STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966350	11/04/2016
NAME OF PROVIDER OR SUPPLIER **DR PHILLIPS ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5412 PALM LAKE CIRCLE** **ORLANDO, FL 32819**	

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

0000 Initial Comments

On 11/03/16 to 11/04/16, a biennial re-licensure survey in conjunction with a Limited Nursing Service (LNS) survey was conducted at Dr. Phillips Assisted Living Facility, license #10574. There were deficiencies found at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility did not ensure the health assessment form 1823 was complete for 1 of 2 sampled residents (#4).

Findings:

Resident #4 was admitted to the facility on / . A review of her health assessment form 1823 dated revealed the section regarding how much assistance she required with taking her medications, the question that pertained to whether her needs could be met in an assisted living facility, and how much assistance she required with were all blank.

There was no documented evidence in the record to indicate the facility obtained the omitted information either orally or in writing from the health care provider.

On / at 1:45 PM, the administrator said "ok."

Class III

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 (#3) with self-administration of medications followed the correct procedure.

Findings:

Observations during a medication pass for resident #3 on / at 6:50 AM revealed staff A, an unlicensed staff, removed the medication tablet from its container, used a pill cutter to cut the scored tablet in half, placed the tablet in a medicine cup, brought the medicine to the resident, told the resident the name of the medication, and placed the tablet in the resident's hand.

Staff A did not bring the medication in its previously dispensed, properly labeled container from where it

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966350	11/04/2016
NAME OF PROVIDER OR SUPPLIER **DR PHILLIPS ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5412 PALM LAKE CIRCLE** **ORLANDO, FL 32819**	

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

was stored to the resident. She did not remove the prescribed amount of medication from the container and read the label in the presence of the resident.

During an interview of the findings on 11/04/16 at 7:05 AM, the administrator said "ok."
Class III

0054 Medication - Records

Based on observation and interview, the facility failed to maintain an updated Medication Observation Record (MOR) for 1 of 1 (#3) sampled residents who required assistance with self-administration of medications.

Findings:

Observations during a medication pass for resident #3 on / at 6:50 AM revealed staff A, an unlicensed staff, removed the medication tablet from its container, used a pill cutter to cut the scored tablet in half, placed the tablet in a medicine cup, brought the medicine to the resident, told the resident the name of the medication, and placed the tablet in the resident's hand.

Staff A then began making coffee and did not immediately sign the MOR after offering the medication to the resident.

During an interview of the findings on / at 7:05 AM, the administrator said "ok."
Class III

0055 Medication - Storage and Disposal

Based on observations and interviews, the facility failed to secure centrally stored medications and failed to keep resident medications separated.

Findings:

1. Observation on / at 12:51 PM revealed the medication cart, which contained resident medications, was unlocked with the key in the lock. Facility staff was not in the residents were sitting nearby at the dining

On / at 12:52 PM, the administrator said "I thought you wanted more medication out of there. I left it like that."

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966350	11/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DR PHILLIPS ASSISTED LIVING FACILITY, INC	5412 PALM LAKE CIRCLE ORLANDO, FL 32819

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

2. Observation of an unsecured refrigerator revealed a plastic bag that contained an unlabeled bottle of eye drops with an expiration date of and a bottle of nasal spray that belonged to resident #4. In addition, the refrigerator contained an unsecured bottle of D tablets.

On / at 2:25 PM, the administrator said the eye drops and nasal spray belonged to two different residents. She said the eye drops are no longer being used by the resident. She offered no additional comments about the findings.

3. Observation during a medication pass for resident #3 on / at 6:50 AM revealed staff A did not lock the medication cart following the medication pass. She began making coffee.

During an interview of the finding on / at 7:05 AM, the administrator said "ok."
4. Observation during a medication pass for resident #3 on / at 6:50 AM revealed a bottle of nasal spray unsecured and unattended on the kitchen counter. Staff A did not secure the medication; she began making coffee.
During an interview of the finding on / at 7:05 AM, the administrator said "ok."
Class III

0056 Medication - Labeling and Orders

Based on record reviews and interviews, the facility failed to ensure centrally stored medications were properly labeled, failed to record a change in medication directions in the Medication Observation Record (MOR,) failed to obtain a written medication order from a health care provider after a telephone order was obtained by the nurse, and allowed an individual other than a pharmacist to transfer medications from one storage container to another for 1 of 2 sampled residents (#3.)

Findings:

Record review for resident #3 revealed she required assistance with self-administration of medications. Review of her health assessment form 1823 dated / listed 25 micrograms (mcg) 1 tablet by mouth daily before a meal, Pro Air HFA 90 mcg 2 puffs every 6 hours as needed for , 20 milligrams (mg) 2 tablets by mouth daily, 10 mg by mouth daily, Glimeperide 2 mg by mouth daily.

Continued review revealed a health care provider order dated for 5 mg by mouth daily and an order dated / / for 500 mg by mouth daily.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966350	11/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DR PHILLIPS ASSISTED LIVING FACILITY, INC	**5412 PALM LAKE CIRCLE ORLANDO, FL 32819**

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

1. Review of the medication labels revealed the Pro Air inhaler was not labeled and the original container was not available.

