STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911836	**12/01/2015**
NAME OF PROVIDER OR SUPPLIER **DEERFOOT MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **374 DEERFOOT ROAD DELAND, FL 32720**	

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

0000 Initial Comments

An unannounced biennial licensure survey was conducted at Deerfoot Manor on , 2015 in DeLand, FL. Deerfoot Manor had deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and staff interview the facility failed to have a Health Assessment Form (1823) completed 30 days before or 60 days after admission into the facility for 1 Resident (Resident #4) out of 2 sampled residents.

The findings include:

A record review was conducted for Resident #4 and it revealed an admission date of . A Health Assessment Form (1823) was found in the Resident record signed by a physician and dated (photographic evidence obtained)

An interview with the Administrator on at 10:10 AM confirmed the facility did not have a current 1823 for Resident #4.

CLASS III

0052 Medication - Assistance with Self-Admin

Based on observation, record reviews, and staff interview, the facility failed to provide proper assistance with self administration with medication in accordance with procedures described in Section 429.256, F.S. and this rule, for 3 Resident's (Resident #1, Resident #4 and Resident #5) out of 3 sampled residents.

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The findings include:

1) An observation was conducted on / / at 9:36 AM of Resident #1 being assisted with a by the Administrator after resident asked for medicine for her back pain.

A review was conducted of the label on the and it read 50 mg 1 tablet 3-4 times a day for pain.

A review was conducted of the Medication Observation Record (MOR) for Resident #1 revealed an order for 50 mg 1 tablet 3-4 times a day for pain.

An interview was conducted with the Administrator on / / at 9:31 AM and was asked how the staff knew how often to give Resident #1 her ? The Administrator read the MOR for the resident and said "I can give it to her 3-4 times a day". The administrator confirmed the orders were given with a variable time frame. The Administrator also confirmed Medication Technicians assist Resident #1 with her and were not able to give medications with a variable time frame as it would require judgement.

2)An observation was conducted on / / at 9:15 AM of the Co-Owner (Med Tech) taking a plastic cup out of the top drawer of the facility medication cart with 7 pills observed in the cup. The Co-Owner then proceeded to hand the cup to Resident #4 and the resident took the medication. An interview was conducted at that time with the Co-Owner and was asked when he put the medications in the cup? He replied "I poured them around 7 am but he had lab work so I had to wait to give it to him ".

An observation was conducted on / at 9:35 AM of a pre-filled multi-dose packets of medication for Resident #4 in which some of the bubble packs housed 6 pills an 4 multi-dose packets housed 7 pills.(photographic evidence obtained)

A record review was conducted for Resident #4 and it revealed an order for Fosomax 70 mg 1 tablet by mouth on Sunday.

An interview with the Administrator on / at was asked how the staff knew which days are Sunday to give Resident #4 the Fosomax? She replied " I check the calendar and mark the MOR for the day it's packaged in. We then counted together the days of the week of the pre-filled packet and the medication would be given on a Saturday. The Administrator said " I would just change the day he got it

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so it would match the bubble pack". The administrator confirmed the medication is not always given on Sunday as ordered but it would be given on Saturday, or even on Friday depending on how the pharmacy filled it. (photographic evidence obtained)

A review of the MOR for Resident #4 revealed an order for Fosomax 70 mg 1 tablet by mouth on Sunday but was initialed as given daily from [redacted], 2015 - [redacted], 2015. (photographic evidence obtained)

An interview with the administrator on [redacted] at 9:40 am confirmed the medication Fosomax for Resident #4 was signed as given daily on the MOR. The Administrator also confirmed the facility did not contact the physician an make him aware the Resident was not given his medication as ordered. (photographic evidence obtained).

3) An observation was conducted on [redacted] at 9:45 AM of a clear plastic medicine cup in the top drawer of the facility medicine cart with 3 pills in it. (photographic evidence obtained)

An interview was conducted on [redacted] at 9:46 AM with the Co-Owner (Med Tech) and was asked who the pills were for? He stated " Resident #5". He was asked why the pills were already poured and he replied " I pour up all the pills in the morning and give them at breakfast".

CLASS II

0054 Medication - Records

Based on observation, record review, and staff interview, the facility failed to maintain a daily Medication Observation Record (MOR) for 1 out of 3 sampled residents. (Resident #4)

The findings include:

An observation was conducted of the Co-Owner (Med Tech) on [redacted] at 9:15 AM assisting Resident # 4 with his AM medication. The employee assisted the resident and watched the resident take his medications. The co-owner never initialed the Medication Observation Record to record that the resident was assisted with his medication.

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An interview was conducted with the Co-Owner on / / at 9:20 AM and he confirmed he did not initial the MOR for Resident #4. He stated "We haven't put the new MOR's in the book yet. I will sign it later when we put it in the book".

