STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910382	01/24/2017
NAME OF PROVIDER OR SUPPLIER **ATRIA MERIDIAN**	STREET ADDRESS, CITY, STATE, ZIP CODE **3061 DONNELLY DRIVE** **LANTANA, FL 33462**	

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

0000 - Initial Comments

A Relicensure survey was conducted on1/23/17 and 1/24/17 at Atria Meridian, License #4898. The facility had deficiencies identified at the time of the visit.

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

Based on observation and interviews, it was determined the facility failed to ensure that each staff member that provides assistance with the self administration of medications did so in accordance with procedures described in Section 429.256, F.S. and this rule 58A-5.0191, F.A.C., for 4 of 8 residents observed during the medication pass (Residents #8, #9, #10, and #11).

The Findings included:

During medication observation conducted with Staff H, on / beginning at approximately 8:40 AM, she was observed to provide assistance with oral medications to Resident #8; Resident #9; and Resident #10. Staff H was observed to provide assistance with oral medication; eye drops; and a patch for Resident #11. Staff H did not read the label of any of these medications to any of these residents during these observations, nor did she inform these 4 residents of the medications they were receiving.

During interview with Staff H, conducted on / beginning at approximately 9:30 AM, she was asked why she did not read the medication label to each resident or inform each resident of the medications for which she was providing assistance. She replied that she thought she only had to inform the resident of their medications if they asked what they were taking.

During interview conducted with the ED (Executive Director), on / beginning at approximately 12:05 PM, she was asked if the expectation of the staff that provide assistance with medications is to read the medication label to each resident. She replied the expectation is to inform each resident of the medications they are being provided assistance with.

Class III

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

Based on observation, interview and record review it was determined the facility failed to ensure that each unlicensed staff that provides assistance with the self administration of medications had received a minimum of 2 hours of continuing education training on providing assistance with self administered medications and safe medication practices in an assisted living facility, for 1 of 3 sampled staff (Staff A).

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The Findings included:

During interview and observation of Staff A providing assistance with the self administration of medications, conducted on 01/23/2017 beginning at approximately 9:26 AM, she was observed to provide assistance with medications to the residents of the 2nd and 3rd floor of this facility. During interview with Staff A, conducted on / beginning at approximately 10:05 AM, she was asked how long she has provided assistance with the self administration of medications for the residents of this facility. She replied it has been 4 years going on 5 years in 2017.

During interview and personnel record review conducted with the BOM (Business Office Manager) and the (Resident Services Director), conducted on / beginning at approximately 12:25 PM; they were provided the opportunity to locate the required 2 hour annual medication training for Staff A (with a date of hire noted as) for 2014 and 2015. Staff A's initial 4 hour medication training, dated , was located and her 2 hour update dated was located. However, the required annual 2 hour medication training for 2014 and 2015 was not located in Staff A's personnel record. The BOM and the acknowledged these trainings were not on file for Staff A at the time of this review.

Class III

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on employee record review and staff interview, the facility failed to ensure the Food Designee completed the Food and Nutrition Training Course before assuming responsibility for the facility's food service.

The findings include:

During review of the Food Designee's employee file, it was discovered the Director of Culinary Services, who was appointed Food Designee, was hired on . At the time of accepting the responsibility of Food Designee, this individual had not completed an approved assisted living facility CORE training course; therefore the Food Designee was required to have completed the Food and Nutrition Training course.

On / at 10:50 AM, The DCS stated she had recently transferred from another Atria-owned facility located in California. She had completed the Food Safety Manager Course through ServSafe and she thought this was sufficient training to meet the regulatory food and nutrition requirement. She confirmed

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she was scheduled to complete the Food & Nutrition Training in the near future, but had not completed the Food & Nutrition course prior to date of hire.

On / at 1:45 PM, the Executive Director acknowledged the need for the Food Designee to have completed the Food & Nutrition Training course prior to assuming the DCS/ Food Designee position.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
Atria Meridian
3061 Donnelly Drive
Lantana, FL 33462

RE: CHOW (Change of Ownership) survey

Dear Administrator:

This letter reports the findings of a state CHOW licensure survey that was conducted on 23-24, 2017 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State (5000-3547) form
XG90

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