STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968206	
NAME OF PROVIDER OR SUPPLIER **SAFETY HARBOR SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 MAIN STREET** **SAFETY HARBOR, FL 34695**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint investigations, (CCR# 2016005046 and CCR# 2016006603) were conducted at Safety Harbor Senior Living, (License # 12118) on / . Safety Harbor Senior Living, Assisted Living Facility, had deficiencies at the time of the investigation relative to CCR# 2016005046. Complaint survey, CCR# 2016006603, did not have any deficiencies.

0008 Admissions - Health Assessment

Based on record review and interview, the facility failed to ensure that information omitted on the Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) was obtained from the health care provider for one (Resident #4) of seven residents reviewed.

Findings included:

A resident record review for Resident #4 was completed on . The record review revealed an AHCA Form 1823 dated in the resident's medical chart. On Resident #4's AHCA Form 1823, the sections of known " ", height, and weight were observed to have been left blank. Additionally, the section titled, "Please list all current medications prescribed below (additional pages may be attached)" contained the documentation, "See attached med list." There was no attached medication list observed. There was no other AHCA Form 1823 observed in Resident #4's chart.

In an interview on / at 1:20 PM, the Resident Care Director confirmed there was no additional AHCA Form 1823 for Resident #4. The Resident Care Director was unable to provide any additional information or documentation for Resident #4.

Class III

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to provide care and services appropriate to the needs of residents accepted for admission to the facility for one (Resident #4) of seven residents reviewed.

Findings included:

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	AL11968206	07/26/2016
NAME OF PROVIDER OR SUPPLIER **SAFETY HARBOR SENIOR LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 MAIN STREET** **SAFETY HARBOR, FL 34695**	

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

A resident record review for Resident #4 was completed on . The record review revealed an AHCA Form 1823 dated in the resident's medical chart. On Resident #4's AHCA Form 1823, it was documented that Resident #4 required help taking medications and required medication administration. There was no other AHCA Form 1823 observed in Resident #4's chart.

In an interview on at 1:20 PM, the Resident Care Director confirmed that Resident #4 received assistance with medications from the facility medication technicians. The Resident Care Director confirmed that the facility does not employ nurses to provide medication administration to residents. The Resident Care Director confirmed that there was no additional AHCA Form 1823 for Resident #4. The Resident Care Director was unable to provide any additional information or documentation for Resident #4.

Staff A, a direct caregiver and medication technician, was interviewed on at 2:30 PM. Staff A stated that she assists Resident #4 with the self-administration of medication.

Class III

0056 Medication - Labeling and Orders

Based on observation, interview, and record review, the facility failed to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner for one (Resident #4) of six residents.

Findings included:

An observation of the second floor medication observation record (MOR) occurred on at 12:40 PM. The surveyor observed that Resident #4's medication, 650mg oral, had been circled as not taken by Resident #4 on the following dates and times: at 8:00 AM, at 5:00 PM, at 8:00 AM, at 5:00 PM, at 8:00 AM, at 8:00 AM, at 5:00 PM, at 8:00 AM, at 8:00 AM, at 5:00 PM, at 8:00 AM, at 5:00 PM, and at 5:00 PM. On the back of Resident #4 ' s MOR, it was documented that on the 650 mg was not given at 5:00 PM with the documented reason of, "needs refill." On the back of Resident #4 ' s MOR, it was documented that on the 5:00 PM dose of 650 mg was not given with the documented reason of, "ordered." It was also documented on that Resident #4's 650 mg was not given with the reason of, "ordered." It was also documented on that Resident #4 ' s , 650 mg was not given with ditto marks documented as the reason. There was no

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SUMMARY STATEMENT OF DEFICIENCIES
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further documentation observed on the back of Resident #4's MOR to indicate why the other doses of 650 mg were not taken by Resident #4.

Additionally, during the MOR observation on at 12:40 PM, the surveyor observed that Resident #4 ' s medication, , had been circled as not taken by Resident #4 on the following dates: On the back of Resident #4 ' s MOR, it was documented that this medication was not given on with the documented reason of, " ordered. " There was documentation for this medication on , and with ditto marks documented in the reason and results/response sections. There was documentation on for " All meds " indicating they were not given due to the resident being in the hospital. There was no documentation as to why the mediation was not given on , and .

In an interview on at 1:00 PM, the Resident Care Director stated that the medication technicians were supposed to notify her if a resident is out of a medication and that is the only way she knows to reorder the medication. The Resident Care Director stated that Resident #4's medication was not refilled in a timely manner due to a, " breakdown in communication."

In an interview on at 2:30 PM, Staff A, a medication technician and direct caregiver on the second floor, was interviewed regarding medication ordering. Staff A stated that the medication technicians will call the pharmacy to reorder a medication if the resident is low on a medication. Staff A stated the facility normally receives the ordered medication on the same day if the pharmacy was called. Staff A stated that if a resident is already out of a medication, the medication technicians will notify the Resident Care Director.

The facility policy titled, "Medication Ordering Policy," was reviewed on . The policy overview revealed that it was the facility ' s policy that all currently ordered medications will be available to the resident. The policy detail revealed that the facility is responsible for obtaining newly ordered medication or refills for medications and treatment orders.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Safety Harbor Senior Living
101 Main Street
Safety Harbor, FL 34695

RE: CCR# 2016005046 & 2016006603

Dear Administrator:

This letter reports the findings of two complaint surveys that were 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.

St. Petersburg Field Office
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St. Petersburg, FL 33701
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
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

Enclosure: State Form (5000-3547)

XG90