RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cranes View Lodge
1601 Hooks Street
Clermont, FL 34711

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by s representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

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
	AL11968651	08/31/2015
NAME OF PROVIDER OR SUPPLIER **CRANES VIEW LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1601 HOOKS ST** **CLERMONT, FL 34711**	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR#2015005465, and Extended Congregate Care (ECC) Monitoring visit was conducted on , 2015 at Cranes View Lodge, 1601 Hooks Street, Clermont, FL. Deficient practice was found during the visit. The facility was found not to be in compliance during the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, interview and record review, the facility failed to ensure, that during assistance with self-administration of medication, that 1 of 3 residents (Resident #4) was informed of the medications that she was being assisted with taking by Medication Tech (Staff A).

Findings:

An observation was conducted on , 2015 at 9:22 AM of Medication Tech (Staff A) washing her hands, unlocking the medication cart and retrieving the following medications from bubble packs for Resident #4: Co- Q10 100 mg x 1, Centrum Silver Ultra x 1, 10 mg x 1, 600 mg x 1, 100 mg x 1, and 20 mg x 1. Staff A was then observed to retrieve paper cups, plastic spoons, and plastic container of apple sauce. In the presence of Resident #4, Staff A then placed individual pills in plastic bags, then used medication crusher to crush the medication. Staff A then poured the crushed medications in the container of apple sauce. Staff A then gave Resident #4 a plastic spoon, cup of water and the container of apple sauce. Staff A did not inform the resident of the medications that she had given to her. Staff A then observed Resident #4 eating the apple sauce and drinking the water.

An interview was conducted on , 2015 at 9:37 AM with Staff A. She stated that she is not a nurse, she is a Med Tech. She stated Resident #4 knows what medications she is taking, this is the reason why she did not tell Resident #4 what medications she was giving to her.

Review of Resident #4's Medication Observation Record (MOR) showed the following medications for , 2015: Centrum Ultra Women's, crush 1 tablet and take by mouth once daily; Co-Q10 100 mg, take 1 capsule by mouth once daily for energy; 600 mg, crush 1 tablet and take by mouth daily; Tab 100 mg, take one tablet by mouth once daily; Cap 20 mg, take 1 capsule by mouth once daily; Tab 10 mg, take one tablet by mouth once daily.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968651	08/31/2015
NAME OF PROVIDER OR SUPPLIER **CRANES VIEW LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1601 HOOKS ST** **CLERMONT, FL 34711**	

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

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, interview and record review, the facility failed to ensure that 2 of 2 staff, Medication Techs, (Staff A and C), had documentation in their employee records of 2 hours of annual updated training for assistance with self-administration of medications.

Findings:

Review of Staff A's employee record showed documentation that Staff A received initial 4 hours of training for assistance with self-administration of medications on . Further review of Staff A's employee record showed no documentation of 2 hours of annual updated training for assistance with self-administration of medications.

Review of Staff C's employee record showed documentation that Staff C received initial 4 hours of training for assistance with self-administration of medications on . Further review of Staff C's employee record showed no documentation of 2 hours of annual updated training for assistance with self-administration of medications.

An observation was conducted on , 2015 at 9:22 AM of Staff A assisting residents of the facility with self-administration of medications.

An interview was conducted on , 2015 at 12:27 PM with Staff A. She stated she is not a nurse, she is a certified nursing assistant/medication tech. She stated she assists with self-administration of medications. She stated she has received the initial and continuing training for assistance with self-administration of medications.

An interview was conducted on , 2015 at 12:45 PM with Staff C. She stated she is not a nurse, she is a certified nursing assistant/medication tech. She stated she assists with self-administration of medications. She stated she has received the initial and continuing training for assistance with self-administration of medications.

An interview was conducted on , 2015 at 3:29 PM with the Administrator. He confirmed the lack of documentation of 2 hours of annual updated training for assistance with self-administration of medications for Staff A and C. He stated he is trying to obtain the documentation from Vanguard, who provides the training.

An interview was conducted on , 2015 at 3:45 PM with the Corporate Licensed Practical Nurse (LPN). She confirmed the lack of documentation of 2 hours of annual updated training for assistance

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with self-administration of medications for Staff A and C. She stated she called Vanguard, who informed her that Staff C received 2 hours of annual updated training for assistance with self-administration of medications on , but they had no record of Staff C receiving 2 hours of updated training in 2014.

Class III