STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964446	08/18/2015
NAME OF PROVIDER OR SUPPLIER ISLES OF VERO BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 WATERFORD DRIVE VERO BEACH, FL 32966	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 17-18, 2015 at Isles Of Vero Beach. The facility had a deficiency found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review, it was determined the facility failed to assist residents with the self-administration of medications in accordance with procedures described in Section 429.256, F.S. and this rule specifically related to failure to provide assistance with the self administration of medications in a timely manner, for 4 of 5 sampled residents (Residents #1, #2, #3, and #4).

The findings include:

During observation of Staff A, conducted on , providing assistance with the self administration of medications to the following residents their scheduled 8:00 AM medication were provided as follows:

1) Resident #1's 8:00 AM medications were provided on beginning at 9:20 AM
a) 1mg once daily
b) 100mg ER once daily
c) 81mg once daily
d) 40mg once daily
e) 5mg every morning
f) 25mg twice daily
g) Acetominophen 500mg extra strength 4 times daily as needed
h) 1 spray each nostril twice daily
i) apply to neck three times daily as needed

2) Resident #2's 8:00 AM medications were provided on beginning at 9:45 AM
a) C 500mg once daily
b) 20mg once daily
c) 50mg once daily
d) 50mg (1/2 tab) twice daily

3) Resident #4's 7:30 AM and 8:00 AM medications were provided on / beginning at 9:58 AM
a) 0.5% 1 drop each eye daily
b) 81mg once daily (scheduled 7:30 AM)
c) once daily (scheduled 7:30 AM)

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d) Icap Areds tablet formula once daily (scheduled 7:30 AM)
e) .25mg once daily
f) 180mg once daily
g) 500mg once daily
h) Omega 3 Fish Oil 1000mg once daily
i) 20mg once daily

4) Resident #3's 8:00 AM medications were provided on 08/17/2015 beginning at 10:15 AM
a) inhaler capsule via handihaler once daily
b) 81mg once daily
c) 50mg every 4 hours as needed
d) 3.125mg once daily
e) 100mg twice daily
f) 20mg once daily
g) Plus 8. once daily

During interview with the DON (Director of Nursing) on beginning at approximately 10:30 AM she was asked for a copy of the facility's policy related to medication times. The DON provided the policy and procedure entitled General Guidelines for Medication Assistance on / at approximately 11:30 AM. The DON confirmed that this policy indicated that medications shall be provided within a 1 hour window prior to the scheduled time or 1 hour after the scheduled time. She was informed that the last scheduled 8:00 AM medication was provided on / beginning at 10:15 AM.

During interview with Staff A, conducted on beginning at approximately 10:40 AM she was asked if she is usually still providing assistance with medications a this time of the morning. She replied that if her duties included serving and cleaning up in the dining day that the medications run past their scheduled time frames. She confirmed that she served food and cleaned up in the dining the morning of .

Class III

0078 Staffing Standards - Staff

Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled staff (Staff A and B) had freedom from ( ) documented by a health care provider on an annual basis.

The findings include:

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

The personnel files for Staff A and B were reviewed for freedom from ( ) documented by a health care provider on an annual basis. There was documentation of this dated / / with only the signature of a registered nurse/RN (not a defined health care provider). Under 58A-5.0131, F.A.C., " Health Care Provider " means a physician or physician ' s assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner licensed under Chapter 464, F.S.

The administrator was interviewed at approximately 11:30 AM on / / and confirmed that the documentation by a health care provider was not present and available for review. No additional documentation by a health care provider was presented at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Isles Of Vero Beach
1700 Waterford Drive
Vero Beach, FL 32966

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 17- 18, 2015 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dmb
Enclosure: AHCA Form 5000-3547

XG90

Delray Beach Field Office
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