STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953442	04/26/2016
NAME OF PROVIDER OR SUPPLIER **HERON, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **67 COCO PLUM DRIVE** **MARATHON, FL 33050**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted on at The Heron, an Assisted Living Facility with Limited Mental Health located in Marathon, Florida.

The following is description of the deficiencies found at the time of the visit.

0056 Medication - Labeling and Orders

Based on observation, interview, and record review, the facility failed to ensure the medication label matched the medication observation record and the physician order for 1 (Resident #8) of 3 residents observed for supervision of self-administration of medications.
The findings included:
Observation of the staff assisting Resident #8 with medications took place on at 3:00 p.m. The Assistant Administrator handed Resident #8 the (inhalation powder) for the resident to self-administer. Review of the medication label revealed "inhale 1 puff by mouth in the morning."
Rview of the medication observation record revealed " 100-25 to be given at 3:00 p.m.
Review of the Physician order date revealed the resident is to receive medication in the morning. At this time the Assistant Administrator said, "I have always given this medication to the resident in the morning and the afternoon." She also added it was a labeling error and will check with doctor and the pharmacy.

On at 3:15 p.m., the Administrator said that we will have to check the labels more closely in the future.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to provide a safe living environment. This was evidence by walls in the pantry in disrepair and the floors soiled and dirty.

The findings included:

During inventory of emergency foods on at 11:10 a.m., the pantry where non-perishable food was stored was observed. There was a large gap in the wall located near the ceiling exposing pipes, the wooden structural frame work, and insulation. The tile floor was in poor condition and was stained and soiled.

AGENCY FOR HEALTH CARE ADMINISTRATION

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On at 1:00 p.m. the Administrator said she was not aware of the condition of the pantry. The Administrator also said, that she thought it might be unfinished construction when the building was built.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Heron, The
67 Coco Plum Drive
Marathon, FL 33050

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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