STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965503	06/21/2016
NAME OF PROVIDER OR SUPPLIER **PRESIDENTIAL PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3880 SOUTH CIRCLE DRIVE** **HOLLYWOOD, FL 33021**	

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

0000 Initial Comments

An unannounced biennial relicensure survey in conjuncion with complaint survey CCR# 20160002850 was conducted on 6/20/2016 and / at Presidential Place, License # 9921 . The facility had deficiencies at the time of the visit.

Please see separate report for complaint survey findings.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 2 out of 5 residents (Residents # 13 and Resident #14) observed during medication pass. As evidenced of the facility failure to bring the medication in it's previously dispensed and labeled container, to the resident and in the presence of the resident , read the medication label , remove the prescribed amount of medication and then hand it to the resident.

The findings include:

a) Observations on 12:55 PM , found Resident # 13 receiving the following medications (as documented on the MOR for 2016): 0.5mg tablet take one tablet by mouth three times each day ( ) and 1mg tablet take one tablet by mouth three times a day. Observations during assistance with self- administration of medication revealed unlicensed Staff D(a Med Tech) assisted Resident # 13 with self - administration of medications. Staff D , reviewed the Medication Observation Record(MOR) removed Resident #13 ' s medication from the locked medication cart, removed the medication from the previously dispensed punch card and placed it into a cup and removed a packet from the cart. Then, she went to where the the resident was seated called the resident by name, told the resident, I have your pills for you, gave the resident the cup with the one medication then proceeded to open the plastic bag with the second medication in it and told the resident, I have 1 more for you. She failed to bring the medication in it's previously dispensed container and read the prescription label out loud to the resident and remove the medication and pour it into a cup in the presence of the resident.

b) Observations on 1:15 PM , found Resident # 14 receiving the following medication (as documented on the MOR for 2016): Piridoxine 25 MG tablet take one tablet by mouth three times each day ( ). Observations during assistance with self- administration of medication revealed unlicensed Staff D (Med Tech) assisted Resident # 14 with self - administration of medications. Staff D , checked the MOR , removed Resident #14 ' s medication from the locked medication cart ,by pulling out a packet from the drawer, went to where the resident was seated called the resident by name, told the resident, I have your pill for you and opened the plastic bag and poured the medication into a cup .

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She failed to read the prescription label out loud to the resident .

In an interview conducted on 06/20/16 at 10:52 AM with Resident #1, she stated that staff do not tell her the names of her medications; they only make sure you take them, the medications come in a packet and they pour them in a cup for you.

In an interview conducted on at 1:26 PM with Staff D (Med Tech) she was informed of the required procedure for assisting with self- administration of medications, of bringing the medication in it's previously dispensed and labeled container, to the resident and in the presence of the resident , read the medication label , remove the prescribed amount of medication and then handing it to the resident. She acknowledged and confirmed the findings and stated that this is the way she always does it.

Class III

0054 Medication - Records

Based on interview and record review, the facility failed to update the Medication Observation Record (MOR) on the correct dates after a medication is offered or administered, for 3 out of 4 residents (Resident # 10, # 11, and # 13) medication records reviewed.

The findings include:

a) A record review of Resident # 10's MOR on found Resident # 10 receiving the following medications: Icaps Areds Formula tablet and Ezfe 200 mg tablet both given at 12 noon. Review of Resident # 10's MORs found no staff members' signature documented that indicates both medications were given to Resident # 10 during assistance with self administration of medications dated for , , and . Copy of MOR obtained.

b) A record review of Resident # 11's MOR on found Resident # 11 receiving the following medications: 0.5 mg at 8 PM and Xanax0.5 mg at 2 PM . Review of Resident # 11's MOR found no staff members' signature documented that indicates both medications were given to Resident # 11 during assistance with self administration of medications dated for . Copy of MOR obtained.

c) A record review of Resident # 13's MOR on found Resident # 13 receiving the following medications at 8 AM: 0.125 mg, 0.5 mg , 5 mg, and 20 mg at 9 AM.

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Review of Resident # 13's MOR found no staff members' signature documented that indicates the medications were given to Resident # 13 during assistance with self administration of medications dated for . Copy of MOR obtained.

During an interview on / at 2 PM, the Administrator was informed of the errors found on the facility's MOR and she acknowledged the findings. The Administrator provided no further documentation for review.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the assisted living facility failed to ensure all prescription medications were secured at all times.

The findings include:

Observations in the facility during assistance with self administration of medications on at approximately 12 noon found Staff A, walked away from the medication storage cart leaving it unattended, unlocked and unsupervised in the facility's resident common area located in memory care unit. Staff A walked into a resident's the medication cart was out of sight. Observations found all staff members in another from the unsecured medication cabinet. Further observations found the medication cabinet was accessible to all residents.

In an interview with Staff A on at approximately 12:10 PM, she acknowledged her error. On / , the Administrator acknowledged the finding.

Class III

0090 Training -

Based on record review and interviews, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding ( ), for 1 out of 4 sampled staff records reviewed (Staff C) .

The Findings Include:

A record review conducted on / revealed that Staff C, hire date , had no

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documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment. During an interview on 6/20/2016 at approximately 2:45 PM with Staff C, she revealed she did not know what a was and did not recall ever receiving training.

During an interview conducted on / at 2 PM, the Administrator acknowledged the finding. The Administrator stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Presidential Place
3880 South Circle Drive
Hollywood, FL 33021

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2016 by representatives 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene d-Davis
Field Office Manager

AMD
Enclosure

XG90

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