RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Heidis Haven Lasalida
1215 Lasalida Way
Leesburg, FL 34748

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the new deficiency 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 (386) 462-6201.

Sincerely,

Kristé J. Mennella
Field Office Manager

KJM/amw
Enclosure

BBT7

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967846	R
NAME OF PROVIDER OR SUPPLIER **HEIDIS HAVEN LASALIDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **1215 LASALIDA WAY** **LEESBURG, FL 34748**	

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

0000 Initial Comments

A Change of Ownership and capacity increase follow-up survey was conducted at Heidi's Haven Lasalida Assisted Living Facility on . . . Deficient practice was identified at the time of the survey.

0056 Medication - Labeling and Orders

Based on observation, interview and record review the facility failed to ensure that there was an alert label on medications to direct staff that the label and medication observation record (MOR) are different in 1 of 1 residents sampled (Resident #1)(photographic evidence obtained).

Findings:

During a medication review for Resident #1 on . . at 11:25 AM it was observed that the prescription label for Flextouch read "Inject 20 units in the morning and 75 units in the evening."

A review of the MOR revealed . . . Flextouch read: "Inject 22 units in the morning and 75 units in the evening." It was observed that the prescription label and MOR did not match. It was further observed that there was no "alert" label on the medication to alert staff the the prescription label did not match the order.

An interview was conducted on . . at 11:40 AM with the CNA. She stated that it has always been 22 units and did not realize that the prescription label was wrong. She confirmed that there was no alert label on the medication.

An interview was conducted with the Administrator at 11:42 AM. She confirmed that the prescription label and the MOR did not match and there was no alert label on the medication to alert others that the label was incorrect.

A review of Resident #1's medical record revealed a physician's order dated stating " Flex Touch 100 ml/units. Give 22 units every morning and 75 units every afternoon".
Class III