

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/05/2017  
FORM APPROVED

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| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11910790</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>04/24/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SUMMIT AT NEW PORT RICHEY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5539 CHARLES STREET<br/>NEW PORT RICHEY, FL 34653</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                   |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>ASSISTED LIVING FACILITY</p> <p>On , 2017, a biennial re-licensure survey was conducted at Summit at New Port Richey assisted living facility (Lic# 5421). Deficient practice was identified during the survey.</p> <p><b>0052 - Medication - Assistance with Self-Admin - 58A-5.0185 (3)</b></p> <p>Based on observation and interview, the facility failed to ensure that unlicensed staff were properly assisting residents with medication self-administration for one resident (#9) of four sampled residents.</p> <p>Findings Included:</p> <p>During a medication observation conducted on at 11:35am, unlicensed staff F observed instructing resident #9 to lift blouse and stated, "I am going to assist you with your powder." Staff F proceeded to pour 100,000 unit/gm powder (ordered for yeast to and ). Behind the closed med Staff F instructed resident #9 to lift blouse and proceeded to pour the powder in own left gloved hand and applied the powder to underneath both of resident. Staff F removed gloves, wiped a small amount of hand sanitizer across both hands, and obtained new gloves. Staff F then instructed resident #9 to pull down pants. Staff F poured more of the powder in own left hand and applied the powder to resident's area. Staff F instructed resident to pull up pants. Staff F was asked if it was typical that unlicensed staff administer powder to residents. Staff F stated, "I just assist her because the powder can be so messy."</p> <p>In an interview at 1:00pm on , the Health and Wellness Director when asked: What is the difference between administering versus assisting with a medicated powder; and, Is it acceptable for med techs to apply medicated powder? The Health and Wellness Director stated, "Assisting is: the med tech pours the powder in the residents hand and the resident applies it on their self; administering would be the med tech pours it into their own hand and applies it on the Resident; and, no, they (referring to med techs) should only assist the Resident."</p> <p>Class III</p> |                                                                                                   |                                                     |