AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966320	**10/26/2016**
NAME OF PROVIDER OR SUPPLIER **NEW ERA ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **815 WEST DAUGHTERY RD LAKELAND, FL 33809**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY
A complaint investigation (CCR# 2016010003) was conducted at New Era Assisted Living Facility on . Deficient practice was identified during the survey.
(License: 10535)

0030 Resident Care - Rights & Facility Procedures

Based on interviews and record reviews, the facility failed to offer residents a written grievance procedure for receiving and responding to resident complaints for 5 (Residents 2, 7, 9, 11 and 13) of 10 residents interviewed.
Findings included:
The Grievance Log for the facility was requested upon entry to the facility. The Assistant Administrator presented the Grievance Log to surveyors at around 11:30am on after a second request was made and she stated that there was nothing in there. Upon record review of the Grievance Log, it was noted that every page was blank; nothing had ever been logged in the book.
Interviews with residents were conducted throughout the day. Out of ten (10) residents interviewed, five (5) of them (Residents 2, 7, 9, 11 and 13) had all had items missing but not found, replaced or any satisfaction that their complaint had been followed up on.
In an interview with Resident #7 at 11:00am on , she stated her cuff went missing when she returned after being at rehab for 2 months. She asked them but they didn ' t help find it or replace it. In an interview with Resident #9 at 11:40am on , he stated that he lost some clothes and a radio, he told someone that works here but they didn ' t find them or help replace them. In an interview with Resident #2 at 10:30am on , the resident stated that she had lost items including a wallet, adult coloring book, a deck of cards and some clothes about 2 months ago. She told the facility about all the items but her wallet. She stated she didn ' t think they would do anything anyway. The facility said they tried to find her lost items, but they didn ' t find them. They did not offer a written grievance procedure to her. In an interview with Resident #11 at 12:45pm on , the resident stated that he had lost clothes and that he told one of the office workers and they said they would try to find them. They did find one pair of pants, but there were other items and he never heard anything more about it. They did not offer a written grievance procedure to him. In an interview with Resident #13 at 1:15pm on , the resident stated that she gave the Facility Owner some money 2 months ago to buy some clothes, but she has not gotten them yet. She asked why it was taking so long and did not get much of a response.
Staff interviews revealed the following: In an interview with Staff A at 2:30pm on , she stated that there have been some complaints of residents losing items. " Some residents, I can ' t remember who right now, complaints about losing DVDs. We try to label all personal items, like clothes or

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wheelchairs, so it doesn ' t end up in the wrong [illegible]. We do laundry on a schedule and we do the resident ' s clothes and bedsheets separately from other residents. Don ' t mix together. If a resident complains that they are missing items, we try to find it as soon as possible, we look for it. If we look and we can ' t find it then I report it to the Administrator. "
In an interview with Staff B at 2:55pm on , she stated that if a resident complains that they lost an item, " I will look for it, and I help them to look in the closet, sometimes we find it later. " In an interview with the Facility Owner at 4:15pm on , she stated that regarding grievances, there is no documentation regarding the grievance process, the investigation, if it ' s doable, we will just try to fix it as soon as possible. She confirmed that there is no documentation of any investigation into any complaint of lost items from any residents.
Class III

0054 Medication - Records

Based on record review and interview, the facility failed to ensure that the medication observation record (MOR) was updated to record any missed dosages of a medication for one (Resident #11) of five residents reviewed.
Findings included:
On Resident #11 ' s MOR was reviewed with the medication technician, Staff A. This review revealed the medication order of [illegible] Disc twice daily at 8:00 AM and at 5:00 PM. The medication order on the MOR listed an original order date of and a stop date of [illegible]. There was no documentation on the MOR from / to indicating whether or not this medication was taken by the resident.
In an interview on at 11:55 AM, Staff A confirmed that there was no documentation on Resident #11 ' s MOR indicating whether the resident was taking this medication or had missed doses of this medication. Staff A stated that the medication technicians were not initialing the MOR for this medication because they were not giving that medication.
In an interview on at 4:24 PM, the Facility Owner and registered nurse (RN) confirmed that Resident #11 ' s Disc was an active order and that the medication technicians were not giving this medication because the medication was not available in the facility. The Facility Owner stated that the medication technicians should sign for the medications as they pass medications. The Facility Owner stated that there was an option on the MOR to document why a medication was not given to a resident and that the medication technician ' s initials would be circled to indicate the resident did not take the medication. The Facility Owner confirmed that there was no documentation on the MOR for Resident #11 ' s Disc.
Class III

0056 Medication - Labeling and Orders

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

Based on record review and interview, the facility failed to ensure that prescriptions for residents were filled in a timely manner for one (Resident #11) of five residents reviewed.
Findings included:
On Resident #11 ' s medication observation record (MOR) was reviewed with the medication technician, Staff A. This review revealed the active medication order of Disc twice daily at 8:00 AM and at 5:00 PM. The medication order on the MOR listed an original order date of / and a stop date of / . There was no documentation on the MOR from / to indicating whether or not this medication was taken by the resident.
In an interview on at 11:55 AM, Staff A stated that the medication technicians were not initialing the MOR for this medication because they were not giving that medication to the resident. Staff A stated the Disc was not covered by the resident ' s insurance and was never sent from the pharmacy.
On Resident #11 ' s medical record was reviewed. This revealed a Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) dated . On this AHCA Form 1823, in the section listing all of the resident ' s current prescribed medications, it was documented to see the enclosed discharge medication list. The attached patient discharge medication list, which was also dated , included the prescription for inhalation powder twice daily.
In an interview on at 4:24 PM, the Facility Owner confirmed that the Disc was a current medication order for Resident #11 and that Resident #11 was not receiving this medication because it was not available in the facility. The Facility Owner stated that the staff should have communicated with her to inform her that Resident #11 was not receiving his Disc. The Facility Owner stated that issue should have been escalated to her so she could call the physician and clarify if the medication order needed to be discontinued or changed.
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
New Era Assisted Living
815 West Daughtery Rd
Lakeland, FL 33809

RE: CCR #2016010003

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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

PRC/clt
Enclosure: State (5000-3547) Form
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