

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967919	(X3) DATE SURVEY COMPLETED 03/09/2017
NAME OF PROVIDER OR SUPPLIER AMBITIOUS QUALITY-CARE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3939 COUNTRY PL WINTER HAVEN, FL 33880	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility On , an abbreviated biennial relicensure with limited mental health services (LMH) survey was conducted at Ambitious Quality Care Assisted Living (Lic. #11988). Deficient practice was identified during the survey. 0051 - Medication - Pill Organizers - 58A-5.0185(2) FAC Based on observation, interview and record review, the facility was inappropriately utilizing pill organizers with respect to two of two residents for whom a medication pass was observed (#5; #6). Findings included: At 3:15pm on , Staff E was observed retrieving a pill organizer for Resident #5. She looked to see if the resident's afternoon medication was in the proper compartment, and then brought the container to the resident and emptied it directly into the resident's hand. The staff person did the same thing with Resident #6: this time, the resident had three (3) different drugs that were in the afternoon pill organizer. Again, the employee emptied the pillbox into the resident's hand. Interview with the administrator earlier at 1:25pm on indicated that "she employed a nurse to manage all the residents' pill boxes and that she had this nurse train her staff re: assisting residents with their medication self-administration utilizing this medication organizer. Upon further inquiry, the administrator a) did not have the nurse set up their medications in order for the residents to take the drugs while away from the facility and b) none of the residents were independent with medication self-administration--two primary reasons a pill organizer would be allowed. Class III 0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3) Based on interview and observation, the facility did not adhere to all procedures described in Section 429.256, F.S. regarding assisting residents with medication self-administration with respect to two of two		

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967919	(X3) DATE SURVEY COMPLETED 03/09/2017
NAME OF PROVIDER OR SUPPLIER AMBITIOUS QUALITY-CARE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3939 COUNTRY PL WINTER HAVEN, FL 33880	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
residents (#5; 6) for whom a medication pass was observed. Findings included: From between approximately 3:20pm to 3:45pm on _____, Staff E was observed providing assistance with medication self-administration to Residents #5 and #6. With respect to Resident #5, she provided the resident with _____ 300mg, 1 tab 3x/day. The employee told the resident "you have one med!" and neither read the label nor told the resident what the medication was--either before placing it into the resident's hands, while it was being consumed, or after it was swallowed. Regarding Resident #6, the staff person stated "these are your noon pills!" Again, the employee didn't read the labels or tell the resident what the medications were (3 of them). Interview with the administrator at 9:15am on _____ provided no clarification. Class III 0079 - Staffing Standards - Levels - 58A-5.019(3) FAC Based on interview, observation and record review, the facility did not maintain a sufficient number of staff hours per week to meet the minimum needs of its current census. Findings included: Interview with both the designee at 9:30am and the administrator at 10:40am on _____, indicated that the current census was six (6). This was further verified by direct observation of the residents throughout the survey, and completed at 3:20pm on _____ when last two (2) residents returned from an outing. Review of the facility's _____ 2017 staffing schedule revealed that the week of 3/5-_____ had a total of 179 hrs. worked/scheduled. However, this _____ short of the minimum requirement of 212 hrs./wk. with a census of 6 or more residents. Class III		