

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/18/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967743	(X3) DATE SURVEY COMPLETED 11/29/2017
NAME OF PROVIDER OR SUPPLIER NEW LIFE ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 WYOMING AVE FORT PIERCE, FL 34982	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced licensure complaint survey, CCR#2017010160 was conducted on _____, 2017 at New Life Assisted Living Inc., License #11797. The facility had a deficiency identified at the time of the investigation. 0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(5) FAC Based on record review and interviews, the facility failed to ensure 1 out of 2 staff members (Staff A), who assisted residents with self-administration of medication, had completed a minimum of four (4) hours of initial training in providing assistance with self-administration of medication prior to assuming this responsibility. The findings included: On _____ at 12:00 PM, Resident #1 stated Staff A provided medications to residents in the mornings. On _____ at 12:15 PM, Resident #2 stated Staff A gives medications to residents when the Administrator is not available. On _____ at 12:30 PM, Resident #3 stated Staff A hands medication cups with pills in them to residents after the Administrator prepares the cups. On _____ at 12:45 PM, Resident #4 stated Staff A gives medications to residents if the Administrator is not home. On _____ at 12:55 PM, the Administrator acknowledged during interview that Staff A provided medication to residents without initialing the MORs (Medication Observation Records). She confirmed that the staff member disburses the residents' medications from medication cups prepared by her on occasion. She stated that Staff A does not have any training in assisting with self-administration of medication. Review of Staff A's personnel file revealed there was no documentation of training in providing assistance with self-administration of medication. Staff A's date of hire is listed as _____. The facility provided no additional documentation for review at this time. Class III		