STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967847	03/21/2016
NAME OF PROVIDER OR SUPPLIER **WILSON PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **117 WILSON AVE** **COCOA BEACH, FL 32931**	

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

0000 Initial Comments

Abbreviated re-licensure survey was conducted on / . Wilson Place had deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted 1 of 1 sampled Residents (#4) with self-administration of medications followed the correct procedure.
Findings:
Observation of / at 3 PM during the medication pas noted that Staff C unlocked the medication cabinet, retrieved a basket with medications and brought to resident. She told resident #4 "I am giving you the 3 PM med". She proceeded to give the resident 1 pill, she handed the pill to the resident. She observed him take the med and then signed the Medication Observation Record. She did not read the label out loud to the resident.
In an interview with the Manager, on / at approximately 4 PM, who stated the staff became nervous during the medication pass.
Class III

0077 Staffing Standards - Administrators

Based on observations, interview and personnel record review the facility did not make sure the Manager satisfied all the Core training requirements. "Manager" means an individual who is authorized to perform the same functions of the administrator, and is responsible for the operation and maintenance of an assisted living facility while under the supervision of the administrator of that facility.
Findings:
During the facility entrance on / at approximately 9:30 AM staff C stated the owner would come shortly. The co-owner (Staff B) introduced herself as the facility manager and facilitated information and records.
Personnel record review for staff B, revealed no evidence she had attended the Core training.
In an interview with the Manager, on / at approximately 3:30 PM, who stated she had not attended the Core training.
Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to ensure 3 of 4 personnel records reviewed contained a healthcare provider statement that indicated freedom from ( ) yearly

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(A, B, &C).
Findings:
Personnel record review for staff #A, revealed a freedom from statement dated . Continued review revealed no evidence to confirm freedom from for 2015 and 2016.
Personnel record review for staff #B, a freedom statement dated / . Continued review revealed no evidence to confirm freedom from for 2015 and 2016.
Personnel record review for staff #C, revealed she was hired 2014. A healthcare statement dated indicated freedom from communicable including . Continued review revealed no evidence to confirm freedom from for 2015 and 2016.
In an interview on / at 3:30PM with the Manager, who stated she had no further documentation and she thought the tests were done.
Class III

0079 Staffing Standards - Levels

Based on observations, record review and interview the facility did not maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period.
Findings:
Review of the facility's staff schedule provided by the facility, noted it was a calendar. The calendar/schedule listed names of the staff who worked each day of the week but did not indicate the hours each staff was assigned or actually worked.
In an interview on / at 3 PM with the Manager, who stated she did not know the staff hours needed to be listed on the schedule.
Class III

0093 Food Service - Dietary Standards

Based on observations, record review and interview the facility did not date menus for the week in use, and were not maintained on file for 6 months.
Findings:
Observations on / at 11:30 AM noted the menu posted by the kitchen was not dated for the week in use.
Review of the menus revealed the menus were a 4-week cycle menu. Continued review noted the menus were not dated for the week in use, nor did they reference to a separate sheet that would indicate when the menus were used. There was no evidence to confirm the menus were maintained for 6 months, none were available.
In interview on / at 2:30 AM with the Manager, who stated the menu posted was the menu to be used for the week. She added the menus were a 4-week cycle that rotated weekly, and were not dated

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SUMMARY STATEMENT OF DEFICIENCIES
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from the week in use. She added she only had the 4 cycle menus.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Wilson Place
117 Wilson Ave
Cocoa Beach, FL 32931

RE: Abbreviated relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

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