STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967010	**09/11/2015**
NAME OF PROVIDER OR SUPPLIER **VIEW AT WINTER PARK (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1047 PRINCESS GATE BLVD WINTER PARK, FL 32792**	

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

0000 Initial Comments

The re-licensure survey was conducted on / . . The View at Winter Park Assisted Living Facility had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on Observations, personnel record review and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times for 3 of 3 sampled residents (#1, #2 and #3).

Findings:

Review of the MOR for Residents #1, #2 and #3 revealed the unlicensed Staff provided them with assistance with the self-administration of their medications.

1. Observations on / at 9:20 AM Staff B removed the medications for resident #1 from the medication cart. Placed them all in a small cup and signed the MOR for all of the medications. She took the small cup to where resident was sitting and told him here are your medications. She poured the medications in his hand and he took them. She watched him take the medication.

2. 9:50 AM-Staff B removed the medication from the medication cart. Placed them all in a small cup and signed the MOR for all of the medication. She prepared oatmeal in a bowl. Staff B stated at the time resident #2 had to take his medications in Oatmeal because it was easier for him to swallow. Staff B took the medication in the cup to the table where resident #2 was sitting. She placed some oatmeal on a spoon and placed the medication in the oatmeal and fed the oatmeal and medication to resident #2 from the spoon (administered the medications). Resident #2 was observed eating breakfast without anyone assisting him.

3. Observations on / at 10:30 AM Staff B removed the medications for resident #3 from the medication cart. Placed them all in a small cup and signed the MOR for all of the medications. She took the small cup to where the resident was sitting and told her here are your medications and she watched her take the medication.

Staff B did not follow the appropriate procedure at all times and did not take Medication, in its dispensed, properly labeled container, from where it was stored and brought to the resident, she did not in the presence of the resident, read the label, open the container, remove the prescribed amount of medication from the container, and close the container and return the medication container to proper

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storage and sign the Medication Observation Record.

Personnel record review revealed Staff B was not a nurse and could not administer medication.

During an interview with the Administrator on / / at approximately 11:30 AM, he stated he would be taking additional medication training.

Class III

0054 Medication - Records

Based on Medication Observation Record (MOR) review, record review and interview the facility failed to maintain accurate MORs for 1 of 2 sampled residents (#1).

Findings:

Record review for resident #1 revealed there was a MOR dated and noted the following medications:
12.5 milligrams (mg) -one twice daily; 4 mg 1 daily; 20 mg 1 daily; 100 mg 1 daily, 1 daily , Annonium 12%apply 1 Gram on skin at bedtime. Further review of the MOR revealed on / the spaces used to notate the medications were given were all left blank.

During an interview with Staff B on / at approximately 1 PM, she stated she worked at the facility on / and she did give resident #1 his medication and did not sign the MOR.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on personnel record review and interview the facility failed to ensure that 1 of 2 sampled unlicensed staff (B), who provided assistance with the resident's medications received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

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Observations on / at 9:50 AM revealed Staff was assisting the residents with their medications.

Personnel record review for Staff B, revealed there was no documentation to confirm she had received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF). The 4 hour Medication Training was received on /.

During an interview with the Administrator on / / at approximately 1:30 PM, the administrator stated Staff B did provided assistance with the resident's medications and she did not receive the 2 hours of continuing education each year.

Class III

0162 Records - Resident

Based on record review and interview the facility failed to maintain a Medication Observation Record (MOR) for 1 of 2 Sampled Residents (#1).

Findings:

Record review for resident #1 revealed there was no MOR available for review for April 2015.

During an interview with the administrator on / at approximately 2 PM, he stated he could not locate the MOR for 2015 for Resident #2.

Class

0167 Resident Contracts

Based on record review and interviews the facility failed to ensure the resident contract for 2 of 2 sampled records (#1 and #2), contained all the required components.
Findings:

Resident record review on for residents #1 and #2 revealed their contracts did not contain a provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change.

During an interview with the Administrator on / / at approximately 1 PM he stated the contracts

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were updated with the above information. The contracts provided to resident #1 and #2 were the old contracts that did not include the above information.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 3, 2015

Administrator
View At Winter Park (the)
1047 Princess Gate Blvd
Winter Park, FL 32792

RE: Relicensure

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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