review on for staff # A (the manager/assistant administrator) revealed that there was no documentation to confirm that he had completed 12 hours of continuing education in topics related to Assisted Living every 2 years.
In an interview on / at approximately 3 PM with the administrator, who stated he did not attend continuing education classes and did not have the 12 hours of continuing education.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Elite Manor-Kissimmee
4034 Sunny Day Way
Kissimmee, FL 34744

RE: Relicensure

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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com