CLASS III

0056 Medication - Labeling and Orders

Based on observation and staff interview, the facility failed to properly label and dispense medication in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108,F.A.C. for 3 Residents (Resident #1, Resident #4 and #5) out of 3 sampled residents.

The findings include:

1) An observation was conducted on / at 9:36 AM of Resident #1 being assisted with a by the Administrator after resident asked for medicine for her back pain.

A review was conducted of the label on the and it read 50 mg 1 tablet 3-4 times a day for pain.

A review was conducted of the Medication Observation Record (MOR) for Resident #1 revealed an order for 50 mg 1 tablet 3-4 times a day for pain.

An interview with the Administrator on / at 9:31 AM confirmed the order for Resident #1 had a variable and she would have to get the order clarified since Med Tech's assist her with medication.

2)An observation was conducted on / at 9:15 AM of the Co-Owner (Med Tech) taking a plastic cup out of the top drawer of the facility medication cart with 7 pills observed in the cup. The Co-Owner then proceeded to hand the cup to Resident #4 and the resident took the medication. An interview was conducted at that time with the Co-Owner and was asked when he put the medications in the cup? He replied "I poured them around 7 am but he had lab work so I had to wait to give it to him ".

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3) An observation was conducted on / at 9:45 AM of a clear plastic medicine cup in the top drawer of the facility medicine cart with 3 pills in it. (photographic evidence obtained)

An interview was conducted on / at 9:46 AM with the Co-Owner (Med Tech) and was asked who the pills were for? He stated " Resident #5". He was asked why the pills were already poured and he replied " I pour up all the pills in the morning and give them at breakfast".

CLASS III

0078 Staffing Standards - Staff

Based on record review and staff interview, the facility failed to obtain evidence of a negative ( ) examination on an annual basis for 2 of 3 sampled employees. (Employee B and C)

The findings include:

Record review for Employee B (hired) found the most recent evidence of a negative screening was on /

Review of the employee file for Employee C (hired) found the most recent evidence of the screening was on /

The findings were confirmed during interview with the Administrator on / / at 2:30 PM. She did not have any additional information to provide.

Class III

0093 Food Service - Dietary Standards

Based on observation and staff interview, the facility failed to maintain an adequate supply of emergency water for the 12 residents residing in the facility.

The findings include:

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During and observation of the emergency food and water supply for the facility on / / at 12:15 PM the co-owner of the facility pointed to a water cooler and four 5-gallon containers of water and stated that was the emergency water. Both he and the Administrator stated that was the only emergency water the facility kept.

Observation of the emergency water supply found the facility had a water container with a 5-gallon container that was almost empty approximately 1 gallon left and 4 full 5 gallon containers giving a total of 21 gallons for the 12 residents. If 1 gallon per day for three days for each resident, they would need 36 gallons. The co-owner stated on / / at 12:20 PM he did not want to keep that much water on site because it would go bad. He stated the company delivers regularly and pointed to a company name on the refrigerator. There was a 2013 calendar and a date given for each month. He then stated if he runs out he just goes to the grocery store and fills a container.

Class III

0160 Records - Facility

Based on record review and staff interview the facility failed to maintain and up to date admission discharge log for 2 discharged residents. (Resident #10 and #11)

The findings include:

Review of the admission discharge log found two residents listed were one of the 12 residents currently living in the facility. Resident # 10 was admitted to the facility on . There was no discharge date or location of discharge listed for the resident.

Further review of the admission discharge log found Resident #11 was discharged to a nursing home. The log did not have the date of discharge.

The findings were confirmed during an interview with the Administrator on / at 9:00 AM. She stated Resident #10 is no longer in the facility and was discharge on to a nursing home and that Resident #11 was discharged on .

Class III

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Z816 Background Screening-Compliance Attestation

Based on employee record review and interview with the Administrator, the facility failed to ensure 1 employee in sample of 3 (Employee C) that had a break of employment of 90 days or more received a new Level II screening and was found eligible prior to working at the facility.

The findings include:

Record review of the employee file for Employee C found she was hired as a caregiver on . A level II screening was found in Employee C's file with a eligibility determination date. Record review of Employee C's application found no evidence of employment. Under references there was a name of a business and individual. The Administrator stated on / at 10:00 AM that Employee C was employed at an assisted living. She stated she did not have any evidence of reference checks.

Employee C was interviewed on / at 10:29 AM. She stated she worked at the assisted living facility for one day in and did not work again until .

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Deerfoot Manor
374 Deerfoot Road
DeLand, FL 32720

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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 29, 2016.** 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 -4201.

Sincerely,

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

NH/JM/sm
Enclosure
XG90

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