STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966315	R 04/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMYRNA WEST ASSISTED LIVING FA	**301 MILFORD PLACE** **NEW SMYRNA BEACH, FL 32168**

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

0000 Initial Comments

A follow-up visit to a complaint investigation was conducted at Smyrna West Assisted Living Facility on . Smyrna West had deficiencies at the time of the visit.

0053 Medication - Administration

Based on observation, record review and staff interview, the facility failed to have licensed staff administer and perform glucose monitoring in accordance with Florida statute 429.256(4), F.S. for Resident #1, who received in the facility.

The findings include:

At 9:15 AM on , an interview was conducted with the Administrator. When asked how many residents receive Glucose monitoring or and she replied " Only 1 resident (Resident #1) he is on ".

A record review was conducted for Resident #1 and it revealed a signed physician order dated for glucose monitoring every day.

A review of Resident #1's , Medication Observation Record (MOR) revealed on order for Lantus Solo star injectable 20 units Sub - (SQ) daily at bedtime and 5 units SQ three times a day before meals. Both of the medications have written on the MOR "per patient provide syringe." (photographic evidence obtained).

At 9:20AM on , on 4 an interview was conducted with the Administrator. When asked what "Per patient provide" mean? She stated, "I pull up the and leave it for the staff and they hand it to him and he does his own shot."

An observation was conducted at 9:30 am of the facility medication housed a small refrigerator which she obtained a clear plastic container with 6 pre-filled syringes (all filled with 0.5 ml

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NAME OF PROVIDER OR SUPPLIER **SMYRNA WEST ASSISTED LIVING FA**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 MILFORD PLACE** **NEW SMYRNA BEACH, FL 32168**	

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

(milliliters) of a clear liquid substance) and a bottle of for that was labeled for Resident #1. When asked how the resident receives his , The Administrator replied "I fill the syringes and the Med Tech comes and get's the syringe and they give it to the resident and he gives it to himself". The Administrator confirmed that she was not aware that she was not allowed to prepare the medication in advance (pre-pour) and leave it for another staff member to deliver or administer.

At 9:45 am on , when was asked who performs the BGM's for Resident #1, The Administrator stated "I do it for him when I ' m here and when I'm not here he can do it himself".

At 9:55 am on , an interview was conducted with Resident #1. When asked who assisted him with his BGM's and , he replied "The staff does". The resident was then asked if he could you do his BGM's himself or his shots he replied "I'm sure that I can, but they do it for me and they do a good job so I don't need too". He was asked who assist him at night time with his Lantus Solo star pen and was asked if he could dial the pen himself and he replied "NO, the man comes in here and does it for me? Resident #1 was asked if he could dial the pen himself he stated, "NO, there ' s not a problem they do it".

At 10:00 am on , Resident #1 came out of his was talking with the Administrator and was heard asking her why he was being questioned about his . He stated "You guys do it for me and you have for a long time, I don't know why they are asking me about that".

At 11:12 AM on , a phone interview was conducted with Employee A, caregiver, and she confirmed the unlicensed staff assist Resident #1 with his BGM's and his . She replied "I watch Employee B & Employee C, do it for him all the time. The nurse pre-pours the and they are told to do it for him by the Administrator".

Attempts were made to contact Employee B and C, but no return call was received. A review of Employee B and C's personnel file revealed , both employees were unlicensed staff.

CLASS III

0056 Medication - Labeling and Orders

Based on observation, record review, and interview, the facility failed to ensure that medications the

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SMYRNA WEST ASSISTED LIVING FA	**301 MILFORD PLACE NEW SMYRNA BEACH, FL 32168**

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

facility was storing for medication administration, were properly labeled for 1 of 1 resident receiving (Resident #1).

The findings include:

At 9:15 AM on , an interview was conducted with the Administrator. When asked how many residents receive Glucose monitoring or and she replied " Only 1 resident (Resident #1) he is on ".

A record review was conducted for Resident #1 and it revealed a signed physician order dated for glucose monitoring every day.

A review of Resident #1's Medication Observation Record (MOR) revealed on order for Lantus Solo star injectable 20 units Sub - (SQ) daily at bedtime and 5 units SQ three times a day before meals. Both of the medications have written on the MOR "per patient provide syringe." (photographic evidence obtained).

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NAME OF PROVIDER OR SUPPLIER **SMYRNA WEST ASSISTED LIVING FA**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 MILFORD PLACE** **NEW SMYRNA BEACH, FL 32168**	

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

At 9:55 am on , an interview was conducted with Resident #1. When asked who assisted him with his BGM's and , he replied "The staff does". The resident was then asked if he could you do his BGM's himself or his shots he replied "I'm sure that I can, but they do it for me and they do a good job so I don't need too". He was asked who assist him at night time with his Lantus Solo star pen and was asked if he could dial the pen himself and he replied "NO, the man comes in here and does it for me? Resident #1 was asked if he could dial the pen himself he stated, "NO, there ' s not a problem they do it".

