RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Clobran Assisted Living Facility
3 Clear Place
Ocala, FL 34476

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Boyd 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
	AL11966639	03/22/2016
NAME OF PROVIDER OR SUPPLIER **CLOBRAN ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3 CLEAR PLACE** **OCALA, FL 34476**	

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

0000 Initial Comments

On . . an abbreviated biennial re-licensure and limited mental health (LMH) survey was conducted at Clobran Assisted Living Facility. Deficient practice was identified during the survey.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to post all the required telephone numbers for lodging complaints in a manner accessible to residents.
Findings:
During the initial tour of the facility on at approximately 8:30 AM, the telephone numbers for Rights Florida and Agency Consumer Hotline were observed not to be posted.
An interview was conducted with the Administrator on . . at 11:23 AM. She confirmed the Rights Florida and Agency Consumer Hotline numbers are not posted.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review, and interview, the facility failed to promptly update the new directions for medications on the Medication Observation Record (MOR) for 1 of 2 residents reviewed (Resident #3).

Findings:

1. An observation of medication assistance for Resident #3 was conducted on at 9:25 AM. Resident #3 was observed to take 1 (one) 50 microgram (mcg) tablet of .

A review of the Medication Observation Record (MOR) revealed the following listed medication: "Levothyronine 25 mg. Take one tablet by mouth once daily".

A review of Resident #3's medical record revealed a physician's order dated that reads: " 50 mcg (microgram) tablet, 1 PO QD (by mouth every day)."

An interview was conducted with the Administrator, a Registered Nurse (RN), on . . at 9:45 AM. She stated the right medication and dosage was given but the medication listed on the MOR is incorrect .

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SUMMARY STATEMENT OF DEFICIENCIES
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2. An observation of medication assistance for Resident #3 was conducted on at 9:25 AM. Resident #3 was observed to take 1 (one) 12.5 milligram (mg) tablet of .

A review of the Medication Observation Record (MOR) revealed the following listed medication: " 25 mg. Take one capsule by mouth daily."

A review of Resident #3's medical record revealed a physician's order dated that reads: "HCTZ ( ) 12.5 mg (milligram) cap (capsule), 1 PO QD (by mouth every day)."

An interview was conducted with the Administrator, a Registered Nurse (RN), on at 9:45 AM. She stated the right medication and dosage was given but the medication listed on the MOR is incorrect.

Class III .

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to obtain documentation of a negative ( ) examination for 1 of 2 employee records reviewed (Staff B).

Findings:

A review of the personnel record for Staff B revealed no evidence of a negative ( ) examination was documented in the personnel record in the last year.
An interview was conducted with the Administrator on at 2:00 PM. She confirmed she does not have documentation of the status for Staff B indicating freedom from .
Class III

0081 Training - Staff In-Service

Based on record review and interview, the facility failed to provide emergency procedure and evacuation training for 1 of 2 staff members reviewed (Staff B).

Findings:

A review of the personnel record for Staff B revealed no evidence of emergency procedure and evacuation training.

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An interview was conducted with the Administrator on at 1:53 PM. She confirmed there was no evidence of training for emergency procedure and evacuation training in Staff B's personnel record.

Class III

L241 LMH - Records

Based on record review and interview, the facility failed to obtain the Alternate Care Certification for form CF-ES 1006 for 1 of 1 resident record reviewed (Resident #2).

Findings:

A record review of Resident #2's medical record revealed no evidence of the Alternate Care Certification for form CF-ES 1006.

An interview was conducted with the Administrator on on 12:33 PM. She confirmed Resident #2 medical record does not contain the form CF-ES 1006.

Class III