STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965079	03/16/2017
NAME OF PROVIDER OR SUPPLIER **LINDSAY'S ALTERNATIVE CARE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5783 NW 48TH DRIVE** **CORAL SPRINGS, FL 33067**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on at - Lindsay's Alternative Care Assisted Living Facility. The facility had deficiencies at the time of the visit.

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on interview and record review, it was determined that the facility failed to ensure that all residents admitted to the facility were examined by a licensed physician and the examination documented on a Resident Health Assessment form (AHCA form 1823) , for 2 of 2 residents' records reviewed.

The findings included:

On at 01:00 PM, a request was made to the Assistant Administrator of the facility for a record review for Resident #1, admitted on and Resident # 3, admitted approximately AHCA form 1823. The Assistant Administrator searched for this information until 04:00 PM, and was unable to locate the Health Assessment (1823) forms or financial contracts for either Resident.

On at 04:00 PM, an interview was conducted with the Assistant Administrator. He confirmed that he could not locate these records and would have to ask the facility physician to submit new forms to the facility.

Class III

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

Based on observation, interview and record review, the facility failed to follow the proper procedure for providing assistance with self-administration of medication for 1 of 1 residents. (Resident #1!) observed during medication pass.

The findings included:\

Observation on at 12:18 PM found Resident # 1 receiving the following medication: 1 , 20 mg, 1 Hydrochlorotrizide 12.5 mg, 1 D-3, and mm 1 .

On at 12:18 PM, observations during assistance with self- administration of medication revealed Staff A, unlicensed staff, was not observed sanitizing her hands. Staff unlocked the med cabinet. She removed the bin for Resident # 1 and the Medication Observation Record (MOR). She

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took the pills over to the table to the Resident. She announced the medications names. She used the caps of the meds to pour into a cup (D-3 and). She used bubble packet to empty , 20 mg, 1 Hydrochlorotrizide 12.5 mg into a plastic cup. She sat the cup of pills in front of the resident on the table. She immediately turned her back and walked over to the counter and signed the MOR. The Surveyor watched the Resident. She did not consume the pills until Surveyor intervention advising Staff A, that she did not stand by to determine if the Resident consumed or refused the medication prior to signing the MOR.

During an interview with both Staff A and the Assistant Administrator on at 12:30 PM, they were advised of the findings. The Staff and Assistant Administrator agreed that the Staff should have remained with Resident #1 to determine if the Resident would take the medication., prior to signing the MOR. Staff A indicated she was nervous. The Assistant Administrator stated the Staff knows the correct procedure is to stand-by and ensure that the meds are taken or refused.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation and interview, the facility failed to properly label Over the Counter Medication with the Resident's name or identifier, for 1 of 5 Residents' medications reviewed for (Resident # 1).

The findings included:

On at 12:45 PM, an observation of the medication storage cabinet was conducted with Staff A, the Home Health Aide (HHA). During the observations the following was observed; 1 bottle of D-3, 2000 units, and 1 bottle of . Staff A identified the medications as belonging to Resident #1. The medications did not contain the name of Resident # 1 or any other identifiers to make Staff aware of whom the supplements belonged.

On at 12:53 PM, Staff A, the Home Health Aide (HHA) and the Assistant Administrator were made aware of the findings.
The HHA stated that this Resident's family is the only one who brings in for a resident. The Assistant Administrator agreed that the 2 bottles should have been labeled. He asked Staff A to label them immediately.

Class III

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