STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967320	**05/10/2016**
NAME OF PROVIDER OR SUPPLIER **PEACE HAVEN ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **1090 DOUGLAS STREET SE PALM BAY, FL 32909**	

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

0000 Initial Comments

An Abbreviated Relicensure survey was conducted on . Peace Haven ALF had deficiencies found at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observations and interview, the facility failed to ensure the caregiver followed the appropriate procedure at all times when unlicensed staff provided assistance with the self-administration of medications for 1 of 4 sampled residents (#1).

Findings:

On at 12:45 p.m., a medication pass observation was conducted at the dining table. After resident #1 finished his lunch, caregiver B brought his medication to him. She read the label and showed him the medication that it was 1/2 tablet. The resident acknowledged and took it. The medication was 25-100 milligrams, take 1/2 tablet daily by mouth.

A review of the medication observation record (MOR) was conducted immediately after the resident took the medication. It revealed that caregiver B had initialed the MOR prior to giving the medication to the resident. At 12:45 p.m., caregiver B confirmed that she had always initialed the MOR when she took out medications to give to residents. She said she was not aware that she should initial the MOR after, not before, a resident took medication.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on observation, record review and interview, the facility failed to ensure 2 out of 2 staff received a required training on providing assistance with self-administered medication and safe medication practices in an assisted living facility (A & B).

Findings:

The facility staffing schedule showed staff A, the administrator and staff B, a care giver, were the only 2 staff working at the facility alternately for a 24-hour shift. Staff A's date of hire (DOH) was . Staff B's DOH was .

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SUMMARY STATEMENT OF DEFICIENCIES
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Staff A's and B's personnel records did not contain any evidence showing they had received an initial 4-hour training on providing assistance with self-administered medication.

Staff B was observed assisting resident #1 with his medication during lunch time on .

On at 2:15 p.m., staff A and B stated that they had received the training but could not locate their certifications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Peace Haven Alf
1090 Douglas Street Se
Palm Bay, FL 32909

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

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