STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910165	12/22/2016
NAME OF PROVIDER OR SUPPLIER **DUEY'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **6285 71ST STREET, N.** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey was conducted on . Duey's Place, Assisted Living Facility, (License #7122), had deficiencies at the time of this visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on observation, record review and interview, the facility failed to ensure that a completed medical examination report was submitted to the facility owner or administrator to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility for 3 of 3 resident records reviewed in facility with 6 total residents.

Findings included:

Surveyor randomly selected 3 Resident Records for review on beginning at 12:15pm., (Resident #5, 4, and 3). Three of 3 records reviewed contained incomplete Resident Health Assessments (AHCA Form 1823) as follows:
Resident #5 ' s record contained an undated Form 1823, examiner name not provided, not signed by medical practitioner, no examiner ' s license number, no address, no phone number, examiner title, or date of examination. As stated on the Form 1823, the Medical Certification is incomplete without the information as listed.
Resident #5 ' s Form 1823 indicated resident needs help with taking medications, but whether resident needs assistance with self-administration of medications or medication administration is not specified. Per review of , 2016, Medication Observation Record and staff interview on , Resident #5 receives assistance with self-administration of medications.
Resident #4 ' s Form 1823 dated / did not indicate if resident requires 24-hour nursing or care, and there is no response to " In your professional opinion, can this individual ' s needs be met in an assisted living facility, which is not a medical, nursing, or facility? "
Resident #4 ' s Form 1823 indicated resident needs medication administration Per review of , 2016, Medication Observation Record and staff interview on , Resident #4 receives assistance with self-administration of medications.
Resident #3's Form 1823 dated / did not indicate if resident has any , 3, or 4 pressure sores; no response to "In your professional opinion, can this individual ' s needs be met in an assisted living facility, which is not a medical, nursing, or facility? " and did not indicate if resident needs help with taking medications (and, if so, whether resident needs assistance with self-administration of medications or medication administration). Per review of , 2016,

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Medication Observation Record and staff interview on , Resident #3 receives assistance with self-administration of medications.
Per interview conducted with the Administrator on at 1:30pm, the Administrator acknowledged that the AHCA Form 1823s are missing the required documentation and stated she will get them completed.

Class III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review, and staff interview, the facility failed to ensure correct and complete daily maintenance of a Medication Observation Record (MOR) for each resident (3 of 6 in facility with 6 residents) who receives assistance with self-administration of medications. The facility failed to record each time medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors, and immediately update each time medication is offered or provided.

Findings included:

Per Surveyor observation of Staff B provision of resident medications on beginning at 10:30am and review of Medication Observation Records (MORs), 3 of 6 resident MORs contained errors and omissions as follows:
On at 10:30am, Resident #1 ' s medications scheduled to be provided at 8:00am were not initialed as having been provided: , Lisiniprol, , and Tamulosin. Staff B stated he already gave Resident #1 his 8am meds. Further review of Resident #1 ' s MOR for the month of , 2016, revealed the following:
Resident #1 was prescribed with instructions to " take 2 tabs by mouth daily (8am) " - not initialed as provided on through &
Resident #1 was prescribed with instructions to " take 1 &1/2 tabs by mouth every morning (8am) " - not initialed as provided on through &
Resident #1 was prescribed with instructions to " take 1 tab by mouth every day (8am) " - not initialed as provided on through &
Resident #1 was prescribed with instructions to " take 1 tab by mouth every day (8am) " - not initialed as provided on through &
Resident #1 was prescribed with instructions to " take 1 cap by mouth 3 times daily (8am, 12pm, & 5pm) " - not initialed as provided at 8am on through & ; not initialed as provided at 12pm on through & ; not initialed as provided at 5pm on through & .

