STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968462	R 06/05/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILL ASSISTED LIVING FACILITY	**8239 CESSNA DR,** **SPRING HILL, FL 34606**

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

0000 - Initial Comments

A follow up to a biennial relicensure survey was conducted on , 2017 at Springhill Assisted Living Facility, License #12359. Deficient practice was identified during the survey.

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview and record review, the facility failed to dispose of abandoned/expired medications within 30 days for 1 (Resident #13) of 1 sampled residents discharged from the facility.

Findings:

During the initial tour of Home #6 on at 10:20 AM, a locked refrigerator in the dining area was opened to reveal 3 FlexTouch Pens belonging to Resident #13 (Photographic Evidence Obtained).

An interview conducted with Staff B on at 10:23 AM revealed Resident #13 was no longer at the facility. She stated he has been gone a long time.

A record review conducted of the admission/discharge log revealed Resident #13 was discharged on , more than 1 year ago.

An interview was conducted with the Administrator on at 10:45 AM. She stated there were no residents prescribed in Home #6 so they did not check the refrigerator. She confirmed the for Resident #13 should not still be in the facility but should have been returned to the pharmacy.

Class III

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure a safe living environment, free from hazards in 1 (Home #1) of 6 homes toured.

Findings:

During the initial tour of Home #1, beginning at 9:55 AM on , 3 cylinders were observed in the corner of the living . One cylinder was secured in a wheeled cart. The other two cylinders were standing, unsecured, next to the wheeled cart.

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

An interview was conducted with Staff D on [redacted] at 10:00 AM. Staff D did not know who's [redacted] was left unsecured in the living [redacted]. She stated it should not be there.

An interview was conducted with the Administrator on [redacted] at 10:45 AM. She confirmed the [redacted] should not have been in the living [redacted] the home unsecured. She confirmed the [redacted] should have been stored in a secure rack.

Class III