STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911436	08/26/2015
NAME OF PROVIDER OR SUPPLIER **WOODLAND TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **113 CHIPOLA AVENUE** **DELAND, FL 32720**	

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

0000 Initial Comments

An unannounced biennial licensure survey with limited nursing services (LNS) was conducted at Woodland Towers in DeLand, FL on , 2015. Deficiencies were identified.

0008 Admissions - Health Assessment

Based on record review and staff interview the facility, failed to obtain a completed Health Assessment Form for 2 (Resident # 4 & Resident #6) out of 4 residents charts that were reviewed.

The findings include:

1. A review was conducted of the Resident Health Assessment Form (Form 1823) for Resident #4 revealed the form was not dated. In addition, the physician did not check for which type of assistance the resident needed with medications.

An interview was conducted with the Director of Nursing on at 12:22 AM, and she confirmed she did not have a signed Form 1823, or an updated medication list for Resident #4. She stated, "I know I had one, but I can't find it".

2. A review was conducted of the Form 1823 form dated for Resident #6 it revealed the physician checked that the resident required "Needs Medication Administration " for her medications.

A review of Resident #6 Medication Observation Record (MOR) for revealed Medication Technicians have been assisting the resident with her medication and a licensed staff were not administering her medications as indicated on her Form 1823.

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An interview was conducted with the Administrator on at 11:53 AM and she confirmed the Health Assessment form was marked for Resident #6 to received medication administration with medications. The Administrator stated "This should have been reviewed and caught".

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record reviews and staff interviews, the facility failed to have medication technicians assist residents in accordance with Florida Statute for 2 (Residents #4 and Resident #5) out of 4 resident's observed for medication assistance.

The findings include:

1. An observation was conducted on at 8:35 AM of Employee F, Med Tech, assisting Resident #4 with his medications. The employee handed the resident his medications but never instructed him on what medications he was taking. In addition, Employee F, only gave the resident 15 milliliters (ML) of _____ instead of the 30 ML that was ordered by the physician.

An interview was conducted with Employee F on at 8:45 AM and she confirmed she did not tell the resident what he was taking. She stated, "He's very with it and he knows what he's taking." In addition, she confirmed she gave Resident #4 15 milliliters (ml) of his instead of the 30 ml that was ordered stating "30 ml. makes him go to much".

An interview was conducted with the Administrator on at 11:30 AM. She stated, "The staff should have not made that judgement call and should have contacted the nurse and documented he refused on the MOR".

2. An observation was conducted on at 8:50 AM of Employee G assisting Resident # 5 with his morning medications and the medication technician did not inform the resident of the medications he

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was taking.

An interview was conducted with Employee G on at 9:00 AM and she confirmed she did not tell Resident #5 what medications she was assisting him with.

Class III

0053 Medication - Administration

Based on record review and staff interview, the facility failed to have licensed staff administer medications for 1 out of 4 (Resident #6) records that were sampled.

The findings include:

A review was conducted of the Health Assessment Form (1823) dated for Resident #6 it revealed the physician checked that the resident required "Needs Medication Administration" for her medications.

A review of Resident #6 Medication Observation Record for revealed medication technicians have been assisting the resident with her medication and a licensed staff were not administering her medications as ordered by a physician on her 1823.

An interview was conducted with the Administrator on at 11:53 AM and she confirmed the Health Assessment form was marked for Resident #6 to received medication administration with medications. The Administrator stated, "This should have been reviewed and caught".

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Class III

0054 Medication - Records

Based on record review and staff interview, the facility failed to maintain accurate Medication Observation Record (MOR) for 1 out of 4 residents (Resident #4) Medication Observation Records that were sampled.

The findings include:

An observation was conducted on at 8:35 AM of Employee F, Med Tech, assisting Resident #4 with his medications. The resident refused to take his 30 ml by mouth as ordered but took 15 ml instead. The resident in addition refused to take his Lansoprozale 30 mg.

A review was conducted of Resident #4 MOR and it revealed Employee F did not document the resident only took 15 ml instead of 30 ml of his and did not document the resident refused his Lasnoprazole. (see photographic evidence)

An interview was conducted with Employee F on at 8:45 AM. Employee F confirmed she gave Resident #4 15 milliliters (ml) of his instead of the 30 ml that was ordered stating "30 ml. makes him go to much".

An interview was conducted with the Administrator on at 11:30 AM. She stated, "The staff should have not made that judgement call and should have contacted the nurse and documented he refused on the MOR".

Class III

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0093 Food Service - Dietary Standards

Based on observation, review of the 3 day disaster menu, and staff interview, the facility failed to have a complete 3 day emergency food supply.

The findings include:

The facility's inventory for 3 day disaster menu revealed a variety of non perishable items with no quantities listed. The emergency food supply was observed on at 12:15 p.m. There were multiple quantities of all of the inventory items except for the milk. The Food Service Director on at 12:20 pm stated that he just threw the milk away because it was expired. He was asked how much of these items did he need on hand. He stated he estimated how much he needed for about 200 people. He did not have an exact amount of inventory items for the 200 people.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2015

Administrator
Woodland Towers
113 Chipola Avenue
DeLand, FL 32720

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services survey that was conducted on [illegible], 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 [illegible] 3, 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 surveyors. Should you have any questions please call this office at [illegible]-4201.

Sincerely,

[illegible] Meyering, QIDP
Health Facility Evaluator Supevisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure
XG90

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