STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911097	**12/14/2017**
NAME OF PROVIDER OR SUPPLIER **MAYFIELD RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **460 NEWELL HILL ROAD** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On an unannounced Limited Nursing Services monitoring survey was conducted at Mayfield Retirement Center, License #7389. Decifient practice was identified at the time of the survey.

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

Based on observation, interview and record review, the facility failed to ensure that unlicensed staff took medications in their original packaging and read labels aloud to residents during assistance with medication self-administration for 1 of 1 sampled staff members (Staff A).

Findings

On at 10:09 AM, an observation was made of Staff A, a Medication Tech (MT) assisting a resident with medication self-administration. The MT took the medication out of the medication cart, compared them to the Medication Observation Record, then pushed the pill through the pack into a paper medication cup. The MT then returned the medication card to the cart and took the medication in the pill cup, along with a cup of water to the resident. The MT stated the name of the medication to the resident and the resident took the mediation.

On at 10:11 AM, an interview was conducted with the Staff A. Staff A was asked if there was anything that she would change about her medication pass, the staff member stated, "No, there is nothing that I would change about my med pass." When asked if she had been taught as a Medication Tech that she is required to take the medication packaging to the resident and read the medication label to them, the MT stated, "I don't remember that being part of the training."

On , a review was conducted of the employee record for Staff A. The record revealed a document titled, "Medication Assistance Policy for Mayfield Retirement Center, Inc." The document was signed by Staff A on . The document states, "1. Take medication in its labeled container to resident. 2. Have resident M.O.R. (Medication observation record) present and check direction on the label with directions in the M.O.R. 3. Read prescription label. 4. Assist with correct dosage of medication to resident or assist resident in taking correct dose." No further information was provided.

Class III

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on record review and interview, the facility failed to ensure that 1 of 2 sampled staff members (Staff B) maintained an up-to-date Level II background screening.

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

Findings

On . . . a review was conducted of the employee record of Staff B, Director of Care. The record revealed that Staff B previous had a Level II background screening conducted on . The record did not indicate that Staff B had been rescreened since that date, a period of over 5 years.

On . . . . a review was conducted of the Agency for Healthcare Administration Background Screening Clearinghouse. The date of Staff B's last background screening was confirmed to be . . . . , and showed the Staff B required a new background screening.

On at 11:16 AM, an interview was conducted with the Assistant Administrator (AA). The AA stated, "It does say she (staff B) requires a new screening. I dropped the ball on that one." No further information was provided.

Unclassified