RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Syerra's Angels Inc
8 Almond Pl
Ocala, FL 34472

RE: CCR #2016010452, 2016010997

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

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
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KJM/CB
Enclosure
XG90

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968839	**11/28/2016**
NAME OF PROVIDER OR SUPPLIER **SYERRA'S ANGELS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8 ALMOND PL OCALA, FL 34472**	

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

0000 - Initial Comments

A complaint investigation (CCR 2016010452 and CCR 2016010997), as well as bed increase survey, was conducted at Syerra's Angels Assisted Living Facility (License #12707) on /_____. Syerra's Angels Assisted Living Facility had deficiencies at the time of the investigation. It is recommended that the bed increase not be approved at this time.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on observation and interview, the facility failed to properly supervise 5 of 5 residents (Resident #1, #2, #4, #8 and #9) as all staff members were absent from the home at the start of the survey.

Findings:

The surveyor entered the facility (8 Almond Place, Ocala, FL) at 8:05 AM on / to conduct a complaint investigation. The door was answered by a Resident #4. Resident #4 stated the owner was next door (The Administrator operates an Adult Family Care Home (AFCH) next door at 10 Almond Place, Ocala, FL). Resident #4 left the home through the laundry went next door. Staff B came over to the facility at approximately 8:15 AM. She stated the Administrator had left the home for an errand. She stated there are 11 residents at the two houses. At approximately 8:20 AM, Staff A arrived with breakfast that had been prepared next door at the AFCH. At approximate 8:30 AM the Administrator arrived.

An interview was conducted with the Administrator on / at 9:00 AM. She confirmed there should be a staff member present at the Assisted Living Facility (ALF) at all times.

An interview was conducted with Staff B on /_____ at 2:24 PM. She stated there is supposed to be someone at the ALF and AFCH at all times, but this morning the owner left to take her child to school and the 8 AM employee was not in yet.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, interview and record review, the facility failed to follow universal precautions while working with and failed to have policy and procedures addressing control and universal precautions in the admission package for 1 of 5 residents (Resident #1).

Findings:

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On 11/28/2016 at 8:38 AM, Staff A was observed to approach Resident #1 with a glucometer, a device used to measure sugar. The staff member wiped the resident's finger with an swab, stuck the finger with the lancet and put the droplet onto the lancet that was in the glucometer. Staff A did not wear any gloves during this procedure.

An interview was conducted with the Administrator on / at 11:30 AM. She stated Staff A should have worn gloves when taking the sugar test for Resident #1.

An interview was conducted with Staff A on / at 1:00 PM. She stated she has received control training. She stated she should have worn gloves when she took the sugar test for Resident #1.

On /, a review of the facilities policies and procedures was conducted. There was no policy addressing control and universal precautions.

A interview was conducted with the Administrator on / at 4:00 PM. The Administrator confirmed there were no policies or procedures addressing control and universal precautions.

Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)

Based on observation, interview and record review, the facility failed to properly and accurately assist with self-administration of medications for 2 of 2 residents (Resident #1 and #2).

Findings:

1.) An observation of medication assistance provided by Staff B for Resident #1 was conducted on / at 9:42 AM. Resident #1 was not observed to received 400 mg capsule.

On //, a review of the Medication Administration Record (MAR) Resident #1 revealed 400 mg capsule, one capsule by mouth 3 x a day. The MAR did not have any initials indicating the medication was given.

An interview was conducted with Staff B on / at 11:15 AM. When asked if she gave the to Resident #1, she stated she was sure she did. When Staff B was shown the MAR showing there were no initials by the medication, she confirmed she did not sign the MAR. She

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confirmed she must not have given the medication.

An interview was conducted with Resident #1 on 11/28/2016 at 11:30 AM. She confirmed she did not receive the this morning.

2.) An observation of assistance with self-administration of medications provided by Staff B for Resident #1 was conducted on at 9:42 AM. Resident #1 was observed to take Zolpedem 2.5 mg tab.

