RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Visionary Living, Inc
923 North 77th Avenue
Pensacola, FL 32506

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 and , 2016 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 me at (850) 412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911156	01/12/2016
NAME OF PROVIDER OR SUPPLIER **VISIONARY LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **923 NORTH 77TH AVENUE** **PENSACOLA, FL 32506**	

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

0000 Initial Comments

On , 2016 through , 2016 a relicensure biennial survey with Limited Mental Health (LMH) was conducted at Visionary Living assisted living facility. Deficient practice was identified at the time of the survey.

0054 Medication - Records

Based on observation, interview, and record review, the assisted living facility failed to ensure 1 of 4 residents (Resident #3) medication observation record (MOR) had the correct direction for the use of a medication.
Findings include:

During a medication observation on , 2016 at 12:46 pm, the Administrator was observed providing assistance with self-administration of medication to resident #3. The Administrator provided the medication 160 4.5 MCG 1 Aerosol to Resident #3. Resident#3 took two puffs of the medication.

A review of Resident #3's 2016 medication observation record (MOR) revealed 160 4.5 MCG, 1 Aerosol 2 puffs PRN (as needed). However, the original order from 2015 revealed 160 4.5 MCG, 1 Aerosol 2 puffs (twice a day). The direction of the medication was written incorrectly on the 2016 MOR.

During an interview on , 2016 at 12:50 pm, the Administrator confirmed that the correct direction for the medication according to the order was 160 4.5 MCG, 1 Aerosol 2 puffs and Staff A had written the incorrect direction of the medication wrong on the 2016 MOR.

Class III

0078 Staffing Standards - Staff

Based on interviews and record reviews, the assisted living facility failed to ensure 1 of 4 staff members (Staff C) had documentation of not having any signs or symptoms of communicable .
Findings include:

A record review of Staff C's personnel file revealed a date of hire as . There was no documentation of Staff C communicable status.

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During an interview on , 2016 at 11:23 am, The Administrator confirmed that Staff C's personnel files did not have any documentation of her communicable status. She stated, " I told her to go to the doctor to get it."

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on interview and record review, the assisted living facility failed to ensure 1 of 3 staff members (Staff A) had the annual 2 hours of continued education training for assistance with self-administration of medication.

Findings include:

A record review of Staff A's personnel file revealed a hire date of / . Staff A's last 2 hours of continued training for assistance with self-administration of medication was dated / . The next 2 hours continued training for assistance with self-administration of medication was due / .

During an interview on , 2016 at 12:50 pm, the Administrator confirmed that Staff A did not have the 2 hours continued training for assistance with self-administration of medication. She reported he will have to be scheduled for the training.

Class III

0152 Phvsical Plant - Safe Livina Environ/Other

Based on observations, resident interview and staff interview, the assisted living facility failed to ensure the facility's living chair was clean. Also, the facility failed to ensure 1 of 1 resident (Resident #2) dresser was in good working order.

Findings include:

1. During an observation on , 2016 at 9:00AM, the to Resident #2 had two dresser drawers behind the on the floor. The dresser had clothes folded in the drawer spaces.(Photos obtained)

During an interview on , 2016 at 9:00 AM. Resident#2 stated "I don't like the fact that I walk by my clean clothes on the floor." "I think it should be fixed." "They been so busy and said they will get

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around to it."

During an interview on , 2016 at 9:30 AM, the Owner stated he had to put another piece on the drawers so that the drawers would stay in place and would not out of the dresser.

2. During an observation on , 2016 at 9:15AM, the living had a tan colored sofa chair with dark black spots on it. (Photo obtained)

Class III

0161 Records - Staff

Based on interviews and record reviews, the assisted living facility failed to ensure personnel records were maintained for 2 of 4 staff members (Administrator and Staff A). Specifically, the Administrator's personnel record lacked proof of a high school diploma or equivalent. Staff A's personnel record lacked documentation of 3 hours of assistance with daily living (ADL) in-service training.

Findings include:

1) A review of the Administrator's personnel record revealed a hire date of / . The record lacked documentation of a high school diploma or equivalent.

During an interview on , 2016 at 10:15AM, the Administrator stated she graduated from high school in the Philippines. She reported she received her Associate Degree in Nursing in the United States. She confirmed she did not have any documents in her records.

2) A review of Staff A's personnel record revealed a hire date of / . Staff A's record showed only 2 hours of ADL training that was conducted on .

During an interview on , 2016 at 10:32 am, the Administrator stated Staff A had taken all 3 hours of the training but she did not find any documentation in his personnel record.

Class III

L243 LMH - Training

Based on interview and record review, the assisted living facility failed to ensure 2 of 4 staff members (Staff A and Staff C) received the 3 hours of Limited Mental Health (LMH) continued education training

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as required biennially.

Findings include:

A review of Staff A and Staff C's personnel records revealed there was no documentation of the 3 hours of LMH continued education training.

During an interview on , 2016 at 10:32 AM, the Administrator reported that she did not know that Staff A and Staff C had to complete the LMH continued education training biennially.

Class III

Z815 Background Screening: Prohibited Offenses

Based on record reviews and staff interview, the facility failed to ensure 1 of 4 staff members (Staff C) was rescreened for the background screening (BGS) as required.

Findings include:

A review of Staff C's personnel record revealed a hire date of . BGS documentation indicated Staff C background screening was "eligible" as of . There was no documentation of a completed rescreening prior to , 2015 as required.

A review of the BGS status website revealed that Staff C's last screening was on .

During an interview with on , 2016 at 1:05 PM, the owner stated he did not realized the scheduled times for re-screening and thought it was just every five years.

Unclassified