STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968218	**02/23/2016**
NAME OF PROVIDER OR SUPPLIER **VETA'S WE CARE ASSISTED LIVING FACILITIES**	STREET ADDRESS, CITY, STATE, ZIP CODE **510 SEBASTIAN CROSSING BLVD** **SEBASTIAN, FL 32958**	

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

0000 Initial Comments

An unannounced Biennial Standard Licensure survey was conducted on 02/23/16 at Veta's We Care Assisted Living Facility. The facility had deficiencies at the time of the visit.

An unannounced Biennial Limited Nursing Services survey was conducted / . There were no deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on observations, interviews and record review, the facility failed to obtain a new AHCA Form 1823 (medical examination) for 1 of 2 sampled Residents (2) receiving hospice services. They also failed to obtain the required interdisciplinary care plan for 1 of 1 sampled Residents (2) receiving hospice services.

The findings included:

Observations of Resident #2 made throughout the survey conducted revealed she walked slowly with a walker with a staff member following behind her, at times providing hands-on assistance. Staff were observed supervising and assisting her with transfers to and from a couch and chairs, and assisting her to the .

In an interview conducted during the entrance conference conducted / at 8:45 AM, the Administrator was asked and stated Resident #2 used a walker and required supervision or assistance with ambulation, transfers, bathing, dressing, and toileting. In an interview conducted at 10:55 AM, Employee A, a Caregiver, stated Resident #2 required supervision or assistance for ambulation, transfer, bathing, dressing, and toileting. She stated they walk behind when she uses her walker.

Review of records for Resident #2 conducted revealed she was admitted to the facility on / . Her AHCA Form 1823 (medical examination) documented diagnoses including , , increased and mild short-term memory loss. She had hearing loss, gait disturbance and required supervision with dressing. She was independent for ambulation, bathing, and toileting. The examination form did not document the extent and type of assistance she required for dressing as called for in the instructions included on the examination form. It did not document what, if any, supervision or assistance she required for transfers. Further, it did not document the resident's need for hospice services. The medical examination was not representative of the resident's current conditions and needs.

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Resident #2 elected to receive hospice services beginning 08/27/15. Her current hospice certification was effective 02/23/16. There was no documentation showing hospice staff developed an interdisciplinary care plan showing what specific services would be provided by the hospice staff, and what specific services would be provided by the assisted living facility (ALF) staff, and signed off by ALF staff to show the hospice-developed plan was developed in consultation with the ALF staff.

These concerns were discussed with and acknowledged by the Administrator on at 12:25 PM.

Class III

0055 Medication - Storage and Disposal

Based on observations, interviews and record review, the facility failed to secure medications for 2 of 5 sampled Residents (1 and 4) who receive assistance with self-administration of medications.

The findings included:

During a tour of the facility conducted with the facility Administrator present, the following concerns were identified:

1. At 9:45 AM, Resident #4's observed with the following medications stored on his nightstand:
a. Extra strength itch cooling spray which contained HCl 2%
b. 0.1%
c. Equate medicated body powder triple action which contained 0.5% and 1.0%
d. Gold Bond anti-itch lotion which contained 5%, 0.5%, and 1%
e. An estimated 2-ounce white plastic spray bottle with a hand-written label that read, "dermatox for skin". The Administrator stated she was not certain what it was or what it was for.
f. A container of Xlear grapefruit seed extract

2. At 9:55 AM, Resident #1's observed with the following medications stored on her dresser:
a. Assured medicated body powder which contained 15% and 1.0%
b. Balmex diaper cream with a prescription label that read, "Balmex 11.3% diaper cream, apply to [twice daily as needed]"
c. cream with a prescription label that read, "Nyamyc ( ) 100,000 units/GM powder, apply to under and abdomen folds [twice daily for 14 days] or until healed

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SUMMARY STATEMENT OF DEFICIENCIES
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Review of both Resident #1 and #4's current AHCA Form 1823 (medical examinations) and medical records revealed no written medication orders issued by a Health Care Provider (Medical Doctor, Physician Assistant or Advance Registered Nurse Practitioner) showing these medications were allowed to be stored in the residents' or if the residents could self-administer them.

