STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966524	12/06/2016
NAME OF PROVIDER OR SUPPLIER **PROVISION LIVING AT PANAMA CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6012 MAGNOLIA BEACH ROAD** **PANAMA CITY, FL 32408**	

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

0000 - Initial Comments

Licensure

An unannounced Biennial re-licensure was conducted at Provision Living At Panama City Assisted Living Facility (license number 10754) on 12/5-6, 2016. At the time of survey there were deficiencies identified.

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

Based on observation, record review and staff interview the facility failed to ensure that 1 of 4 residents (#15) Medication Observation Record (MOR) was accurate and up-to-date.

The Findings:

On a medication observation was observed with employee F/Licensed Practical Nurse (LPN). The medication pass was without error. A record review was conducted of resident #15 MOR which revealed multiple medications noted for and 6th that did not have signatures. An interview was conducted with employee F who confirmed that he did not sign off on medications administered and the previous nurses did not sign off on medications given. Employee F reported that he could not verify that the medications were given and reported that the procedure was that the MOR must be signed at time medications are given.

On at approximately 1:04pm, an Interview was conducted with the Director of Nursing, who confirmed that there are issues with documentation.
Class III

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

Based on observation of medication cart and staff interview the facility failed to dispose of expired medications for 1 of 4 residents (#1).

The Findings:

On an observation was conducted of the medication cart for to find:
1. Resident #1 has expired medications: 0.25mg expired on / and 20mg tab expired on /.

On at approximately1:04pm, an Interview was conducted with the Director of Nursing who reported that the nurses were responsible weekly to inspect the medication carts. The DON reported the

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966524	12/06/2016
NAME OF PROVIDER OR SUPPLIER **PROVISION LIVING AT PANAMA CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6012 MAGNOLIA BEACH ROAD** **PANAMA CITY, FL 32408**	

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

cart was last checked in .

Class III

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

Based on record review and staff interview the facility failed to provide 3 of 3 sampled employee's (A,B,C) communicable statement and 2 of 3 sampled employee's (B,C) on annual basis

The findings:

A record review was conducted of (3) employee's personnel records to find the following:
1. Employee A, B, and C files revealed no written statement from a health care provider documenting the employees do not have any signs or symptoms of communicable .
2. Employee B last chest X-ray was conducted and no documentation of evidence of a negative on an annual basis.
3. Employee C had no documentation of test.

On at approximately 2:00pm, an interview was conducted with the Executive Director and Director of nursing who confirmed the missing documentation's in employee A, B and C personnel files for the above communicable statements and test.

Class III

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

Based on record review and staff interview the facility failed to ensure training's within 30 days of employment for 2 of 3 sampled employees (A, C).

The findings:

A record review was conducted of (3) employee's personnel files in regard to training's within 30 days of employment to find no documentation for employee A and C:
1. Employee A and C had no documentation or certificate for control
2. Employee A and C had no documentation or certificate for Activities for Daily Living
3. Employee A and C had no documentation or certificate for Emergency preparedness and evacuation
4. Employee A and C had no documentation or certificate for Incident reporting

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966524	**12/06/2016**
NAME OF PROVIDER OR SUPPLIER **PROVISION LIVING AT PANAMA CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6012 MAGNOLIA BEACH ROAD PANAMA CITY, FL 32408**	

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

5. Employee C had no documentation or certificate for safe food handling

On 12/6/16 at approximately 2:00pm, an interview was conducted the Executive Director and Director of nursing who confirmed the missing trainings in employee personnel files.

Class III

0082 - Training - / - 58A-5.0191(3) FAC

Based on record review and staff interview the facility failed to ensure that 1 of 3 sampled employees (C) completed a one-time education course on ( ) within 30 days of employment.

The Findings:

A record review was conducted of employee C personnel file in regard to the completed one-time education course on within 30 days and there was no documentation or certificate that employee C had received the training.

On at approximately 2:00pm, an interview was conducted with the Executive Director and Director of nursing who confirmed the missing documentation.

Class III

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

Based on record review and staff interview the facility failed to ensure training's within 30 days of employment for 2 of 3 sampled employees (A, C) in regards to the ( ) policy and procedure.

The findings:

A record review was conducted of employees A and C personnel files in regard to training's within 30 days of employment for Policy and Procedure:

1. Employee A and C had no documentation or certificate for policy and procedure

On at approximately 2:00pm, an interview was conducted the Executive Director and Director of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966524	12/06/2016
NAME OF PROVIDER OR SUPPLIER **PROVISION LIVING AT PANAMA CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6012 MAGNOLIA BEACH ROAD** **PANAMA CITY, FL 32408**	

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

nursing who confirmed the missing trainings.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review of medication observation record, weight log and staff interview the facility failed to ensure weights twice a month for 1 of 10 sampled residents (#10).

The Findings:

A record review was conducted of resident #10's medication administration record (MAR) which indicated weights twice monthly (1st and 15th).
A record review was conducted of the weight log:
1. 1st weight 119.6 and no weight for the 15th.
2. 1st 119.6 and 15th no weight.
On at approximately11:26am, an interview was with conducted with the Director of Nursing (DON) who reviewed resident medical chart to find no recorded weights for and 15th. The DON confirmed per the MAR resident suppose to be receiving weights on the 1st and 15th of each month.
On at approximately 12:12pm, an interview was conducted with employee G/ LPN in memory care who confirmed and reported that resident #10 was to be weighed on the 1st and15th of each month to ensure no weight loss.

Class III

Z816 - Background Screening-Compliance Attestation - 408.809(2)(a-c) FS

Based on record review and staff interview the facility failed to ensure that 3 of 3 sampled employee's record (A, B, C) contained a signed and dated Affidavit of Compliance with Background Screening Requirements (AHCA form 3100-0008) or a similar document attesting under penalty of perjury that they are in compliance with Chapter 435, F. S.

The Findings:

A record review was conducted of (3) employee's personnel files which revealed no signed Affidavit of Compliance with background screening requirements.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966524	**12/06/2016**
NAME OF PROVIDER OR SUPPLIER **PROVISION LIVING AT PANAMA CITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **6012 MAGNOLIA BEACH ROAD** **PANAMA CITY, FL 32408**	

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

On 12/6/16 at approximately 2:00pm, an interview was conducted with the Executive Director and Director of Nursing who verified that the (3) employee's files did not have the signed Affidavit of Compliance with background screening requirements.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Provision Living At Panama City
6012 Magnolia Beach Road
Panama City, FL 32408

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 , 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 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

Facebook.com/ACHAFlorida
.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida