STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	11/02/2015
NAME OF PROVIDER OR SUPPLIER **FLORIDA SHORES ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1229 MANGO TREE DRIVE** **EDGEWATER, FL 32132**	

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

0000 Initial Comments

On , 2015 a biennial relicensure survey was conducted at Florida Shores Assisted Living. Deficient practice was identified during the survey.

On , 2015 a biennial relicensure survey was conducted at Florida Shores Assisted Living. Deficient practice was identified during the survey.

0056 Medication - Labeling and Orders

Based on observation and staff interview the facility failed properly label prescription medications for 4 of 12 residents. (Residents #3, #4, #5, #8)

The findings include:

During an observation of assistance with medication on / at 12:00 PM it was observed that Staff A provided assistance with medication for 4 residents. She opened the locked medication drawer and removed a small cup with pills that had been pre poured and provided them to the resident. The cup was identified in the drawer by a hand written note with the name of the resident and the names of the medications.

During an interview with Staff B at 1:10 PM on / he provided a tour of another locked medication the original pharmacy labeled medications are kept. He said every evening an Advance Registered Nurse Practioner (ARNP) comes to the facility and pours the medications and moves them to the locked medication cart in the main dining .

During an interview with the Administrator on / at 1:15 PM he stated an ARNP comes by the facility every evening and pre pours the medications for the residents for the next day and labels them with a handwritten note.

Class III

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SUMMARY STATEMENT OF DEFICIENCIES
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0081 Training - Staff In-Service

Based on record review and staff interview the facility failed to maintain documentation of required staff education for 2 of 3 sampled employees. (Employees A & C).

The findings include:

A review of the personnel file for Employee A on / revealed a hire date of . Documentation of required training was not found for ADL (activities of daily living) and Behavioral Needs, Elopement Response, Emergency Preparedness and Evacuation, and Recognizing or Reporting , Neglect and .

A review of the personnel file for Employee C on / revealed a hire date of / / . Documentation of required training was not found for ADL and Behavioral Needs, Emergency Preparedness and Evacuation, Incident Reporting, Residents Rights, or Recognizing/Reporting , Neglect and , .

During an interview with the Administrator on / at 12:30 PM he acknowledged that documentation of the trainings were not in the employee files.

Class III

0082 Training - / /

Based on record review and staff interview the facility failed to provide evidence of ( ) training for 1 of 3 employee files reviewed (Employee A).

The findings include:

A review of the personnel file for Employee A on / revealed a hire date of . The file did not contain any evidence of training.

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

During an interview with the Administrator on I/ at 12:30 PM he acknowledged the file of Employee A did not contain any evidence of training.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review and staff interview the facility failed to provide evidence of updated Medication Training for 3 of 3 employees reviewed. (Employees A, B, & C).

The findings include:

A review of the personnel file for Employee A on I/ revealed a hire date of . Documentation of an initital 4 hour Medication training was found with a date of . There were no updates found. Medication Aides must complete 2 hour training update annually.

A review of the personnel file for Employee B on I/ revealed a hire date of I/ . Documentation of an initital 4 hour Medication training was not found in the file.

A review of the personnel file for Employee C on 11/02.2015 revealed a hire date of 1/1/2004. Documentation of an initial 4 hour Medication Training was found dated . There were no updates found.

During an interview with the Administrator on I/ at 12:30 PM he acknowledged that documentation demonstrating updated Medication training was not in the employee files.

Class III

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

0085 Training - Nutrition & Food Service

Based on staff interview and employee record review the facility failed to ensure the staff member designated as responsible for the day to day supervision of food service obtained annually a minimum of 2 hours of continuing education. (Employee C)

The findings include:

Review of Employee C's personnel file found she attended an initial training in safe food practices on / . Further review of the employee file found no other evidence of training related to food safety. The person responsible for food service must obtain 2 hours of continuing education annually.

During an interview with the Administrator on / at 12:45 PM he stated Employee C is designated as the person responsible for food service at the facility. During an interview with the Administrator on / at 12:45 PM he acknowledged that documentation of the trainings was not in the employee file.

Class III

0090 Training -

~~Based on record review and staff interview the facility failed to provide evidence of DNRO (do not orders) P & P (policy and procedure) training for 1 of 3 employees reviewed. (Employee A).~~

The findings include:

A review of the personnel file for Employee A on / revealed a hire date of . The file did not contain evidence of P & P training.

During an interview with the Administrator on / at 12:45 PM he stated Employee C is

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SUMMARY STATEMENT OF DEFICIENCIES
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designated as the person responsible for food service at the facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Florida Shores Assisted Living
1229 Mango Tree Drive
Edgewater, FL 32132

Dear Administrator:

This letter reports the findings of a state licensure with Limited Nursing Services survey that was conducted on [redacted], 2015 by representatives 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 [redacted], 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 surveyors. Should you have any questions please call this office at [redacted]4201.

Sincerely,

Jana Meyering

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure
XG90

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