AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932424	08/20/2015
NAME OF PROVIDER OR SUPPLIER **CENTRAL ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **2349 CENTRAL AVENUE** **SAINT PETERSBURG, FL 33713**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A Biennial Survey with Limited Nursing Services (LNS) and Limited Mental Health (LMH) was conducted in conjunction with a Revisit Survey (CCR# 2015004177 and CCR# 2015004973) on 8/19/15 and 8/20/15.

Central ALF had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, interview and record review, the facility staff failed to wash hands before assisting two out of two residents (Resident #7 and #6) observed for medication assistance, and failed to explain what the medication is used for, for two of two residents (Residents #7 and #6) observed during the medication observation task, according to the Nine Rights of Medication Administration.

Findings Include:

On . . /. ., during the mid- day medication pass, Staff F failed to notify Resident #7 as to what medications he was taking. Staff F, a Med Tech, greeted resident #7. She gave the inhaler box to Resident #7 and didn ' t identify the medication or tell the reason for the medication to the resident. Staff F gave resident #7 two boxes separately and the resident administered to self.

After resident #7 left the medication window, an interview took place with Staff F. When Staff F was asked why resident #7 gets the inhalers, she stated, "He gets out of breath. I hear him when he wakes up."

A short time later, Resident #6 came to the window for her medication and Staff F did not wash her hands. Staff F asked resident #6, "ready for your noon meds?" Staff F removed the cards from the drawer, and read each medication card as she popped the pills into a cup. She did not inform the resident what the reason was for taking the medication, as outlined in the Medication Administration and Safety Practices.

In an interview took place on . . /. with Resident #14. When asked if anyone ever explained the purpose of his medication to him when he takes his medication, Resident #14 stated that no, they don '

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t tell me what they're for. I just take them when they give them to me.
A review of Staff F's and Staff G's employee record showed the assistance with self-administration course was given to both on and signed by the Regional Nurse as the instructor.

The Regional Nurse was interviewed and informed about observations concerning lack of hand sanitization and not informing residents about their medications. The Regional Nurse stated that she had made a list of steps for the med tech to follow for proper procedures and stated that she wants me to observe another med pass.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Central ALF
2349 Central Avenue
Saint Petersburg, FL 33713

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) and limited mental health (LMH) 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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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