STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967795	02/18/2016
NAME OF PROVIDER OR SUPPLIER **ANGUILLA CAY SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1021 NORTH RIDGE ROAD** **LANTANA, FL 33462**	

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

0000 Initial Comments

An unannounced biennial Relicensure survey was conducted on 17th and 18th, 2016 at Anquilla Cay Senior Living. The facility had deficiencies at the time of the visit.

0053 Medication - Administration

Based on observation, interview and record review, it was determined the facility failed to ensure that the licensed staff member provided medications in accordance with the health care provider's order or prescription label, for 2 of 2 residents that were observed to receive eye drops (Resident #4 and Resident #6).

The findings include:

1) During medication observation conducted with Staff A (Licensed Practical Nurse) on beginning at approximately 8:44 AM, this nurse instilled 1 drop of Opth 5ml in each of Resident #6's eyes. Staff A then instilled 1 drop of Refresh in each of Resident #6's eyes at 8:45 AM on . Staff A did not wait or allow time in between each medication, the second eye drop was given immediately after eye drop #1.

2) During medication observation conducted with Staff A (Licensed Practical Nurse) on beginning at approximately 9:07 AM, this nurse instilled 1 drop of Suspension 1% 5ml in Resident #4's left eye. The label and the MOR (Medical Observation Record) indicated this medication is to be shaken for 10 second prior to use. Staff A shook for 5 seconds prior to provision of the medication to Resident #4's left eye. Staff A then provided Resident #4 with 1 drop of - 10ml 1 drop in right eye on at 9:08 AM. Staff A then proceeded to place 1 drop of Refresh .5% eye drops in both of Resident #4's eyes on at 9:09 AM for left eye and 9:10 AM for right eye. Staff A did not wait or allow time in between each medication, the second eye drop was given immediately after eye drop #1.

During interview with Staff A (Licensed Practical Nurse), conducted on beginning at approximately 9:55 AM, she acknowledged that she did not shake the eye drops for 10 seconds; she also acknowledged that she did not wait but a minute in between the eye drops for Resident #4 and Resident #6. She stated she was not aware she needed to wait (review of medical documentation indicated wait time should be at least 10 minutes) in between application of eye drops.

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She stated she knew she had to wait, but not that long.

Class III

0054 Medication - Records

Based on observation, interview and record review, it was determined the facility failed to ensure that each resident's MOR (Medication Observation Record) was updated immediately each time the medication is offered or administered, for 1 of 4 sampled residents (Resident #6).

The findings include:

During medication observation conducted with Staff A (Licensed Practical Nurse) on beginning at approximately 8:40 AM she provided Resident #6 with her oral medications. Then she obtained 2 different eye drop medications from the locked medication cart. Staff A then proceeded to provide (placed the drops in the residents eyes) the following eye drops to Resident #6:

a) Opth 5ml instill 1 drop both eyes twice daily (per label on medication)
b) Refresh instill 1 drop in both eyes twice daily (per label on medication)

Upon review of Resident #6's 2016 MOR (Medication Observation Record), conducted with Staff A (Licensed Practical Nurse), on at approximately 8:55 AM, Staff A acknowledged the Opth 5ml medication was not noted on this MOR. She could not provide an explanation as to why this medication was not noted on the 2016 MOR. Review of the physician's order reflected this medication was ordered on for Resident #6 by her health care provider.

Class III

0082 Training - /

Based on interview and record review, it was determined that the facility failed to ensure each employee received / training within 30 days of employment, for 1 of 3 sampled staff records (Staff A).

The findings include:

During interview and personnel record review conducted with the Administrator on beginning at approximately 11:00 AM, the Administrator acknowledged that training documentation was not on

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file for Staff A (with date of hire noted as 07/08/2015). The Administrator was provided the opportunity to locate this documentation and he could not find it.

Class III

0086 Training - ADRD

Based on record review and interviews, the facility failed to ensure and Related (ADRD) training (Level I, Level II and Annual Update training) was completed as required, for 3 out of 3 sampled staff (Staff A, B and C).

The findings include:

1) During interview and personnel record review conducted with the Administrator on beginning at approximately 11:00 AM, the Administrator acknowledged that Level 1 training documentation was not on file for Staff B (with date of hire noted as). The only documented training in ADRD (4 hours) was dated . Level I training is required to be completed within 3 months of hire for direct care staff who work in a secured facility. The Administrator was provided the opportunity to locate this documentation and he could not find it.

