STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965743	R
NAME OF PROVIDER OR SUPPLIER **CENTURY OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **4001 STACK BOULEVARD** **MELBOURNE, FL 32901**	

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

0000 Initial Comments

The revisit to the Complaint Investigation CCR #2015001703 was conducted on . Century Oaks Senior Living had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Deficiency remained uncorrected.
Based on observation and interview, the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times for 2 of 8 sampled residents (#12 and #13)

Findings:
Observation of the medication pass on / at approximately 7:30am revealed Staff D did not follow the appropriate procedure. It was observed that Staff D took the bubble wrap package from the locked medication cart. Staff D was observed checking the package against the MOR (Medication Observation Record). Staff D then popped the pills into a small cup and handed the cup to Resident #12. Staff D they told Resident #12 to take his medication. Staff D followed the same procedure for Resident #13, and then told him to take his medication.

Staff D did not take the medication in its previously dispensed container and read the label to the resident and then take the medication out and put the medication in the residents hand or small container.

In an interview with Resident #12 at approximately 9:30 am on , he stated that staff always just hand him a small cup and the pills are inside the cup. Resident #12 stated the staff do not tell him what he is taking.

In an interview with Resident #13 at approximately 9:45 am on / , he stated the staff pop the pills out of the bubble package in front of him and put all of his pills in a small cup. He stated the staff then hand him the small cup of pills.

In an interview with the Director of Resident Care on at approximately 10:00 am she stated she has provided training on assistance with self-administration of medication. She stated she will now have to take disciplinary action.

Class III

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11965743

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
7/22/2015

Name of Facility
CENTURY OAKS

Street Address, City, State, Zip Code
4001 STACK BOULEVARD
MELBOURNE, FL 32901

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0081** Reg. # **58A-5.0191(2) FAC** LSC		ID Prefix **A0090** Reg. # **58A-5.0191(11) FAC** LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** [signature]	**Date:** 8/18/15	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Century Oaks
4001 Stack Boulevard
Melbourne, FL 32901

RE: Revisit to #2015001703

Dear Administrator:

This letter reports the findings of a complaint investigation revisit survey conducted on 22, 2015by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , , 2015.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

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