In an interview conducted during the entrance conference on at 8:45 AM, the Administrator was asked and stated Residents #1 and #4 receive assistance to self-administer medications. In an interview conducted on / at 9:38 AM, Employee A, a Medication Technician, stated Resident 4 required assistance with self-administration of medications. She was observed, at that time, to assist Resident 4 with self-administration of medications.

These concerns were discussed with and acknowledged by the Administrator on at 1:15 PM.

Class III

0056 Medication - Labeling and Orders

Based on observations, interviews and record review, the facility failed to ensure facility staff had written Health Care Provider (HCP) orders before assisting with self-administration of medications or changing directions for use of medications, for 2 of 2 sampled Residents (4 and 5).

The findings included:

Review of facility medication systems was conducted with the Administrator present. The following concerns were identified:

1. Resident #4 was observed being assisted with self-administration of medications by Employee A, a Medication Technician (MT), on / at 9:38 AM. She assisted him with self-administration of:
a. 50 milligrams (MG), one half tab by mouth twice daily (the resident's medication record had "Primididon"). Facility staff should have clarified the medication name with the HCP.
b. Ceraplex 1000 milligrams (MCG), one tablet three times daily with meals
c. 500 MG one tablet daily
d. E 400 units, one tablet daily with a meal
e. Procera 1515 MG, three tablets daily (the resident's medication record has one tablet daily with meals). Facility staff should have clarified with the order with the HCP.

Review of his AHCA Form 1823 (medical examination form) dated documented he required

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assistance with his medications. Further review of his medical examination form and medical records revealed no written HCP orders for these medications.

2. Resident #5 was observed being assisted with self-administration of medications by Employee A on at 9:29 AM. She assisted him with self-administration of:
a. NA/ tab (a), two tablets twice daily "as needed". The MT stated it was on hold related to the resident had but had no written orders documenting it was on hold.
b. , 20 MG daily
c. 325 MG daily
d. Florastor 250 MG, twice daily
Review of his AHCA Form 1823 (medical examination form) dated / documented he required assistance with self-administration of his medications. Further review of his medical examination form and medical records revealed no written HCP orders for these medications. The Administrator presented several "orders" for the , , and Florastor but there was no HCP signatures present on the forms presented.

This was discussed with and acknowledged by the Administrator on at 2:10 PM.

Class III

0078 Staffing Standards - Staff

Based on interview and record review, the facility failed to ensure staff submitted required information related to freedom from , for 1 of 2 sampled Employees (Administrator) on an annual basis.

The findings included:

Employee file review was conducted for the Administrator on / with the Administrator present. The following concern was identified:

She was the Administrator of record when the facility opened / / . Review of her personnel records revealed her most recent examination was conducted on / / , more than a year ago. Further review of her personnel records revealed no documentation showing she submitted proof of a negative examination on an annual basis (2015) as required.

This was discussed with and acknowledged by the Administrator on / at 4:10 PM. She confirmed she provides direct care to the facility's residents.

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Class III

0081 Training - Staff In-Service

Based on interview and record review, the facility failed to ensure staff received required training, for 2 of 2 sampled Employees (Administrator and Employee A).

The findings included:

Employee file review was conducted on / with the Administrator present. The following concerns were identified:

1. No certificates of training were present to show both the Administrator and Employee A received the required training in the following areas:
a. One hour of resident elopement training, and a copy of the facility's resident elopement policy.
b. One hour of facility emergency procedures including chain of command and staff roles relating to emergency evacuation.
c. One hour of identifying and reporting major and adverse incidents.
d. One hour of recognizing and reporting resident , neglect and .

2. No certificate of training was present to show Employee A received the required on hour of training related to resident rights in an assisted living facility.

This was discussed with and acknowledged by the Administrator on / at 4:10 PM. She confirmed both she and Employee A provide direct care to the facility's residents.