On , a review of the Medication Administration Record (MAR) for Resident #1 revealed Zolpedem 2.5 mg was prescribed at "1 tab by mouth once a day." The MAR showed the medication was given every day in . A review of the controlled drugs count sheet revealed Resident #1 was admitted with 5-2.5 mg doses of Zolpedem on . The count sheet revealed one dose was given on and one dose given on . The count sheet further revealed there had not been a count of the medication since . The count sheet further revealed that there were 3 doses of medication before the Zolpedem was dispensed on which indicated a dose was given and not appropriately signed out on the count sheet.

On , a record review of the physician's orders dated for Resident #1 revealed Zolpedem 2.5 mg was discontinued on .

An interview was conducted with the ARNP for Resident #1 on at 11:15 AM revealed the Zolpedem was to be discontinued when the was filled. She stated taking the Zolpedem would not harm the patient.

3. An observation of assistance with self-administration of medications for Resident #2 was conducted on at 10:15 AM. Staff B was observed to take the medication pouch for 10 mg, read the label to the resident and start to take medication out. This writer asked Staff B to stop and re-read the label. Staff B re-read the label, it read "Take one-half tab by mouth twice a day PRN (as needed) for ." Staff B then asked Resident #2 if she had a and Resident #2 replied, "I don't think so."

On 11/ , a record review of the MAR for 2016 for Resident #2 showed a dose of was given every morning each day of 2016, except today, . The second page of the MAR which is used to document medication administration notes was blank, showing no reason why the PRN medication was given every day.

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An interview was conducted with Staff B on 11/28/2016 at 10:30 AM. Staff B stated that she gives the because Resident #2 usually has a . When asked if Resident #2 asks for the medication, Staff B stated, "no."

An interview was conducted with the Practice Manager for Resident #2's physician on at 9:30 AM. He stated the physician said there is no harm to Resident #2 for taking the medication every morning. He stated the facility has not contacted the office regarding the medication error. He further stated the physician will review the medications and prescribe an alternate medication that is not a PRN.

Class III

0081 - Training - Staff In-Service - 58A-5.0191(2) FAC

Based on record review and interview, the facility failed to provide in-service training for 2 of 2 facility staff (Staff A and B).

Findings:

1.) On //, a record review of the personnel file for Staff A revealed no documentation of the following required inservice training: Activities of Daily Living and Behavioral Needs Training, Elopement Response Training, Emergency Preparedness and Evacuation Training and Incident Report Training.

An interview was conducted with the Administrator on // at 11:30 AM. She stated Staff A has not finished her training. She confirmed Staff A does not have the following required training: Activities of Daily Living and Behavioral Needs Training, Elopement Response Training, Emergency Preparedness and Evacuation Training and Incident Report Training.

2.) On //, a record review of the personnel file for Staff B revealed no documentation of the following required inservice training: Control Training, Activities of Daily Living and Behavioral Needs Training, and Elopement Response Training.

An interview was conducted with the Administrator on // at 4:30 PM. She confirmed Staff B does not have the following required training: Control Training, Activities of Daily Living and

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Behavioral Needs Training, and Elopement Response Training.

Class III

0090 - Training - - 58A-5.0191(11) FAC

Based on record review and interview, the facility failed to provide ( ) Policy and Procedure training to 1 of 2 staff members reviewed (Staff A).

Findings:

On / , a record review of the personnel record for Staff A revealed there was no evidence of the required training in the facility's Policies and Procedures.

An interview was conducted with the Administrator on / at 11:30 AM. She stated Staff A has not finished her training. She confirmed Staff A does not have Policy and Procedure training.

Class III

0165 - Risk Mgmt & QA; Adverse Incident Report - 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to follow the reporting requirements following an adverse incident in 1 of 1 residents reviewed (Resident #3).

Findings:

On / , a record review of the incident reports for the facility revealed there was no adverse incident report filed for Resident #3 when the resident was sent to the hospital via Emergency Management System on / .

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An interview was conducted with the Administrator on 11/28/2015 at 12:52 PM. She stated an adverse incident, 1 day or 15 day, was not completed or filed with the Agency for Healthcare Administration.

Class III