AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910826	05/02/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNEDIN ASSISTED LIVING FACILITY	**534 HOWELL STREET DUNEDIN, FL 34698**

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

0000 Initial Comments

Assisted Living Facility

A complaint survey, (CCR#2016002172), was conducted at Dunedin Assisted Living Facility on / . The Dunedin Assisted Living Facility had a deficiency at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on interviews, observations and a review of the Medication Observation Records (MORS), the facility failed to ensure that 1 (#4) out of 6 residents whose medications were reviewed, were receiving their medications as ordered by their Health Care Provider.

Findings included:

1) Resident #4 was admitted to the facility on , 2016, according to his medical record and the Admission and Discharge log. He was prescribed 300 mg; 1 capsule twice a day (8am and 8pm) and - 1000 mcg; 1 tablet by mouth daily (8am). The resident did not receive his medications as evidenced by review of the available MORS for , , and as follows;
2016 MORS shows / / - all days except 8am on 2/1, , / and were marked with a "C", which according to the MOR Charting Codes means Patient Out of Facility.
2016 MORS shows / / -. all days marked with a "C" (Out of Facility) except 8pm on / and 8am on / / .
, 2016 MORS shows / - / all days marked with a "J" (Charting Code for Leave of Absence) except 8am on / . Nothing was marked for / .
2016 MORS shows / and / marked as "C" (Out of Facility)
2) An interview with Staff B at 2 P.M. revealed that the resident doesn't really live here but that he has a . She does not assist him with medications. Resident # 4 ' s medications were observed in the cart.
An interview with the Facility Manager at 2:00 pm revealed that she was not aware that he was not taking his medications. She stated that he does live in the facility.
3) The resident's observed and he was also observed in the facility between 11:45 am and approximately 1:00 pm. An interview was conducted with Resident #4 at 11:45 am on / . He stated that he is a resident in the facility.

CLASS III

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910826	**05/02/2016**
NAME OF PROVIDER OR SUPPLIER **DUNEDIN ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **534 HOWELL STREET** **DUNEDIN, FL 34698**	

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Dunedin Assisted Living Facility
534 Howell Street
Dunedin, FL 34698

RE: CCR #2016002172

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 **Teresa Ryan** RNC at 727-552-2000.

Sincerely,

Teresa Ryan RNC

Patricia Reid Ulman
Field Office Manager

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

PRC/tlr
Enclosure 2016002172
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