

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932678	(X3) DATE SURVEY COMPLETED 07/19/2017
NAME OF PROVIDER OR SUPPLIER SWEET WATER AT LARGO	STREET ADDRESS, CITY, STATE, ZIP CODE 11290 WALSINGHAM ROAD LARGO, FL 33778	

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017004608), was conducted at Sweet Water at Largo, on Sweet Water at Largo, Assisted Living Facility, had deficiencies at the time of the visit.

(License # 8175)

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on record review and interview, the facility did not maintain an accurate daily medication observation record (MOR) that adequately reflected the correct number of medication tablets remaining on the medication cart with respect to two of five residents whose controlled pharmaceuticals were examined (#7; 11).

Findings included:

a) Observation of the facility's drugs chest found that Resident #7 was taking 0.5mg, 1 tablet 3x/day. These pills were arranged on 30 to a platter; one had been labeled "AM" and the second "Noon dose." Further search of the medication drawer found no "8pm/bedtime" platter for Resident #7. Although it appeared as if both the AM and noon time dose compartments had been taken from thus far, interview with the LPN on 7/19/2017 at 1:20pm provided no explanation why an evening platter of pills had not been obtained, and what intervention had been planned to handle the upcoming shortage of this medication; and

b) According to observation, Resident #11 was taking 60mg, 1 tablet every 6 hrs. for pain (dispensed late 7/19/2017). Review of the facility's log found a starting number of tablets left as of the beginning of 7/19/2017 as "62". However, two (2) tablets with sixty (60) a piece were issued to the resident for a total of one hundred twenty (120) (per direct observation and review of the pharmacy label). Further review of the facility's log and medication platter found a total of 31 pills taken, but this was off by a factor of two (2), since the log entries had begun with "62" and not "60." Interview with the LPN during the same discussion noted above provided no clarification for this discrepancy.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/31/2017
FORM APPROVED

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

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review and interview, one of seven current caregiver staff sampled (G) and one of two former caregiver staff sampled (I) had not been subject to Level II background screening.

Findings included:

A personnel file review during the investigation indicated that Staff G, hired , had no Level II background screening report available for inspection. In addition, review of the closed employee file for Staff I, hired , found no Level II criminal background screening report therein. Interview with the administrator at 1:40pm on found that she "was unaware that these employees were lacking these screenings, since she had delegated this task to her former manager."

Unclassified