RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
God Answers Prayers-Emmanuel Inc
13470 SE 101 Terrace
Belleview, FL 34420

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by representative(s) of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Charles Bay for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968607 | 03/09/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**GOD ANSWERS PRAYERS-EMMANUEL INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**13470 SE 101 TER,**<br>**BELLEVIEW, FL 34420** | |

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

**0000 Initial Comments**

On [redacted] a biennial re-licensure survey was conducted at God Answers Prayers. Deficient practice was identified during the survey.

**0056 Medication - Labeling and Orders**

Based on observation, record review, and interview, the facility failed to label medication with an "alert" label to direct staff to a change in directions on the Medication Observation Record (MOR) for 1 of 2 residents (Resident #3).
Findings:
A medication review was completed at 12:45 PM on [redacted]. Staff A was assisting with self-administration of medications for Resident #3. Staff A read the medication label aloud to Resident #3, placed 1 drop of [redacted] Ultra 0.4%/0.3% OP solution eye drops in each eye of Resident #3. Staff A then signed the MOR.
A review of the MOR and the medication label was conducted. The instructions on the MOR were as follows: Instill 1 drop in each eye 3 times daily. The instructions on the label of the medication were as follows: Instill 1 drop in each eye every 2 hours.
On [redacted] at 1:05 PM, an interview with the Administrator was conducted. The Administrator confirmed the label on the medication ( [redacted] Ultra 0.4%/0.3%) did not match the MOR and did not have a change label.

Class III