STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910686	08/27/2015
NAME OF PROVIDER OR SUPPLIER **INDEPENDENCE HALL**	STREET ADDRESS, CITY, STATE, ZIP CODE **1639 NE 26TH STREET** **FORT LAUDERDALE, FL 33305**	

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

0000 Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 8/27/2015 at Independence Hall. The facility had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 2 out of 3 residents (Resident # 1 and # 2) observed during medication pass.

The findings include:

Observations on at 10 AM found Resident # 1 receiving the following medications: 1 tab, 50 mg, Triam.HCTZ 37. , 40 mg, D3 1000 IU, and 20 mg. At 10 AM, observations during assistance with self- administration of medication revealed Staff A, a Certified Nurse Assistant, assisted Resident # 1 with self - administration of medications. Staff A sanitized her hands, pre-poured Resident # 1's medications in a cup, signed the medication observation record and placed the cup of medication into Resident # 1's hand. Staff A did not state the name of the medications to Resident # 1.

Further Observations on at 10:05 AM found Resident # 2 receiving the following medications: Propranol 60 mg, 10 Meq, Vesicare 10 mg, 20 mg , D3 2000 IU, 10 mg, XR 28 mg, and 5 mg. At 10:05 AM, observations during assistance with self- administration of medication revealed Staff A, a Certified Nurse Assistant, assisted Resident # 2 with self - administration of medications. Staff A sanitized her hands, pre-poured Resident # 2's medications in a cup, signed the medication observation record and placed the cup of medication into Resident # 2's hand. Staff A did not state the name of the medications to Resident # 2.

During an interview on at 10:10 AM, Staff A was informed of the process for assisting residents with self- administration of medications. Staff A acknowledged her errors found during the medication observation.

An interview was conducted with the Administrator on at 2:30 PM and she acknowledged the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Independence Hall
1639 NE 26th Street
Fort Lauderdale, FL 33305

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 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
Enclosure
XG90

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