STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922280	10/08/2015
NAME OF PROVIDER OR SUPPLIER COTTAGES OF PORT RICHEY (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 PINEHILL ROAD PORT RICHEY, FL 34668	

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

0000 Initial Comments

Assisted Living Facility

Two complaint surveys, CCR# 2015007479 and CCR# 2015009443, were conducted on .

(The) Cottages at Port Richey, assisted living facility, had deficiencies at the time of the survey.

0056 Medication - Labeling and Orders

Based on interview and record review, the facility failed to fulfill physician ' s medication orders and make required, timely changes to medication observation records (MORs) for 1(#6) of 4 sampled records reviewed for medications.

Findings include:

Resident #6 was hospitalized from / until . Upon discharge from the hospital on , the physician provided a Resident Health Assessment for Assisted Living Facilities- AHCA Form 1823 (1823 Form) and included a list of medications for Resident #6 ' s care. Record review of resident #6 ' s 1823 Form and medication list showed a change in medication upon discharge from the hospital. Record review of the MORs showed documentation of assistance with self-administration of discontinued medication from until / for resident #6. The change in medication orders were not followed or recorded on Resident #6 ' s MORs in a timely manner.

When interviewed on at 4:00 P.M., the Resident Care Director stated she overlooked the change in medication orders for Resident #6. She stated Resident #6 did in fact continue to receive the discontinued medications from until . She stated that during a visit from the physician on /, she was made aware of the changes in Resident #6 ' s medication regimen and the medications were discontinued.

Class III

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to provide required in-service training within 30 days of employment concerning recognizing and reporting , neglect, and (Training) for 1(Staff F) of 4 employee records reviewed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922280	10/08/2015
NAME OF PROVIDER OR SUPPLIER COTTAGES OF PORT RICHEY (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 PINEHILL ROAD PORT RICHEY, FL 34668	

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

Findings include:

Staff F was interviewed at 2:45 P.M. on . Staff F was asked if she had received Training and she stated not yet.

A review of Staff F ' s employee record shows a hire date of / and that she provides direct care to residents. The file also revealed that there was no proof of Training for Staff F who has been employed by the facility for more than 30 days.

Staff H was interviewed at approximately 5:00 P.M. on and asked to provide proof of Training for Staff F. After reviewing Staff F ' s employee record, Staff H stated that she could not find the training certificate.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on interview and record review, the facility failed to provide proof of required, initial 4 hour training for unlicensed persons who provide assistance with self-administered medications (Initial Training) for 2 (Staff D & E) of 4 employee records reviewed.

Findings include:

During an employee record review conducted on , Staff D ' s file showed no proof of Initial Training. Staff D ' s file only showed a certificate for 2 hours of continuing education on providing assistance with self-administered medications (2 Hour Update) dated / .

Staff E ' s employee record was reviewed for proof of Initial Training on . This review revealed no proof of Initial Training, only a 2 Hour Update dated / .

An interview with the Resident Care Director confirmed that both Staff D and E are assigned the responsibility of assisting residents with self-administered medications. Staff D was observed assisting residents with self-administration of medications on .

Staff H was interviewed at approximately 5:00 P.M. on and asked to provide proof of Initial Training for Staff D and Staff E. After reviewing Staff D ' s and Staff E ' s employee records, Staff H stated that she could not find the training certificates.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922280	10/08/2015
NAME OF PROVIDER OR SUPPLIER **COTTAGES OF PORT RICHEY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5905 PINEHILL ROAD** **PORT RICHEY, FL 34668**	

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cottages of Port Richey (The)
5905 Pinehill Road
Port Richey, FL 34668

RE: CCR# 2015007479 & CCR# 2015009443

Dear Administrator:

This letter reports the findings of two complaint surveys that were 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form