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SUMMARY STATEMENT OF DEFICIENCIES
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Resident #1 was prescribed Dicoxin with instructions to " take 1 tab by mouth daily (12pm) " - not initialed as provided on [redacted] through [redacted] & [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 1 tab by mouth daily (8am) " - not initialed as provided on [redacted] through [redacted] & [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 1 tab by mouth daily (8am) " - not initialed as provided on [redacted] through [redacted] & [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 2 tabs by mouth every morning and in the evening " - listed on MOR to be provided daily at 9pm only - initialed as provided at 9pm on 12/1 through [redacted]; not initialed as provided at 9pm [redacted] through [redacted] & [redacted]; no incication of morning provision as prescribed.
Resident #1 was prescribed [redacted] with instructions to " take 1/2 tab by mouth 4 times a day (8am, 12pm, 5pm, & 9pm) " - not initialed as provided at 8am on [redacted] through [redacted] & [redacted]; not initialed as provided at 12pm on [redacted] through [redacted]; not initialed as provided at 5pm on [redacted] through [redacted]; not initialed as provided at 9pm on [redacted] through [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 1 tab by mouth twice daily with meals (8am & 5pm) " - not initialed as provided at 8am on [redacted] through [redacted] & [redacted]; not initialed as provided at 5pm on [redacted] through [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 1 cap by mouth two times a day (8am & 5pm) " - not initialed as provided at 8am on [redacted] through [redacted] & [redacted]; not initialed as provided at 5pm on [redacted] through [redacted] & [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 1 tab by mouth daily (8am) " - not initialed as provided on [redacted] through [redacted] & [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 1 tab by mouth at bedtime (9pm) " - not initialed as provided on [redacted] through [redacted] and [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 1/2 tab by mouth daily at bedtime (9pm) " - not initialed as provided on [redacted] through [redacted] and [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 1 cap by mouth daily at bedtime (9pm) " - not initialed as provided on [redacted] through [redacted] and [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 1 tab by mouth every day (8am) " - not initialed as provided on [redacted] through [redacted] & [redacted].
Resident #1 was prescribed [redacted] with instructions to " take 1 tab by mouth at bedtime (9pm) " - not initialed as provided on [redacted] through [redacted] and [redacted].
Resident #1 was prescribed Tamulosin with instructions to " take 1 cap by mouth twice a day (8am & 5pm) " - not initialed as provided at 8am on [redacted] through [redacted] & [redacted]; not initialed as provided at 5pm on [redacted] through [redacted] & [redacted].
Reverse pages of Resident #1 ' s MORs were observed completely blank - there was no listing of meds not provided, no times, reasons, or results. Per [redacted] interviews, both the Administrator and Staff B

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stated the resident was in the facility during the times indicated and received medications as prescribed.
On at 10:35am, Resident #6 ' s medication ( ) scheduled to be provided at 8:00am was not initialed as having been provided. Staff B stated he already gave Resident #6 her 8am med.
Further review of Resident #6 ' s MOR for the month of , 2016, revealed the following:
Resident #6 ' s medication scheduled to be provided at 8:00pm on was observed initialed on at 10:35am as having been provided at 8:00pm on .
Resident #6 was prescribed with instructions to " take 1 tab by mouth every day (8am) " - not initialed as provided on at 8am as of 10:35am observation & review.
Resident #6 was prescribed with instructions to " take 1 tab by mouth at bedtime (8pm) " - Per 10:35am observation on , scheduled to be provided at 8pm on was initialed by 10:35am as provided at 8pm.
Resident #6 was prescribed with instructions to " take 1 tab by mouth daily at bedtime " - listed on MOR to be provided daily at 8am and initialed as provided at 8am on all days from 12/1 through as of 10:35am observation on .
Review of Resident #5 ' s MOR for the month of , 2016, revealed the following:
Resident #5 was prescribed with instructions to " take 1 tab by mouth two times daily (8am & 8pm) " - not initialed as provided at 8am on as of 10:40am observation on ; not initialed as provided at 8pm on & .
Resident #5 was prescribed Sol with instructions to apply once a day as directed (8am) - initialed as provided at 8am on 12/1 through ; not initialed as provided on through as of 10:40am observation on .
Per observation of Resident #5 ' s , 2016, MOR, is listed as a medication with instructions written to " take 2 tabs po now, then 1 tab po every " (not complete). Per review of the prescription label, the was prescribed on with instructions to " take 2 tablets by mouth now, then 1 tablet by mouth every 6 hours " (quantity: 30; no refills). Times for medication provision are listed on the MOR as 6am, 12pm, 6pm, & 12am. The medication was initialed as provided on at 12pm, 6pm, & 12am and & at 6am, 12pm, 6pm, & 12am as prescribed. The medication was initialed as provided on at 6am only, not also provided at 12pm, 6pm, & 12am as prescribed. The medication was initialed as provided 3 times on at 6am. 12pm, & 6pm or 12am (time not clear), again not provided as prescribed. The medication was initialed as provided on at 6am only, not also provided at 12pm, 6pm, & 12am as prescribed. As of 10:40am observation on , the medication was initialed as provided on at 6am. There was no indication that the facility provided this medication consistently as prescribed.
On at 10:55am Staff B stated he mostly does meds and does all the signing for meds. Staff B stated that he did meds last Saturday ( ). Surveyor had been told by the Administrator that Relief Staff C worked because Administrator & Staff B were away from the facility. Surveyor asked Staff B how he did meds if he wasn ' t there -- Staff B confirmed he wasn ' t there and Relief Staff

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C did the meds, stating Staff C " is just here once in a while. " The Administrator stated Relief Staff C does meds when she ' s not there, " but relief is rarely here. " The Administrator stated that 8:00am meds were already given Saturday (/ /), and Relief Staff C provided noon & bedtime meds. Surveyor observed no Staff C initials/signatures on the MORs.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure that 1 of 3 staff in a facility with 6 residents has had testing within 30 days after beginning employment and that 1 of 3 newly hired staff submit within 30 days of hire a statement from a health care provider, based on an examination conducted within the previous six months, that the person does not have any signs or symptoms of a communicable including .

Findings included:

Per employee record reviews and interviews conducted at the facility on beginning at 9:30am, Staff C was hired on / / as a Relief Resident Aide/Med Tech. The Administrator stated that Staff C works once a month at the facility while the Administrator and Staff B are away from the facility.
Staff C's employee record contained a statement of freedom from communicable dated / .
There was no evidence in Staff C ' s employee record of any testing.
Per interview with the Administrator on at 1:30pm, the Administrator acknowledged that Staff C's file did not contain required items and stated that Staff C would have everything at other current employment.

Class III

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

Based on record review and interview, the facility failed to ensure that 1 of 3 staff providing residents direct personal care services in a facility with 6 residents has had in-service trainings required within 30 days after beginning employment.

Findings included:

Per employee record reviews and interviews conducted at the facility on beginning at 9:30am, Staff C was hired on / / as a Relief Resident Aide/Med Tech. The Administrator stated that Staff C works once a month at the facility while the Administrator and Staff B are away from the facility and most

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recently worked / / .
Staff C ' s employee record contained a Home Health Aide letter of completion issued / . There were no certificates documenting training in: Activities of Daily Living & Behavioral Needs; Reporting major & adverse incidents; Emergency Preparedness & Evacuation training; Elopement Response; Resident Rights in an Assisted Living Facility; Recognizing and reporting Resident , neglect, and ; and Nutrition & Safe Food Handling. Per interview with the Administrator on at 1:30pm, the Administrator acknowledged that Staff C ' s file did not contain required items and stated that Staff C would have everything because of other current employment.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC

Based on record review and interview, the facility failed to ensure that 1 of 3 staff who provide assistance with self-administration of medications in a facility with 6 residents has successfully completed the initial 4-hour training on providing assistance with self-administration of medications and safe medication practices in an assisted living facility.

Findings included:

Surveyor conducted a review of employee files at the facility on beginning at 9:30am.
Surveyor review of the personnel record for Staff C (hired / /) revealed a training certificate for 2 hours of medication training completed / / ; there was no evidence of completion of 4 hours of initial medication training.
On at 10:35am, the Administrator stated Relief Staff C does meds when she's not there. Both the Administrator and Staff B confirmed at 10:55am that Staff C worked because the Administrator & Staff B were away from the facility. The Administrator stated that 8:00a.m. meds had already been given on / / and Staff C provided residents with noon & bedtime medications.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

Administrator
Duey's Place
6285 71st Street, N.
Pinellas Park, FL 33781

Dear Administrator:

This letter reports the findings of a biennial 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 , 2017.** 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

PRC/kpr
Enclosure: State Form 5000-3547

XG90

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