On 11/03/16 at 1:54 PM, the administrator said "we threw the box away. The daughter takes care of it."

2. The medication label for the was dated and read 40 mg tablets, take 1 tablet by mouth daily. Review of the 2016 MOR for resident #3 revealed an entry for 20 mg, take 2 tablets by mouth daily. The MOR was not updated to reflect the new directions.
On / at 2:00 PM, the administrator offered no comment.
3. The medication label was dated and read 5 mg tablets, take 1 tablet by mouth twice daily. Review of the 2016 MOR revealed an entry for 10 mg by mouth daily. The MOR was not updated to reflect the new directions.
On / at 2:00 PM, the administrator offered no comment.
4. The medication label for the Glimeperide read the medication expired on .
On / at 2:05 PM, the administrator, a registered nurse, said "the pills are not expired. the family brings in more pills and I pour them into the old bottle we have."
5. The medication label read 50 mcg by mouth daily. The 2016 MOR read 25 mcg by mouth daily. The medication container did not contain an "alert" label to direct staff to examine the revised directions for use in the Medication Observation Record (MOR.)
On 11/ at 4:00 PM, staff A who assisted residents with self-administration of medications, said "I cut the pills in half."

6. Continued review revealed no available and . Review of her 2016 MOR revealed no entries for and . Review of her record revealed no health care provider order to discontinue the medications.
On / at 4:00 PM, the administrator, a registered nurse, said "the was discontinued. The doctor told me it was discontinued." "The doctor told me to stop the when the pills ran out."
The administrator confirmed she did not obtain a written medication order from the health care provider.
Class III

0057 Medication - Over The Counter (OTC) Products

Based on record review and interview, the facility failed to properly label an Over the Counter (OTC) medication for 1 of 1 sampled residents (#3) who received assistance with self-administration of medications.
Findings:
Record review for resident #3 revealed she required assistance with self-administration of medications. Her health assessment form dated / / listed a health care provider order for 81 milligrams

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966350	11/04/2016
NAME OF PROVIDER OR SUPPLIER DR PHILLIPS ASSISTED LIVING FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 5412 PALM LAKE CIRCLE ORLANDO, FL 32819	

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

every other day. Review of the bottle revealed it was not labeled with the resident's name and the health care provider's directions for use.
During an interview with the administrator on 11/03/16 at 1:55 PM, she said "ok" and did not offer additional comments.
Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on personnel record review and interview, the facility failed to ensure that 1 of 1 sampled unlicensed staff (A) who provided assistance with the resident's medications, received the annual 2 hours of continuing education on providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF.)

Findings:

Personnel Record review for Staff A revealed a certificate of completion dated / for 4 hours of training on providing assistance with self-administered medications. There was no documented evidence Staff A received the required 2 hours of continuing education in 2015.

On / at 3:30 PM the administrator, a Registered Nurse, said "I gave it to her in 2014" and confirmed staff A did not receive the 2 hour continuing education in 2015.

Class III

0093 Food Service - Dietary Standards

Based on record review, meal observation, and interview, the facility failed to note a meal substitution before or when the meal was served and failed to date and plan menus at least one week in advance for both regular and therapeutic diets.
Findings:
1. Review of the menu for / revealed lunch would consist of soup, cuts on bread, tomatoes, and peaches.
Observation of the lunch meal revealed hamburgers with lettuce, tomatoes, onions, pickles and French fries were served.
On / at 2:25 PM, review of the menu revealed the substitution was not noted. The administrator said the meal was substituted for one of the resident's birthday and soup was not served because it "was too much for them." She confirmed the substitutions were not noted before or when the meal was served.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966350	11/04/2016
NAME OF PROVIDER OR SUPPLIER **DR PHILLIPS ASSISTED LIVING FACILITY, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5412 PALM LAKE CIRCLE ORLANDO, FL 32819**	

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

2. Review of the dietary menus revealed four week cycled menus with weekly dates documented on the back of each menu. There were no menus indicated for the weeks of 5/08/16-5/14/16, 5/15/16-5/21/16, 6/19/16- . There was no evidence the dates were documented in a different location.
On / at 3:35 PM, the administrator confirmed the findings and said "I messed up the dates."
Class III

N277 LNS - Resident Care Standards

Based on observation, record review, and interview the facility failed to obtain a health care provider's order to provide Limited Nursing Services (LNS) to 1 of 5 sampled residents (#3.)
Findings:
During a tour of the facility, an concentrator was observed in the resident #3.
Review of her record revealed a health assessment 1823 form dated / / that listed diagnoses of and and a health care provider order dated for 2 liters by nasal cannula at bedtime. There was no health care provider order to provide LNS for the .
During an interview with her daughter on / at 10:47 AM, she said the facility staff helped resident #3 with her .
During an interview with the administrator on / at 1:50 PM, she said she and the live in caregiver placed the on resident #3 at bedtime. She said she believed the resident did not have to be admitted to LNS for assistance with .
Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Dr Phillips Assisted Living Facility, Inc
5412 Palm Lake Circle
Orlando, FL 32819

RE: Re-licensure w/LNS

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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com