STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911223	10/15/2015
NAME OF PROVIDER OR SUPPLIER **VICK STREET MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **22332 VICK STREET** **PORT CHARLOTTE, FL 33980**	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR #2015008030 with 3 allegations was conducted on / / and at Vick Street Manor, an assisted living facility in Port Charlotte, Florida.

The following is description of deficiency.

0025 Resident Care - Supervision

Based on observation, record review,, and interview, the facility failed to provide personal supervision and awareness of the activities and safety while on the premises for 1 (Resident #7) out of 12 residents sampled.

The findings included:

This surveyor observed Resident #7 yelling for help while standing outside the facility on at 10:30 a.m. The resident was escorted into the facility by another resident who heard him yelling for help. Resident #7 reported to surveyor on at 10:30 a.m. that he was left alone in the parking lot, and was yelling for help to be escorted back to the facility. He reported to surveyor that he is legally and can only see shadows.

Record Review of Resident #7's Health Assessment (1823) dated / revealed health care provider order for supervision for ambulation.

Interview on at 10:40 a.m., with Staff A, she reported the resident is legally , and can only see shadows. She reported Resident #7 likes to go outside in the parking lot and smoke. She reported he will have to be discharged to a nursing home if staff have to supervise him.

Class III

0052 Medication - Assistance with Self-Admin

Based on record review and interview, the facility failed to report noncompliance with medications to Resident's Health Care Provider, for 1 (Resident #8) out of 8 residents sampled.

The findings included:

Record Review of Medication Observation Record (MOR) for Resident #8 revealed resident was

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prescribed ( ) 150 mg once daily and (medication) prescribed 10mg daily at bedtime. Noted by facility staff in resident's MOR "Resident Refused " on dates: / through , a total of 4 months.

Staff C reported on / / at 2:00 p.m., that Resident #8's Health Care Provider was notified via fax on , of resident's refusal of medications for 1 month. No notation was found in resident's record that Health Care provider was notified about noncompliance for 3 additional months.

During an interview via telephone on at 2:45 p.m., the residents Health Care Provider indicated that the resident had no harm.

Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to make a reasonable effort to ensure resident's prescribed medications were filled or refilled in a timely manner for 2 (Residents #3 and #8) out of 8 sampled residents.

The findings included:

1. Record review of Medication Observation Record (MOR) for Resident #3 revealed , prescribed at 81 mg by mouth daily was not given on dates: / through / . On dates 8// / through reason noted by facility staff on MOR was: "Waiting for medication delivery." Medication Meantime (medication) prescribed at 10 mg by mouth once daily was not given to resident on dates: / , through / and through / / , , / , and / and noted by facility staff on resident's MOR: "Waiting for medication delivery." Medication (medication) prescribed at 10 mg by mouth once daily at bedtime was not given on dates: / through / , , and through with reason noted by facility staff on resident's MOR: "Waiting for medication delivery."

During an interview via telephone on at 2:30 p.m. the resident's Health Care provider indicated that no harm was done to resident, and he would see resident on .

On / / at 1:20 p.m. Staff B stated, "I did not understand the computer system on charting of medications. I did not know that meds were not given."

2. Record Review of MOR for Resident #8 revealed , Fumerate (, medication)

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SUMMARY STATEMENT OF DEFICIENCIES
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prescribed 25 mg by mouth twice daily and 50 mg by mouth daily at bedtime was not given on dates: through / , and through / with reason noted by facility staff on resident's MOR: "Waiting for medication delivery."

During an interview via telephone on at 2:45 p.m. the resident's Health Care provider indicated that the resident had no harm.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vick Street Manor
22332 Vick Street
Port Charlotte, FL 33980

RE: CCR #2015008030

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2015 by a representative 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

Fort Myers Field Office
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Fort Myers, FL 33901
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