RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2017

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2017.**

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. Should you have any questions please call this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

TDC:clr
Enclosure

BBT7

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966350	R 12/29/2016

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)

0000 - Initial Comments

A follow-up visit to a biennieal relicenseure survey with Limited Nursing Services was conducted on 12/29/2016 at Dr. Phillips Assisted Living Facility, Inc (license #10574). Deficient practice was identified at the time of the survey.

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

REMAINS UNCORRECTED
Based on review of the MOR and interview, the facility allowed unlicensed caregivers to administer medication through a for 1 of 1 sampled resident (#3).
Findings:
Observation of the MOR for resident #3 revealed an order dated / / by Dr. Hermant Painter for 0.083% 2.5ml, 3ml vial PRN via for . The MOR was initialed by Staff A, an unlicensed caregiver, on the following dates in 2016: 1, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 19. 20, 21, 22, 23, 26, 27, 28.
In an interview with Staff A at 7:00 AM on / , she stated she gave the treatments to Resident #3 when she was working.
In an interview with the administrator on / at 8:30 AM, she stated that she gave the treatments. When shown the MOR for 2016, she confirmed that Staff A had signed the MOR on the dates listed above. She confirmed that Staff A does give the treatments when she works. The administrator stated that she did not know unlicensed staff were not allowed to give treatments.
Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

REMAINS UNCORRECTED
Based on observation and interview, the facility failed to secure all centrally stored medications.
Findings:
Observation on / at 8:00 AM found a small, clear plastic, zippered pouch with a small lock on it containing 2 medications, in the unlocked kitchen refrigerator. One was a nasal spray labeled for Resident #4. The other was an over the counter vial of eye drops with no resident name or provider directions on it.
In an interview with the administrator on at 8:30 AM, she confirmed the refrigerator was unlocked. She confirmed there was no name on the eye drops and said she did not have an order for the eye drops. They belong to resident #2 and the family brought them for her. The administrator stated, "It's not a , so I thought it was ok to have in the refrigerator."
Class III

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	AL11966350	R 12/29/2016

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)

0057 - Medication - Over The Counter (OTC) Products - 58A-5.0185(8) FAC

REMAINS UNCORRECTED
Based on observation and interview, the facility failed to properly label Over the Counter (OTC) medications for 4 of 5 sampled residents (#1, #2, #3 & #4) who received assistance with self-administration of medications.
Findings:
A review of the facility's medication cart revealed several bottles of OTC medications, none of which had labels with resident names or provider instructions for taking the medications. There were bottles of , 325mg, and 81mg. None were expired.
On at 8:45 AM, the administrator stated that they belonged to residents #1, #2, #3 and #4. She confirmed that none of the bottles had resident name labels or the health care provider's directions for use. She said, "ok I was going to get that done at Walgreens next year."
Class III

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

REMAINS UNCORRECTED
Based on personnel record review and interview, the facility failed to ensure that 1 of 1 sampled unlicensed staff (A), who provided assistance with self-administration of medications, had received the required 2-hour annual training update.
Findings:
Review of the personnel record for Staff A revealed a certificate for a 2-hour update on / / . There was no documentation that she had received the annual training in 2016.
In an interview with the administrator at 8:30 AM on , she said, "ok, I guess I will give her another training this month. "

Class III

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11966350 Y1	A. Building B. Wing Y2	Y3

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

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0008	Correction	ID Prefix A0054	Correction	ID Prefix A0056	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 58A-5.0185(5) FAC	Completed	Reg. # 58A-5.0185(7) FAC	Completed
LSC		LSC		LSC	
ID Prefix A0093	Correction	ID Prefix AN277	Correction	ID Prefix	Correction
Reg. # 58A-5.020(2) FAC	Completed	Reg. # 58A-5.031(2) FAC	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE 11/4/16	SIGNATURE OF SURVEYOR	DATE
	Lbw for K. Duncan			
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 11/4/2016		☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO		