STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968404	09/08/2016
NAME OF PROVIDER OR SUPPLIER **DAISY ASSISTED LIVING, LLC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **302 BORDEAUX AVE NE** **PALM BAY, FL 32909**	

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

0000 Initial Comments

On , 2016 a biennial re-licensure with Limited Nursing Services (LNS) survey was conducted at Daisy Assisted Living Facility, license #12276. Deficient practice was identified during the survey.

0008 Admissions - Health Assessment

Based on observations and record review, the facility failed to maintain a complete resident record that included a health care provider order for medication administration for 1 of 2 sampled residents (#1) and a completed health assessment report for resident # 4.

Findings:

During observation of a medication pass for resident #1 on at 11:50 AM, the nurse washed her hands, put on gloves, dialed a pen to 3 units, explained to the resident she would be giving him the , rubbed his right lower abdomen with , placed the pen in his hand, placed her hand over his then guided the pen to the site, inserted the needle, then she pressed the button to administer the , without his assistance.
Review of his record revealed a health assessment form 1823 dated which read a diagnoses of , memory loss and , and he required assistance with self administration of his medication. He had health care provider orders dated for sugar testing before meals and at bedtime with sliding scale coverage and to be given per a sliding scale. Further review no evidence to confirm that an order to administer his had been obtained.
On at 2:30 PM, the administrator said his had to be administered to him.

Resident record review for resident #4 revealed a health assessment report 1823 dated that listed diagnoses of , high , with behavioral disturbance, , and . The report did not address the resident's needs regarding ; it indicated "N/A" (not applicable). report he needed assistance with self-administration of medications but the type of assistance was not indicated. The report did not contain the address and telephone number of the healthcare provider who completed the report.
In an interview with the administrator on at 3:30 PM, who stated she thought the resident had an updated health assessment report but was unable to locate it.
Class III

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NAME OF PROVIDER OR SUPPLIER DAISY ASSISTED LIVING, LLC.	STREET ADDRESS, CITY, STATE, ZIP CODE 302 BORDEAUX AVE NE PALM BAY, FL 32909	

SUMMARY STATEMENT OF DEFICIENCIES
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0052 Medication - Assistance with Self-Admin

Based on observations and interview the facility failed to ensure the unlicensed staff who assisted 1 of 1 sampled residents (#4) with self-administration of medications followed the correct procedure.

Findings:

Observations on at 9: 15 AM noted the staff had a cup with 6 pills inside. She stated the pills were the medications for resident #4. The resident sat at the table. The staff told the resident he knew what they were and medications. She did not bring the originally dispensed medication container to the resident and read the label.

In an interview on at 3 PM with the administrator who said the staff was trained to read the label.
Class III

0056 Medication - Labeling and Orders

Based on observations, and interview the facility did not ensure when the directions for use of medications were "as needed", the health care provider was contacted and requested to provide revised instructions, that indicated, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for 1 of 2 sampled residents (#4).
Findings:
Resident record review for resident #4 revealed a health assessment report 1823 dated that listed diagnoses of , high , with behavioral disturbance, , and . He needed assistance with self-administration of medications but type of assistance was not indicated. A prescription dated indicated 5 milligrams (mg) 1 twice a day as needed, 50 mg 1 daily and 4 daily as needed. The review revealed no evidence to confirm the facility obtained revised orders from healthcare provider as to circumstances under which it would be appropriate for the resident to request the medication and any limitations for its use.
Observations of the resident's medications on at 2 PM noted a prescription label dated / that indicated 25 mg one tablet every morning and 1 tablet during the day as needed. Prescription label dated / indicated 5 mg one daily and as needed and prescription label dated 50 mg 1 or 2 tabs 4 times daily as needed.
In an interview on at 3 PM with the administrator who said she did not have revised orders for the resident's medications.
Class III

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0078 Staffing Standards - Staff

Based on observations and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed staff to perform sugar testing for 1 of 2 sampled residents (#1) and failed to ensure 1 of 3 sampled staff (D) provided a statement that indicated freedom from communicable within 30 days of hire.

Findings:

During an interview with staff D on at 10:45 AM, she said she performed a sugar test on resident #1 all the time.

During an interview with staff C on / at 11:00 AM, she said they had one resident who needed and sugar testing before each meal. She said "I do finger sticks and if he needs , the nurse injects the ."

Record review for resident #1 revealed a health assessment form 1823 dated which indicated a diagnoses of , memory loss and and he required assistance with self administration of medication.

During observation of the medication pass on / at 11:50 AM, the nurse washed her hands, laid a barrier down, put on gloves, prepared the lancet pen and inserted the testing strip into the sugar testing machine, and explained to the resident that she would be testing his sugar. She rubbed on his right index finger, placed the lancet pen in his left hand and instructed him to use it on his right index finger, which he did. She placed a droplet of on the test strip. The resident did not participate in all of the steps to check his sugar. He was unable to prepare the sugar testing machine and lancet pen and was unable to recognize or understand the sugar results.

Individual personnel record review for staff C and D revealed neither one was a licensed nurse therefore, unable to perform sugar testing for the resident.

On / at 2:30 PM, the administrator said he had been unable to perform his sugar without assistance and there had been times the unlicensed staff performed the sugar testing.

Personnel record review for staff D revealed she was hired on / / . The review revealed a healthcare provider statement that indicated a negative test result on . The review revealed that the healthcare provider from did not check off the box that indicated the staff was free communicable

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, it was blank.
Class III

N278 LNS - Records

Based on record review and interview the facility did not ensure that complete nursing assessments were maintained for 1 resident in a sample of 2 who received Limited Nursing Services (LNS).
Findings:
Resident record review for resident #4 revealed a health assessment report 1823 dated that listed diagnoses of , , high , , with behavioral disturbance, , and . He needed assistance with self-administration of medications but type of assistance was not indicated. A prescription dated indicated 1 % cream, clean with soap and water, apply thin layer to surface daily, cover with sterile dressing. The review revealed nurse's progress notes dated / to / . Continued review revealed no evidence to confirm that a monthly nursing assessment was conducted.
In an interview with the administrator on at 3:30 PM stated the monthly nursing assessment was not done.
Class III

Z814 Background Screening Clearinghouse

Based on record reviews and interview the facility did not maintain an employee roster on the Agency's background screening clearing house that listed all of the facility employees (C and D) subject to a background screening.

Findings:

Review of the facility's background screening clearing House roster on revealed the facility did not have a roster that listed staff C and D, although they were background screened.

During an interview at 3:45 PM on , with the administrator, who said she was not aware that she needed to create and maintain the background screening clearing house employee roster, she thought the Agency created a roster once she requested a background screening.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2016

Administrator
Daisy Assisted Living, LLC
302 Bordeaux Ave Ne
Palm Bay, FL 32909

RE: Re-licensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [illegible], 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 [illegible], 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 Lorraine Henry at [illegible]-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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