RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Safe And Secure Respite Care
3091 Skyline Drive
Crestview, FL 32539

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2016 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965627	**11/09/2016**
NAME OF PROVIDER OR SUPPLIER **SAFE AND SECURE RESPITE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 SKYLINE DRIVE** **CRESTVIEW, FL 32539**	

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

0000 Initial Comments

Bienniel with LNS
An unannounced abbreviated biennial survey with Limited Nursing Services was conducted on 09, 2016 at Safe and Secure Respite Care (license #9977). Deficiencies were found at the time of the survey.

0052 Medication - Assistance with Self-Admin

Based on observation and staff interview, the facility failed to ensure that unlicensed staff follow the correct procedure in the assistance of self-administration of medication (treatment) in 1 of 2 observed residents (Resident #4). Photographic evidence obtained.

The findings include:

An observation of medication pass via treatment was conducted, with the Administrator, on / at approximately 9:28am. The Administrator was observed to remove the medications 15 mcg (micrograms) /2 ml (milliliters) use one vial in twice daily morning and night, and 0.5 mg (milligrams) /2 ml use one vial in twice daily from a locked medication closet. The administrator then removed the chamber from the mask, opened the vials of and and poured the medications into the chamber. She then attached the mask to the chamber, handed it to the resident, and she then turned on the machine. The resident did not participate until the mask was put on.

At approximately 1:49 pm on /, an interview was conducted with the Administrator, an unlicensed staff. When informed about the treatment that she had administered to Resident #4, she stated, " I thought I could do it. "

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER **SAFE AND SECURE RESPITE CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 SKYLINE DRIVE CRESTVIEW, FL 32539**	

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

Z814 Backaround Screenina Clearinahouse

Based on interview and record review, the facility failed to ensure that all employes were registered on the background screening clearinghouse roster for 1 of 6 staff reviewed, staff A.
Findings include:
An interview was conducted with the Administrator on / at 11:15 AM. She stated that she had a recent new hire, Certified Nurse Aide (CNA) A on . A review of the facility's roster from the Background Screening Clearinghouse was conducted. CNA A was not on the roster entered by the facility. An interview with the Administrator was conducted on / at 11:15 AM. The Administrator confirmed that the CNA A had a level 2 background screen completed on , but the employee was not listed on the roster within 10 days of hire as required. The Administrator then entered the employee on the roster.
Class III