Class III

0083 Training - First Aid and

Based on interview and record review, the facility failed to ensure staff submitted received required training for 2 of 2 sampled Employees (Administrator and Employee A). This had the potential to affect all 5 current residents of the facility.

The findings included:

On at 8:30 AM, this writer arrived at this facility and was greeted by Employee A, a Caregiver

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and Medication Technician. She was the sole staff person on duty at that time.

During the entrance conference held with the facility's Administrator on 02/23/16 at 8:45 AM, she was asked and stated Employee A usually starts work on Saturday night at 6:00 PM, stays overnights until Thursday when she leaves at 6:00 PM. She was asked and stated she usually works from 6:00 PM Thursday through 6:00 PM and Saturdays and comes in at times every day. She confirmed both she and Employee are regularly left alone with the residents.

Employee file review was conducted on / with the Administrator present. The following concerns were identified:

1. Employee A was hired at the facility on / . There was no documentation showing Employee A had current certification for First Aid. In an interview conducted at 4:30 PM, Employee A was asked and stated she had not had First Aid training since 2011. This was discussed with and acknowledged by the Administrator in an interview conducted on / at 4:30 PM. She confirmed Employee provides direct care to the facility's residents and is regularly left alone with the residents.

2. The Administrator has been the owner of the facility since // when the facility opened. Her record included documentation of certification for ( ) that expired 2016. There was no documentation showing she held a current certification in . This was discussed with and acknowledged by the Administrator in an interview conducted on at 4:30 PM. She confirmed she provides direct care to the facility's residents and is regularly left alone with the residents.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on observations, interview and record review, the facility failed to ensure unlicensed staff who assisted residents with self-administration of medications received the required medication training, for 1 of 2 sampled Employees (A).

The findings included:

Employee A, a Caregiver and Medication Technician, was observed assisting Residents #4 and #5 with self-administration of medications on beginning at 9:38 AM.

Employee file review was conducted / with the Administrator present. Review of Employee A's

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records revealed the following information. She was hired 4/14/14. Employee A had received 2 hours of training on 10/17/13 related to continuing education for assisting residents with self-administration of medications. She did not receive any training during 2014. She received 4 hours of initial training for assisting residents with self-administration of medications on which should have been completed prior to assisting residents with self-administration of medications.

This was discussed with and acknowledged by the Administrator on / at 4:45 PM. She confirmed Employee A assisted residents with self-administration of medications shortly after she was hired in 2013.

Class III

0090 Training -

Based on interview and record review, the facility failed to ensure staff received required training for 2 of 2 sampled Employees (Administrator and Employee A). This had the potential to affect all 5 current residents of the facility.

The findings included:

Employee file review was conducted on with the Administrator present. There was no documentation showing the Administrator or Employee A, a Caregiver and Medication Technician, received the required one hour of training within 30 days of hire in the facility's policies and procedures related to

This was discussed with and acknowledged by the Administrator on / at 4:10 PM. She confirmed both she and Employee A provide direct care to the facility's residents.

Class III

0091 Training - Documentation & Monitoring

Based on interview and record review, the facility failed to ensure required certificates of training were documented in employee files, for 1 of 2 sampled Employees (Administrator).

The findings included:

Employee file review was conducted on with the Administrator present. Review of the

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Administrator's records revealed no certifications of training related to 12 hours of continuing education related to an assisted living facility taken by the Administrator over the past two years. On 02/25/16, the Administrator provided a school one-page "transcript" listing related courses and 35 hours of continuing education. The required certificates, documenting the title, subject matter, agenda, number of hours, trainee name, date(s) of participation, location of training, training provider's name, dated signature, and training provider's credentials (including professional license number where applicable) were not present.

This was discussed with and acknowledged by the Administrator on at 12:31 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Veta's We Care Assisted Living Facilities
510 Sebastian Crossing Blvd
Sebastian, FL 32958

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by 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 20, 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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone:(561) 381-5840; Fax:(561) 496-5924
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida