STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	03/03/2016
NAME OF PROVIDER OR SUPPLIER **GOLD CHOICE ORMOND BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1410 HAND AVENUE** **ORMOND BEACH, FL 32174**	

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

0000 Initial Comments

A complaint investigation (CCR 2015013218, 2016000676, & 2016000461) was conducted at Golden Choice Assisted Living on and . Golden Choice Assisted Living Facility had deficiencies at the time of the investigation.

0008 Admissions - Health Assessment

Based on resident record review and staff interviews, the facility failed to obtain complete information on the resident health assessments (AHCA form 1823) for 4 of 14 sampled residents whose records were reviewed (Resident #3, #5, #8 and #12).

The findings include:

1. A record review was conducted for Resident #3 and it revealed a resident health assessment (AHCA Form 1823) that was not complete. The 1823 was not dated by the examiner, and the type of assistance Resident #3 required with self-administration of medications was not indicated. (See photographic evidence).

On at 11:40 am an interview was conducted with facility Administrator. She confirmed there was no date on the 1823 for Resident #3 and couldn't determine when it was completed. In addition, the Administrator confirmed the method of assistance that Resident #3 was to receive for medications was not marked.

2. A record review for Resident #5 found a resident health assessment signed by the examining practitioner and dated / . The examiner indicated Resident #5 required her medications to be administered. Review of the Medication Observation Record for this resident found that multiple unlicensed staff members were providing assistance with Resident #5's medications. (photographic evidence obtained)

3. A record review for Resident #8 revealed a resident health assessment signed by the examining practitioner on . The health assessment omitted Resident #8's height and weight. Section 3,

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intended to be completed by the Administrator to list services offered or arranged by the facility, was left blank. The prior resident health assessment for Resident #8 dated also omitted the list of services to be provided by the facility under section 3. (photographic evidence obtained)

4. Record review for Resident #12 revealed a resident health assessment dated 9/2/?? (year not legible). A facsimile stamp at top of the assessment reflected a date of . The examiner failed to indicate whether Resident #12 required assistance with the self-administration of his medications, or what level of assist he required. (photographic evidence obtained)

5. Interview with the Administrator at 4:00 pm on confirmed the omissions on the Resident Health assessments for Residents #5, #8 and #12.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, record reviews, and staff interviews, the facility failed to properly assist 3 of 3 residents (Resident #4, #15, and 16) with assistance with the self-administration of medication in accordance with procedures described in Section 429.256, F.S. and this rule , by pre-pouring medications prior to distribution.

The findings include:

An observation was conducted on of at 8:50 am of Employee J, Medication Technician (Med Tech) obtaining 2 clear plastic medication cups from the top of her cart. Each of the cups contained pre-poured medications (one cup had whole pills the other had crushed pills). The employee was asked at this time if she was going to assist residents with medications. She replied "Yes". Employee J, was then observed entering the ' Resident #15 and handing him the clear plastic cup with whole pills inside. She asked him to take his pills and then left the resident's . During the observation, the employee never informed Resident #15 what medications he was taking.

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At 8:55 am, Employee J walked back to her cart and obtained a spoon. She put applesauce into the medicine cup containing the pre-poured, crushed medications. Employee J then entered the dining [illegible] the secured unit and approached Resident #16. She spooned the medications directly into the resident's mouth, and did not inform the resident of what medications she was taking. Employee J was heard saying to the residnet "Open up your mouth, sweetie, I have your meds".

2) On at 10:05 am an observation was conducted of Employee J, preparing medications for Resident #4. Employee J then handed the medicine cup to Employee C, a Med Tech. Employee C then walked into the dining [illegible] the secured unit and assisted Resident #4 with his medications. Employee C never informed the resident of the medications he was taking. Employee J, then proceeded to sign the electronic Medication Observation Record (MOR) for Resident #4 while he was taking the medications, and started to prepare medications for another resident as Employee C was still assisting Resident #4.

An interview was conducted with both Employee C and J on at 10:07 am. Both employees confirmed they worked together to pass medications. Employee J stated "There are so many residents that need assistance that I will pour them up, and then I will hand to whoever is working with me so they can pass them out. We have some many people that we can't get everybody changed and do rounds without doing it this way".

An interview with the Director of Nursing (DON) on at 10:32 am confirmed they allow one medication technician to prepare medications and another medication technician can deliver to the resident and watch them take it. The DON confirmed all staffed have med tech training. She acknolwedged this practice was not in accordance to the regulatory requirements for assistance with self-administation of medications.

CLASS III.

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on employee record review and staff interview, the facility failed to ensure 1 of 10 employees (Employee F) who provided assistance with the self-administration of medications were properly trained per the requirements pursuant to Section 429.52(5), F.S.

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The findings Included:

An employee record review conducted for Employee F revealed a hire date of / . There was no documentation found to verify the employee obtained the required training for medication assistance.

A review of the facility scheduled revealed employee F worked 8 times in 2016 as a medication technician on the 10:00 pm - 7:00 am shift. (Photographic evidence obtained)

An interview with Employee L on at 8:54 am confirmed the Medication Technician training for Employee F was not in the facility. She stated " I don't see it, I will call her and see if she has a copy."

Upon exit of the facility on at 4:30 pm, the facility still did not have verification Employee F received the medication technician training.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , , 2016

Administrator
Gold Choice Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

RE: CCR #2015013218; CCR #2016000461 & CCR #2016000676

Dear Administrator:

This letter reports the findings of a state licensure 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/AF/JM/sm
Enclosure
XG90

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