RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Key Traning Center
5359 West Safari Lane
Lecanto, FL 34461

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 uncorrected deficiencies and/or new deficiencies 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,

Kristen J. Mennella for
Field Office Manager

KJM/amw
Enclosure

BBT7

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911734	R
NAME OF PROVIDER OR SUPPLIER **KEY TRANING CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **5359 W. SAFARI LANE** **LECANTO, FL 34461**	

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

0000 Initial Comments

On unannounced follow-up survey to biennial was conducted at Key Training Center Assisted Living Facility in Lecanto Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0055 Medication - Storage and Disposal

Based on observations and interviews the facility failed to dispose of discontinued/abandoned medication for 3 of 3 residents within 30 days for residents #6 #7 #8.

Findings:

On at approximately 3:20 PM it was observed that the facility had discontinued medication stored in a lock cabinet in the facility office.

Resident #6 had a prescription card which contained sod 10 mg discontinued /
10 mg tab discontinued 20 mg discontinued
Polyethylene- 3350 discontinued

Resident #7 had a prescription card that contained 20 mg discontinued

Resident #8 had a prescription card that contained Buspirome 10 mg discontinued on

On at approximately 3:41 PM the supervisor stated none of the residents family or guardians were notified to pick-up discontinued medication. The facility nurse was suppose to dispose of the medication in a timely manner but failed to do so.

Class III