AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963784	04/28/2016
NAME OF PROVIDER OR SUPPLIER **WILD FLOWER INN**	STREET ADDRESS, CITY, STATE, ZIP CODE **639 MICHIGAN BLVD. #1500** **DUNEDIN, FL 34698**	

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

0000 Initial Comments

Assisted Living Facility

On , two complaint surveys (CCR# 2016004686 & CCR# 2016004446) were conducted at Wild Flower Inn, Assisted Living Facility, located at 639 Michigan Blvd, #1500, Dunedin, FL. Deficiencies were identified the day of the survey.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the assisted living facility failed to provide proper assistance with self-administration of medication per the guidelines as noted in 429.256, F.S. Specifically, Staff A signed the medication observation record (MOR) prior to providing the medication to the resident. Additionally, Staff A failed to read the label and open the container in the presence of 1 out of 1 (Resident #4) residents observed.

Findings included:

On at 12:09 PM Staff A was observed as she reviewed the MOR for Resident #4. Staff A removed the appropriate medication from the cart, and signed the MOR. Staff A walked to Resident #4 and asked "do you want to take this now or after your ice cream?" Resident #4 asked " Is that my red pill? " Staff A responded " Yes. " Resident #4 put out her hand and Staff A placed the medication in her hand. Resident #4 took the medication.
On at 12:09 PM a record review was conducted of the MOR for Resident #4. Resident #4's MOR was signed by Staff A prior to Resident #4 receiving the medication.
On at 12:50 PM an interview was conducted with Staff A. Staff A stated she had assisted with the medications for Resident #4 as she had been taught. Staff A did not see that she had done anything improperly.
On at 1:15 PM an interview was conducted with the Administrator. The Administrator stated she had listened as Staff A provided the medication to Resident #4 and was not aware of any improper procedures.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, the facility failed to maintain an employee roster with the

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employment status of all employees of the facility within the clearinghouse.

Findings included:

On at 11:10 AM a record review was conducted of the employee roster for the facility on the Agency for Health Care Administration Care Provider Background Screening Clearinghouse website. No employees were located.
On at 11:18 AM a record review was conducted of the facility's list of all current employees. There were six employees documented on the list. One additional employee had been terminated on .

On at 1:15 PM an interview was conducted with the Administrator. The Administrator was not aware of the employee roster on the Care Provider Background Screening Clearinghouse or that she was required to maintain an employee roster with the employment status of all employees of the facility within the clearinghouse.

Unclassified

Z816 Background Screening-Compliance Attestation

Based on interview and record review, the facility failed to ensure that 2 out of 5 (Staff B and Staff C) sampled employees had a valid Level II background screening.

Findings included:

On at 10:30 AM a record review was conducted of the employee file for Staff B. Staff B had a Level II background screening in the file dated . An application was observed dated that listed the last employment that required a level II background screening ending on .
On at 10:30 AM a record review was conducted of the employee file for Staff C. Staff C had a Level II background screening in the file dated . An application was observed dated that listed the last employment that required a level II background screening ending on .
On at 11:10 AM a review was conducted of the Agency for Health Care Administration background screening website. The most recent Level II background screening for Staff B was dated .
On at 11:10 AM a review was conducted of the Agency for Health Care Administration background screening website. The most recent Level II background screening for Staff C was dated .

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On at 1:15 PM an interview was conducted with the Administrator. The Administrator stated she was not aware that Staff B or Staff C had a break longer than 90 days from a position that required a level II background screening. The Administrator was not aware Staff B or Staff C required a new level II background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Wild Flower Inn
639 Michigan Blvd. #1500
Dunedin, FL 34698

RE: CCR# 2016004686 & CCR# 2016004446

Dear Administrator:

This letter reports the findings of two complaint surveys that were 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.

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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

XG90