

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968310	(X3) DATE SURVEY COMPLETED 08/25/2017
NAME OF PROVIDER OR SUPPLIER INSPIRED LIVING AT IVY RIDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 7179 40TH AVE N SAINT PETERSBURG, FL 33709	

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

0000 - Initial Comments

Assisted Living Facility

On , a biennial re-licensure survey with limited nursing services (LNS) was completed in conjunction with a complaint investigation, (CCR# 2017008813), at Inspired Living at Ivy Ridge. Deficient practice was identified during the survey.

(License# 12224)

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

Based on observation, interview, and record review, the facility failed to provide assistance with self-administration of medication in accordance with procedures described in Section 429.256, F.S. for one (Resident #2) of three residents observed.

Findings included:

A medication observation was conducted at 10:30 AM on . Staff A, a certified nursing assistant (CNA), was observed crushing a medication, , then mixing it with pudding. Staff A then measured and poured 2 additional liquid medications, and Mapap, in to separate cups. Staff A was then observed pouring the Mapap in to resident's mouth, without the resident using their hands in the process, and then pouring in to the resident's mouth in the same manner. Staff A then proceeded to scoop the pudding/medication on to spoon and fed it to the resident until all was consumed. The resident did not touch the spoon with their hands.

A review of Resident #2's current health assessment, AHCA Form 1823, indicated that Resident #2 required assistance with self-administration of medication.

An interview was conducted with Staff A at 11:01 AM on concerning the medication observation with Resident #2. Staff A stated that some days Resident #2 spills the medication cups when presented. Staff A stated that on some days Resident #2 would not grab the cups at all. Staff A acknowledged that they administered the three medications to Resident #2 during the medication observation.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/14/2017
FORM APPROVED

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Class III		