AGENCY FOR HEALTH CARE ADMINISTRATION

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11963853 | 06/17/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**EVERGREEN MANOR RETIREMENT HOME** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3297 S.R. 580**<br>**SAFETY HARBOR, FL 34695** | |

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

**0000 Initial Comments**

Assisted Living Facility

On , 2016, a biennial state licensure survey with extended congregate care (ECC) was conducted at K and D Care Communities, formerly known as Evergreen Manor Retirement Home. Deficient practice was found at the time of the visit.

(License # 8760)

**0055 Medication - Storage and Disposal**

Based on observation and interview, the facility failed to ensure that medications located in a First Aid Kit were stored in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.

Findings included:

On / at 11:15 AM the surveyor observed that the door to the medication open and unlocked. There were no staff members observed in the medication . There was a metal filing cabinet in the medication was unlocked. There was an unlocked First Aid Kit in the metal filing cabinet. The First Aid Kit contained the over the counter medications and cream. The Administrator was interviewed on / / at 2:00 PM. The Administrator confirmed that and cream were stored in the unlocked First Aid Kit in the unlocked metal filing cabinet. The Administrator stated that the medication supposed to be locked if no staff members were in the medication . The Administrator stated that medications were supposed to be locked in the medication carts.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
K & D Care Communities
(formerly known as Evergreen Manor Retirement Home)
3297 S.R. 580
Safety Harbor, FL 34695

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) that was conducted on 17, 2016, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency. 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 deficiency 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 cons 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 [illegible]ufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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