RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Higher Ground
10155 Se 110th Street Road
Candler, FL 32111

Dear Administrator:

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

Enclosed 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 Chuck Bory at 386-462-6201.

Sincerely,

Charles Bory for

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966282	08/23/2016
NAME OF PROVIDER OR SUPPLIER **HIGHER GROUND**	STREET ADDRESS, CITY, STATE, ZIP CODE **10155 SE 110TH STREET ROAD** **CANDLER, FL 32111**	

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

0000 Initial Comments

On , 2016, a Change of Ownership Survey was conducted at Higher Ground Assisted Living Facility (license #10505). Deficient practice was identified during the survey. The facility was not in compliance at this time.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to ensure that staff (Staff B), not a licensed nurse, read the medication label in the presence of the residents during assistance with self-administration of medication for 5 of 5 residents (Resident #4, #5, #6, #7, and #8).

Findings:

On at 11:30 AM, an observation was conducted of Staff B, a Certified Nursing Assistant (CNA), assisting Resident #6 with self-administration of medication. Staff B washed her hands, donned gloves, unlocked the medication cabinet, retrieved 1 325 milligram (mg) tablet and placed the tablet into a plastic cup. Staff B then obtained a glass of water, identified Resident #6, handed the resident the medication cup and watched the resident swallow the pill. Staff B failed to read the medication label in the presence of the resident.

On at 11:45 AM, an observation was conducted of Staff B assisting Resident #7 with self-administration of medication. Staff B washed her hands, donned gloves, opened the locked medication cabinet, retrieved probiotic gummy and placed it into a plastic cup. Staff B identified Resident #7 by name, explained what medication the resident was taking, but Staff B failed to read the medication label in the presence of the resident.

On at 11:50 AM, an observation was conducted of Staff B assisting Resident #8 with self-administration of medication. Staff B washed her hands, donned gloves, put the pill in a plastic cup. Staff B explained to the resident what he was taking, but failed to read the label and show the resident the packet of the medication.

On at 11:55 AM, an observation was conducted of Staff B assisting Resident #5 with self-administration of medication. Staff B washed her hands, donned gloves, took a pill out of a pack, put the pill in a cup, obtained a glass of water, explained to the resident what she was taking, but failed to read the label and show the bottle of the medication to the resident.

On at 12:00 PM, an observation was conducted of Staff B assisting Resident #4 with

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SUMMARY STATEMENT OF DEFICIENCIES
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self-administration of medication. Staff B washed her hands, donned gloves, took the medication pill and placed it in a cup, explained to the resident what she was taking, but failed to read the label and show the resident the packet.

An interview was conducted on at 12:34 PM with Staff B. When asked why she failed to read and show the medication container to the residents, she stated she forgot. She stated "I understand I was wrong by not reading the medication label to the residents. I just received training in of this year."

On at 1:00 PM, an interview was conducted with the Administrator, who stated she was aware that you have to read the label in the presence of the resident when assisting with self-administration of medication.

Class III