At 10:00 am on , Resident #1 came out of his was talking with the Administrator and was heard asking her why he was being questioned about his . He stated "You guys do it for me and you have for a long time, I don't know why they are asking me about that".

At 11:12 AM on , a phone interview was conducted with Employee A, caregiver, and she confirmed the unlicensed staff assist Resident #1 with his BGM's and his . She replied "I watch Employee B & Employee C, do it for him all the time. The nurse pre-pours the and they are told to do it for him by the Administrator".

Attempts were made to contact Employee B and C, but no return call was received. A review of Employee B and C's personnel file revealed , both employees were unlicensed staff.

CLASS III

0058 Pharmacy & Dietary: Uncorrected Deficiencies

Based on observation, record review and staff interview, the facility failed to have licensed staff administer and perform glucose monitoring in accordance with Florida statute 429.256(4), F.S. for Resident #1, who received in the facility.

The findings include:

At 9:15 AM on , an interview was conducted with the Administrator. When asked how many residents receive Glucose monitoring or and she replied " Only 1 resident (Resident #1) he is on ".

AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 05/02/2016
FORM APPROVED

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	AL11966315	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMYRNA WEST ASSISTED LIVING FA	**301 MILFORD PLACE NEW SMYRNA BEACH, FL 32168**

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

A record review was conducted for Resident #1 and it revealed a signed physician order dated for glucose monitoring every day.

A review of Resident #1's Medication Observation Record (MOR) revealed on order for Lantus Solo star injectable 20 units Sub - (SQ) daily at bedtime and 5 units SQ three times a day before meals. Both of the medications have written on the MOR "per patient provide syringe." (photographic evidence obtained).

At 9:20AM on , on 4 an interview was conducted with the Administrator. When asked what "Per patient provide" mean? She stated, "I pull up the and leave it for the staff and they hand it to him and he does his own shot."

An observation was conducted at 9:30 am of the facility medication housed a small refrigerator which she obtained a clear plastic container with 6 pre-filled syringes (all filled with 0.5 ml (milliliters) of a clear liquid substance) and a bottle of for that was labeled for Resident #1. When asked how the resident receives his , The Administrator replied "I fill the syringes and the Med Tech comes and get's the syringe and they give it to the resident and he gives it to himself". The Administrator confirmed that she was not aware that she was not allowed to prepare the medication in advance (pre-pour) and leave it for another staff member to deliver or administer.

At 9:45 am on , when was asked who performs the BGM's for Resident #1, The Administrator stated "I do it for him when I ' m here and when I'm not here he can do it himself".

At 9:55 am on , an interview was conducted with Resident #1. When asked who assisted him with his BGM's and , he replied "The staff does". The resident was then asked if he could you do his BGM's himself or his shots he replied "I'm sure that I can, but they do it for me and they do a good job so I don't need too". He was asked who assist him at night time with his Lantus Solo star pen and was asked if he could dial the pen himself and he replied "NO, the man comes in here and does it for me? Resident #1 was asked if he could dial the pen himself he stated, "NO, there ' s not a problem they do it".

AGENCY FOR HEALTH CARE ADMINISTRATION

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SUMMARY STATEMENT OF DEFICIENCIES
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At 10:00 am on , Resident #1 came out of his was talking with the Administrator and was heard asking her why he was being questioned about his . He stated "You guys do it for me and you have for a long time, I don't know why they are asking me about that".

At 11:12 AM on , a phone interview was conducted with Employee A, caregiver, and she confirmed the unlicensed staff assist Resident #1 with his BGM's and his . She replied "I watch Employee B & Employee C, do it for him all the time. The nurse pre-pours the and they are told to do it for him by the Administrator".

Attempts were made to contact Employee B and C, but no return call was received. A review of Employee B and C's personnel file revealed , both employees were unlicensed staff.

In accordance with 429.42 F.S. & 58A-5.033 F.A.C., the facility must now employ or contract with a licensed registered nurse. Consultation services must begin within 14 days of the notice of uncorrected deficiencies. The facility must have available for review by the agency, a copy of the consultant ' s license and a signed and dated review of the corrective action plan within 10 days subsequent to initial on-site consultation visit. The facility must provide the agency with, at minimum, quarterly on-site corrective action plan updated until the agency determines after written notification by the consultant and the facility administrator that deficiencies are corrected and that staff have been trained to ensure that proper medication standards are followed and that consultation services are no longer required. The agency must provide the facility with written notification of such determination

CLASS III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11966315 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
SMYRNA WEST ASSISTED LIVING FA	301 MILFORD PLACE NEW SMYRNA BEACH, FL 32168

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0029 Reg. # 58A-5.0182(5) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR Smeyers	DATE 4/29/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 2/18/2016		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		

 EVENT ID: 0UE612

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Smyrna West Assisted Living Facility
301 Milford Place
New Smyrna Beach, FL 32168

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2016.

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 (904) 798-4201.

Sincerely,

Sara Meyering

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

AF/JM/sm
Enclosure

BBT7

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