STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968566	12/14/2015
NAME OF PROVIDER OR SUPPLIER **CANDY'S HOUSE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 ROSEDALE DRIVE** **SATELLITE BEACH, FL 32937**	

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

0000 Initial Comments

On / a biennial re-licensure survey was conducted at Candy's House Inc. Deficient practice was identified during the survey.

0025 Resident Care - Supervision

Based on observation, record review and interview the facility failed to ensure medications were given as ordered by the physician, free from errors for 1 of 2 sampled Residents (3).
Findings:
Observations on at 12 PM during the medication pass noted that the Registered Nurse/Administrator took the medication from the locked cabinet. She brought the properly label prescription container to were the resident sat, and told Resident# 3 here was her .
Observations on at 12 PM noted the prescription label indicated Centrum Silver one daily at noon.
When asked about the medication in the pod (medication container), the Registered Nurse (RN) stated it was . The nurse was told the pill inside the pod was a large gray oval pill and ( ) was normally a white pill. The nurse was asked if the resident had another pod. The RN provided a pod with a prescription label dated and filled that indicated 500 mg take 2 daily.
In an interview with the RN on / at 12:15 PM who stated she thought the was in the pod, but it was Centrum Silver. The resident did not get the but Centrum Silver. She then offered the to the resident and gave her 2 tabs. She added that the she had changed pharmacies and that created .
Resident record review for Resident #3 revealed a prescription dated / that indicated 1000 mg daily at noon. Prescription dated indicated complete 1 daily and 1000 milligrams at 12 noon. The 2015 Medication Observations Record indicated Centrum Silver noon and was crossed off, and 9 AM written in. extra strength 500 mg take 2 tablets daily at 12 PM, marked as given daily.
Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interviews and observations the facility failed to ensure 1 of 1 unlicensed staff (#A) who provided assistance with self-administered medications completed a 4-hour class that was in compliance with 58A-5.0191(5)(a), FA.C prior to assuming the responsibility.
Findings:
Personnel record review for Staff A revealed she was hired 2015. Continued review revealed a

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certificate of training regarding the provision of assistance with self-administration of medications dated / / by a Licensed Practical Nurse and the director of the school where the training was provided, who's credentials were not indicated. Continued review revealed a medication update training dated / / done by a Registered Nurse, the hours of the training were not indicated.
In an interview with the Administrator/RN on at 3 PM, who stated she was not aware that the 4-hour medication training had to be done by a Registered Nurse. She gave the staff a 2-hour update but did not documents the hours on the certificate.
Class III

0162 Records - Resident

Based on observations, record review and interview the facility failed to ensure that 1 of 2 sampled resident records (#3) contained all the required components.
Findings:
In an interview with Resident #3 on / at 10 AM, who stated the facility staff assisted her with all his medications.
Record review for Resident #3 revealed a written informed consent dated , that did not indicate whether or not the staff who assisted with self -administration of medications would or would not be supervised by licensed personnel.
In an interview with the Administrator on / at 3 PM, who stated the resident did get assistance with medications from the unlicensed staff. She added the form was overlooked.
Class

0167 Resident Contracts

Based on record review and interview the facility failed to ensure the resident contract for 2 of 2 sampled records (#1 and #3), contained all the required components.
Findings:
Review of the facility license posted revealed it was licensed to provide Limited Nursing Services (LNS).
Resident record review for Residents #1 and #2 revealed their contracts did not contain A list of any additional services (LNS) and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule. The contract did not contain a provision that indicated the facility must provide the resident or responsible party 14 days to respond to a notice of claim against a refund due.
During an interview with the Administrator on at approximately 3 PM she stated the contract was overlooked.
Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Candy's House Inc
405 Rosedale Drive
Satellite Beach, FL 32937

RE: Relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was 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 , 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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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