STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966836	12/29/2016
NAME OF PROVIDER OR SUPPLIER **CASSIE'S CASTLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 NATCHEZ TRACE AVENUE** **ROYAL PALM BEACH, FL 33411**	

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

0000 - Initial Comments

An unannounced Abbreviated Relicensure survey was conducted on 29, 2016 at Cassie's Castle (License #10948). The facility had deficiencies identified at the time of the survey.

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

Based on record review and an interview, the facility failed to ensure the Medication Observation Record (MOR) was accurate and up-to-date for 5 out of 5 sampled residents (Resident #1, #2, #3, #5 and #6).

The findings included:

1) On at 9:25 AM, Staff A was observed assisting Resident #3 with self-administration of medications. Review of the 2016 MOR revealed the resident's morning medications were to be given at 8:00 AM. The following medications were provided:

a. .4 mg
b. 20 mg
c. .5 mg
d. DR 20 mg, 2 capsules
e. 10 MEQ
f. .....
g. B-1 100 mg
h. -Benaz mg
i. 10 mg
j. Tablet
k. .40 mg

2) On at 9:35 AM, Staff A was observed assisting Resident #5 with self-administration of medications. Review of the 2016 MOR revealed the resident's morning medications were to be given at 8:00 AM. The following medications were provided:

a. 90 mg
b. 20 mg
c. 40 mg
d. MN ER 30 mg
e. Metroprolol 50 mg
f. .....

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g. DR 40 mg

3) On 12/29/16 at 9:45 AM, Staff A was observed assisting Resident #6 with self-administration of medications. Review of the 2016 MOR revealed the resident's morning medications were to be given at 8:00 AM. The following medications were provided:

a. 81 mg
b. 50 mg

4) On at 9:55 AM, Staff A was observed assisting Resident #2 with self-administration of medications. Review of the 2016 MOR revealed the resident's morning medications were to be given at 8:00 AM. The following medications were provided:

a. 81 mg
b. DR 125 mg
c. 100 mg
d. 25 mg
e. 500 mg
f. 50 mg
g. 10 mg
h. 10 MEQ
i. 1.5 mg
j. 25 mg
k. ER 4 mg
l. 1000 mg

5) On at 10:00 AM, Staff A was observed assisting Resident #1 with self-administration of medications. Review of the 2016 MOR revealed the resident's morning medications were to be given at 8:00 AM. The following medications were provided:

a. 81 mg
b. 75 mg
c. 10 mg
d. 25 mg
e. ER 60 mg
f. DR 40 mg
g. 150 mg

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NAME OF PROVIDER OR SUPPLIER **CASSIE'S CASTLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 NATCHEZ TRACE AVENUE** **ROYAL PALM BEACH, FL 33411**	

SUMMARY STATEMENT OF DEFICIENCIES
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h. 160 mg

During interview with Staff A at 10:15 AM on 12/29/16, she confirmed that the documented time on the MOR for the medication to be given should be 9:00 AM as the residents were provided their medication after eating breakfast.

Class III

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

Based on record review and an interview, the facility failed to ensure that 1 out of 2 sampled staff (Staff B) had freedom from ( ) documented by a health care provider on an annual basis.

The findings included:

The personnel file for Staff B was reviewed for freedom from ( ) documented by a health care provider on an annual basis. There was no documentation of this dated within the previous year for this staff member.

a) Staff B (hired)-last documented freedom from was dated / /

The Supervisor/Staff D was interviewed at 11:15 AM on and confirmed that the documentation was not present and available for review. No additional documentation from a health care provider to show Staff B was free from signs and symptoms of dated within the previous year was presented at this time.

Class III

0083 - Training - First Aid and - 58A-5.0191(4) FAC

Based on record review and an interview, the facility failed to ensure a staff member who has completed a course in First Aid and holds a currently valid card documenting completion of such courses was in the facility at all times (1 out of 1 sampled staff/Staff B).

The findings included:

Review of the personnel file for Staff B who works a 24 hour shift on various days revealed no current training with a valid card in First Aid.

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SUMMARY STATEMENT OF DEFICIENCIES
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The Supervisor (Staff D) was interviewed at 11:30 AM on 12/29/16 and ackowledged that the documentation was not present and available for review for this staff member. He acknowledged that Staff B worked alone with residents during 24 hour shifts at times. No additional documentation of the required training was presented at this time.

Class III

0091 - Training - Documentation & Monitoring - 58A-5.0191(12) FAC

Based on record review and an interview, the facility failed to ensure the training certificates were completed, for 1 out of 2 sampled staff (Staff A).

The findings included:

On at 11:00 AM, the personnel file for Staff A was reviewed. Staff A had certificates of training that were missing. Staff A stated during interview at this time that she had attended the orientation training that included the following subjects:

Staff A (date of hire /)
a) ( ) Policy and Procedures (1 hour)
b) Elopement Policy and Procedures
d) Emergency Procedures and Incident Reporting (1 hour)
e) /Neglect/ (part of 1 hour)

The file was reviewed with Staff D (Supervisor) and during interview at 11:15 AM, he acknowledged the certificates of training were missing.

Class

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Cassie's Castle
208 Natchez Trace Avenue
Royal Palm Beach, FL 33411

RE: Relicensure survey

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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