STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910733	03/23/2016
NAME OF PROVIDER OR SUPPLIER **VIP CARE PAVILION, LTD**	STREET ADDRESS, CITY, STATE, ZIP CODE **6810 SW 7TH STREET** **MARGATE, FL 33068**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on 23, 2016 at VIP Care Pavilion, Ltd. The facility had deficiencies at the time of the visit.

0030 Resident Care - Rights & Facility Procedures

Based on observation and interviews, the facility failed to honor a resident's right to privacy for 1 randomly observed Resident (2).

The findings included:

On at 10:27 AM, during a tour of the facility, Resident #2 was observed sitting on a toilet with his pants all the way down and the all the way open with a wheelchair present. This was immediately brought to the attention of Employee A, the Assistant Administrator. She immediately pulled the wheelchair out of the , closed the , and beckoned to Employee E, a Caregiver, to assist the resident.

Review of Resident 2's record revealed an AHCA Form 1823 (medical examination) dated that documented he required assistance with toileting and transfers.

In an interview conducted / , Employee E stated she assisted the resident to the toilet and that he likes to have his wheelchair nearby when he toilets. She acknowledged this was not a "private" situation. In an interview conducted at 2:45 PM, Employee A, the Assistant Administrator stated the resident should have been toileted in a would accommodate the wheelchair and allow the door to be closed. She further stated all of the other can accommodate Resident #2's wheelchair while providing privacy by closing the .

Class III

0056 Medication - Labeling and Orders

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff members who assist residents with self-administration of medications had written Health Care Provider (HCP) orders that specified use for "as needed" medications for 2 of 5 sampled Residents (11 and 13); and failed to ensure unlicensed staff who assist residents with self-administration of medications had written HCP orders specifying parameters for a medication, for 1 of 5 sampled Residents

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910733	**03/23/2016**
NAME OF PROVIDER OR SUPPLIER **VIP CARE PAVILION, LTD**	STREET ADDRESS, CITY, STATE, ZIP CODE **6810 SW 7TH STREET** **MARGATE, FL 33068**	

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

(8).

The findings included:

1. An observation of assistance with self-administration of medications to Resident 11 was conducted 03/23/16 at 1:13 PM. Review of the resident's medical records revealed. An AHCA Form 1823 (medical examination) dated documented he required assistance with self-administration of medications. A written HCP order dated / calling for " 50 milligrams (MG) ... one half tab as needed". There was no instructions as to why the "as needed" medication would be given. The resident's 2016 medication observation record (MOR) revealed a matching entry and did not indicate the reason the "as needed" medication would be given.

In an interview conducted at 1:45 PM, Employee A, the Assistant Administrator and a Certified Nurse Aide, acknowledged the written HCP order and MOR did not indicate why the "as needed" medication would be given. She further confirmed that Medication Technicians, unlicensed staff, assist this resident with self-administration of this medication.

2. Review of Resident 8's medical records conducted revealed the following. An AHCA Form 1823 (medical examination) dated / / documented she required assistance with self-administration of medications. A written HCP order dated calling for " 0.1 MG one tablet by mouth three times daily as needed ". The resident's 2016 MOR revealed a matching entry. There was no documentation showing any "hold medication" parameters for this medication.

In an interview conducted at 1:45 PM, Employee A, the Assistant Administrator was asked about the reference to " " and stated unlicensed staff take the resident's and if the reading is more than 110, they do not give the medication to the resident. She acknowledged there was no written HCP order to apply this parameter for this resident's medication. She further confirmed that Medication Technicians, unlicensed staff, assist this resident with self-administration of this medication.

3. Review of Resident 13's medical records conducted revealed the following. An AHCA Form 1823 (medical examination) dated / documented he required assistance with self-administration of medications. A written HCP order dated / calling for " 1.0 MG ... one half tablet every 4 hours as needed for increased agitation". The resident's 2016 MOR documented " 1 MG ... one half tablet every four hours as needed" but did not indicate a reason for the resident's "as needed" medication.

In an interview conducted at 1:45 PM, Employee A, the Assistant Administrator, confirmed the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910733	**03/23/2016**
NAME OF PROVIDER OR SUPPLIER **VIP CARE PAVILION, LTD**	STREET ADDRESS, CITY, STATE, ZIP CODE **6810 SW 7TH STREET** **MARGATE, FL 33068**	

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

reason for Resident #13 to receive this "as needed" medication was not listed on his 2016 MOR. She acknowledged it appeared on the HCP order but was not transcribed to the MOR. She further confirmed that Medication Technicians, unlicensed staff, assist this resident with self-administration of this medication.

Class III

0091 Training - Documentation & Monitoring

Based on record review and an interview, the facility failed to ensure training certificates with all required components were present, for 1 out of 3 sampled staff (Staff A).

The findings included:

On , the personnel file for Staff A was reviewed and did not contain documentation of annual training (2 hours) in Assistance with Self-Administration of Medication. During interview with the Administrator and Staff A at 3:30 PM on , they acknowledged they could not locate the certificate of training for this annual training requirement.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Vip Care Pavilion, LTD
6810 SW 7th Street
Margate, FL 33068

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a Relicensure survey that was conducted on , 2016 by representatives 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 representatives. 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