STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968055	08/23/2017
NAME OF PROVIDER OR SUPPLIER **NUVISTA LIVING AT WELLINGTON GREEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **10334 DEVONSHIRE BLVD** **WELLINGTON, FL 33414**	

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

0000 - Initial Comments

A Relicensure survey was conducted from - at NuVista Living At Wellington Green, License #12050. The facility had deficiencies identified at the time of the survey.

0050 - Medication - Self Administered Medications - 429.256(2) FS;58A-5.0185(1) FAC

Based on observation and interview, the facility failed to ensure that 1 out of 4 sampled residents (resident #10) was capable to self-administer her own medications.

The findings are:

In an observation in Resident #10's at 10:30am, Resident #10 had a container of 325mg tablets on the living . In an interview with the resident at this time, she stated that she kept the container of 325mg tablets inside her that she may take these medications whenever she needed it for pain.

In an interview with Caregiver C on at 3:05pm, she stated that she was not aware that resident #10 self-administered over-the-counter medications as needed for pain and she did not know if the resident was capable of self-administering her own medications.

In an interview with the Nurse Manager on at 10:45am, she stated that she was not aware that Resident #10 self-administered over-the-counter medications as needed for pain. She stated that Resident #10 was recently assessed by a physician or physician extender to receive assistance with self-administration of medications from the facility staff and was not aware if the resident was capable of self-administering her own medications so that the facility may encourage her to do so in a safe manner and be able to observe for health changes that may be attributable to any improper self-administration of the medications.

Class III

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

Based on observation, interview and record review, the facility failed to provide adequate assistance with self-administration of medications for 1 out of 4 residents (resident #7).

The findings are:

In an observation on at 10:00am, Caregiver B administered Resident #7's 250mg tablet

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medication without any resident physical assistance. In an observation at this time, the caregiver placed a single , 250mg tablet in a spoon with apple sauce on it, the caregiver then independently extended the spoon containing the medication towards the resident's mouth and administered the medication to the resident, without receiving any physical assistance from the resident.

In an interview on at 10:05am with Caregiver B, she stated that she did not remember that Resident #7 required assistance with self-administration of medications while she administered the resident's medication a few minutes ago, and she understood that the resident did not require medication administration services.

Review of Resident #7's health assessment dated on indicated that the resident was diagnosed with , , , , , , , and , . Further review of this health assessment indicated that the resident required assistance with self-administration of medications without any additional medication comments or observations listed.

In an interview with the Nurse Manager on at 10:15am, she stated that Resident #7 did not require medication administration and the resident required assistance with self-administration of medications from the facility staff.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview, the facility failed to provide current written statements from a physician or physician extender for 5 out 5 sampled employees (staff members CM, LS, and caregivers E, F and H) indicating the individual does not have any signs or symptoms of communicable within 30 days after beginning their employment.

The findings are:

Review of staff members CM, LS, and caregivers E and F's employee records indicated that they were hired on , , 7-10-1 and respectively. Review of Caregiver H's employee record indicated that she was hired in , 2017 and she was not presently working for the facility. Further review of these employee records indicated that none of these had a current written statement from a physician or a physician extender to represent that each employee did not have any signs or symptoms of communicable .

In an interview with the Administrator on at 12:15pm, he stated the facility did not require any of

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its newly hired employees to have a communicable . . . . . statement from a physician or a physician extender to represent that the employees did not have any signs or symptoms of communicable . . . . . after beginning employment in the facility.

Class III