2) During interview and personnel record review conducted with the Administrator on beginning at approximately 11:00 AM, the Administrator acknowledged that ADRD Level II and Annual Update training (4 hours) documentation was not on file for Staff C (with date of hire noted as / /_ _). The last documented training in ADRD (Level I/ 4 hours) was dated / . Level II training is required to be completed within 9 months of hire for direct care staff who work in a secured facility. The Administrator was provided the opportunity to locate this documentation and he could not find it.

3) During interview and personnel record review conducted with the Administrator on beginning at approximately 11:00 AM, the Administrator acknowledged that Level 1 training documentation was not on file for Staff A (with date of hire noted as). The Administrator was provided the opportunity to locate this documentation and he could not find it.

During interview with Staff A, conducted on beginning at approximately 11:10 AM, she was asked if she had received Level 1 training at this facility. She replied that she had not received that training.

During further observations and sampled residents' records review revealed the facility provides direct

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care to residents with ADRD. It was also noted that the facility is a secured facility with entrance and exit through a locked secured gate(s).

Class III

0091 Training - Documentation & Monitoring

Based on record review and interviews, the facility failed to ensure training certificates with all required components were available for review, for 3 out of 3 sampled staff (Staff A, B and C).

The findings include:

1) During interview and personnel record review conducted with the Administrator on beginning at approximately 11:00 AM, the Administrator acknowledged that the following trainings were not on file for Staff B (with date of hire noted as):

a) Elopement Response
b) Emergency Preparedness and Evacuation
c) Incident Reporting
d) Recognizing/Reporting , Neglect, and
e) policies and procedures
f) Nutritional and Safe Food Handling
g) Resident Rights

2) During interview and personnel record review conducted with the Administrator on beginning at approximately 11:00 AM, the Administrator acknowledged that the following trainings were not on file for Staff C (with date of hire noted as):

a) policies and procedures
b) Nutritional and Safe Food Handling
3) During interview and personnel record review conducted with the Administrator on beginning at approximately 11:00 AM, the Administrator acknowledged that the following trainings were not on file for Staff A (with date of hire noted as):

a) Elopement Response
b) Emergency Preparedness and Evacuation
c) Incident Reporting
d) Recognizing/Reporting , Neglect, and

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e) policies and procedures
f) Nutritional and Safe Food Handling

During interview with Staff A, conducted on 02/18/2016, beginning at approximately 11:10 AM, she acknowledged that she had been provided these trainings upon orientation, however, she had not been given certificates for these trainings.

During interview with the administrator at 11:00 AM on , he stated he was unable to locate the certificates noted above for all 3 sampled staff (A, B and C). No additional documentation of these trainings was presented at this time.

Class III

0093 Food Service - Dietary Standards

Based on observation an an interview, the facility failed to ensure the menu required to be planned at least one week in advance and approved by a dietician was conspicuously posted or easily available to residents.

The findings include:

On at 10:00 AM, the dining observed with a list of "always available" menu items for residents. The activities director was interviewed at this time and confirmed that the residents ate their meals in this one seating at 12:00 PM. At 12:15 PM, the dining again observed with no one week planned menu posted, only a list on a dry erase board of the lunch items available on this date. During interview with the administrator at 12:30 PM, he was asked where the menu was posted. He stated, "in the dining ", and went to the dining for the menu. He subsequently obtained the menu and ensured that it was posted for the residents to see in the dining . He acknowledged that the menu should have been posted where the "always available" menu items were listed on the wall in the dining .

Class

0161 Records - Staff

Based on interview and record review, it was determined the facility failed to provide a job description,

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for 1 out of 3 direct care staff records reviewed (Staff A).

The findings include:

During interview and personnel record review conducted with the Administrator on 02/18/2016 beginning at approximately 11:00 AM, the Administrator acknowledged that a signed job description was not on file for Staff A (with date of hire noted as). The Administrator was provided the opportunity to locate this documentation and he could not find it. The Administrator sent the Director of Business Relations to ask Staff A if she had a copy of her job description on at approximately 11:20 AM. Staff A confirmed that she did not have a copy of her job description (Licensed Practical Nurse).

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Anguilla Cay Senior Living
1021 North Ridge Road
Lantana, FL 33462

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 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 , 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 representative. Should you have any questions please call this office at 561 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/
Enclosure

XG90

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