STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967269	04/12/2016
NAME OF PROVIDER OR SUPPLIER **ZION'S II ASSISTED LIVING, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **256 BARBAROSSA RD NW** **PALM BAY, FL 32907**	

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

0000 Initial Comments

Re-licensure survey was conducted on . Zion's Assisted Living, Inc. had deficiencies at the time of the visit.

0010 Admissions - Continued Residency

Based on record review and interview, the facility failed to ensure an appropriateness of continued residency for 1 of 4 residents (#1).

Findings:

Facility record and observation revealed the facility had 4 residents residing in the facility on . Resident#1's record review revealed a health assessment, AHCA 1823, dated . The health assessment showed the examiner had answered "No" to the question whether or not the resident's needs can be met at the assisted living facility (ALF). Resident #1 was admitted to the ALF in . She was admitted to hospice care in 2012 with diagnosis of .

On at 2:45 p.m. the administrator stated that the above answer was a mistake.
Class III

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to inform a family member or responsible party immediately when a resident sustained a and had for 1 of 2 resident records reviewed (#2).

Findings:

On an adult child of Resident#2 stated that Resident#2 had a a month or so' ago on a weekend. The administrator had waited until Monday to inform him about the incident. So he went to the facility to take Resident#2 to a physician. He stated that an x-ray was done, nothing broken, just .

Resident #2's record review revealed there was no documentation regarding the incident.

On at 1:00 p.m. the administrator confirmed the resident in and the son was not informed right away. The administrator stated that her staff had written up an incident report, but she

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could not locate it at the time.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and interview, the facility failed to ensure an accuracy of medication and instruction to use for Resident #4's medication.

Findings:

On / at 12:00 p.m. the administrator assisted resident #4 with self-administered medication. She read aloud to the resident the label from the medication bottle, and put 2 tablets into a cup for the resident. The resident took the medications himself. After the resident took the medications, the administrator initialed the medication observation record (MOR).

A review of the label on the medication bottle showed 600 milligram (mg)/ D 400 unit. Take 2 tablets by mouth daily. Written on the cap of the bottle of in black ink was 12 PM. The label indicated the medication was prescribed by a physician.

A review of the resident's MOR revealed that the administrator had initialed where it read "CVS C 500 mg" Take 2 tablets by mouth at lunch (12:00 PM). When asked why she had initialed where it read C, the administrator stated that she was not aware that she had put her initial on a wrong medication. She then read the MOR and could not locate the name and direction to use for the .

On at 12:30 p.m. the administrator could not provide the physician's order to verify the order for . She stated that she received Resident #4's medications by mail monthly. She checked them but this must have been an oversight.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on record review and interview, the facility failed to ensure Staff B had received the required medication training.
Findings:
Review of the staff schedule for revealed the administrator and Staff B were the only two staff working at the facility. Each was scheduled to work 24-hour shifts, alone.

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Staff B/care giver was hired on . A review of Staff B's personnel file revealed that on she had received a 4-hour training in assistance with self-administered medication and medication management. The training certificate was dated and did not have a legible name and credentials of the provider. It could not be determined whether or not he/she was a registered nurse or a licensed pharmacist.

On at 4:30 p.m. the administrator confirmed that the certificate did not have the training provider's name and credentials. She verified that Staff B had assisted residents with self-administration of medications.
Class III

0162 Records - Resident

Based on record review and interview, the facility failed to obtain weights semi-annually for 1 of 2 (#1) residents who received assistance with the activities of daily living (ADL).
Findings:
Resident #1's record review revealed a health assessment (AHCA 1823), dated . The health assessment indicated that Resident#1 required total assistance for all categories of ADL's. Resident #1 was under care of hospice. There was only one weight record available for review. It showed the resident's weight of 25.7 taken on .
On at 2:45 p.m. the administrator stated the resident's weight 25.7 was in kilograms. She could not locate previous weight records. She stated that the resident could not stand for her to be weighed and she did not have a chair scale.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Zion's Ii Assisted Living, Inc
256 Barbarossa Rd Nw
Palm Bay, FL 32907

RE: Re-licensure

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