STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968495	08/04/2016
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE OF ZEPHYRHILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **38130 PRETTY POND RD ZEPHYRHILLS, FL 33540**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

A complaint investigation (CCR 2016005841) was conducted at American House Zephyrhills on . American House Zephyrhills had deficiencies at the time of the investigation.

License number 12384.

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review, the facility failed to assist residents with self-administered medications in accordance with procedures described in Section 429.256 F.S. for 3 (Resident #8, Resident #9, and Resident #10) of 3 residents observed during medication review.

Findings included:

A medication review was conducted at 12:05 PM on . Staff A was observed assisting Resident #8 with his medication: Lutein Cap 20 MG- Take one capsule orally every day. After taking the medication out of the medication cart, she placed the pill in to a cup, initialed the medication observation records (MORs) and poured water in to a cup. She then brought the medication and water to Resident #8 and proceeded with assistance of self-administration.

A discussion took place with Staff A at approximately 12:10 PM on and she acknowledged that she initialed the MORs prior to assisting Resident #8 with his medication.

Staff A then went back to the medication cart, sanitized her hands and put on gloves. She reviewed the MORs and took out medication for Resident #9: Tab 50 MG- Take one tablet orally twice a day. Staff A placed the medication in to a cup and added applesauce to the cup. She brought the cup of applesauce with the medication in it to Resident #9. She was observed scooping the applesauce and medication on to a spoon and placing the spoon in to Resident #9 ' s mouth. She watched the resident swallow the applesauce/pill and then drink some water. She then went back to the medication cart to initial the MORs.

Staff A was interviewed at 12:18 PM on concerning the observation of feeding the applesauce/ pill to Resident #9. She acknowledged that she administered the medication to Resident #9 and stated that she did it because Resident #9 shakes a lot.

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

Staff B was observed during a medication review at 2:00 PM on . Resident #10 was scheduled to take the following medications at the time: 1. , 325 MG- Take two tablets (650 MG) by mouth every 8 hours. 2. Acidophilus Tab- Take one tablet by mouth three times a day.

Staff B wheeled the medication cart to Resident #10 ' s gained permission to enter. Staff B then identified the resident, explained the medications to the resident, reviewed the MORs, took the medications out of the cart and transferred the pills to a plastic cup. She brought the pills and water to the resident and watched her take it. She initialed the MORs and then sanitized her hands.

Staff B was interviewed at 2:08 PM on and she acknowledged that she did not sanitize her hands prior to assisting Resident #10 with her medications.

Class III

0086 Training - ADRD

Based on observation, interview and record review, the facility, which maintained a secured memory care area, failed to provide 4 hours of training within 9 months of employment in the subject of ' s and Related (ADRD) Level II for 1 (Staff B) of 3 employee records reviewed.

Findings included:

A review of employee records conducted on showed that Staff B had a date of hire of . The employee record also showed that there was no training certificate for ADRD Level II. Staff B was observed providing assistance with self-administration of medication at 2:00 PM on .

The administrator was interviewed at 4:25 PM on . The administrator reviewed Staff B ' s employee record and acknowledged that there was no training certificate for ADRD Level II.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
American House Of Zephyrhills
38130 Pretty Pond Rd
Zephyrhills, FL 33540

RE: CCR #2016005841

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 **Teresa Ryan**, RNC at (727) 552-2000.

Sincerely,

Teresa Ryan RN

Patricia Reid Caufman
Field Office Manager

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Enclosure
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