STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965681	06/30/2016
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT DUNEDIN**	STREET ADDRESS, CITY, STATE, ZIP CODE **3175 BELCHER ROAD** **DUNEDIN, FL 34698**	

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 was conducted in conjunction with a complaint survey, (CCR# 2016004734) at Angels Senior Living at Dunedin. Angels Senior Living at Dunedin, Assisted Living Facility, had deficient practice identified during the survey.

(License # 10034)

0054 Medication - Records

Based on observation, records review and interviews, the facility failed to maintain a daily medication observation record (MOR) for four of sixteen residents who receive assistance with self-administration of medications. (Resident #1, 4, 8, and 10)

Findings included:

During a Medication Review on between 11:50am to 12:10pm, it was observed that some of the resident ' s medication observation records (MORs) had blank spaces (holes) where a med tech would sign off if a medication were given or not. Specifically, the MOR for resident #1 was missing a sign-off for the 8:00am dose of her nasal spray that was ordered to be given 4 times a day. Staff member A was asked about the missing sign-off and, she stated that she had assisted with the morning dose, but was too busy with other duties, at the time, to sign off in the MOR. The surveyor offered staff member an opportunity to sign off on the MOR that she had given the 8:00am dose of nasal spray, thereby correcting her error, and she did so at 12:15pm. In an interview with the Community Director at 1:30 on / , she stated that their policy is to sign off on the MOR as each dose is given or to document a reason why it was not given.

A records review of the MORs revealed that resident #8 had the following missing sign-off in her MOR: her 8:00pm dose of multi- with , her / and 8:00pm dose of - an anti- medication, and her and bedtime dose of - a . There was no explanation on the back of the MOR about why these medications were not signed off as given or refused.
A records review of the MORs revealed that resident #4 had the following missing sign-off in her MOR: her , and 8:00pm dose of - an anti- medication. There was

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no explanation on the backside of the MOR about why this medication was not signed off as given.
A records review of the MORs revealed that resident #10 had the following holes in her MOR: her 8:00pm dose and her 8:00am dose of , an anti-itching medication, her 12:00pm and 4:00pm and her 8:00pm and her 4:00pm and 8:00pm and her 8:00am doses of - a medication, her 8:00pm dose of , - an anti-depressant, and her 8:00pm dose of - a medication for . There was no explanation on the backside of the MOR about why these medications were not signed off as given.
In an interview with the Community Director at 1:30 on , she stated that she was not sure why there were missing sign-off in the MORs and that their policy is to record a reason on the backside of the MORs if a medication dose is not given.

Class III

0090 Training -

Based on interview and record review, the facility failed to ensure 2 of 3 employees (Staff B & C) sampled employee files reviewed had documentation of the required 1 hour in in-service training within 30 days of employment status.

Finding included:

A review of the employee personnel records on revealed employee B was hired on .
Employee B file revealed Employee (B) file did not have documentation indicating the required 1 hour for in-service training.
A review of the employee personnel records on revealed employee C was hired on .
Employee C file revealed Employee (C) file did not have documentation indicating the required 1 hour in-service training.
During an interview with the facility supervising manager on at 4:45 P.M. The supervising manager reviewed employee files with surveyor for staff B, C and confirmed findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Angels Senior Living of Dunedin
3175 Belcher Road
Dunedin, FL 34698

RE: Biennial & **CCR# 2016004734**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a complaint survey that were conducted on , 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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.

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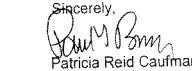
SlideShare.net/AHCAFlorida

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 Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms (5000-3547)

XG90