STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967267	**04/09/2018**
NAME OF PROVIDER OR SUPPLIER **COUNTRY LIVING ASSISTED CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1762 SW ARCH ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced abbreviated relicensure survey was conducted on [redacted] at Country Living Assisted Care Center, License # 11331. The facility had deficiencies at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS

Based on observation, interview, and record review it was determined the facility failed to provide access to adequate and appropriate health care consistent with established and recognized standards within the community, specifically related to failure to wash/sanitize hands when providing assistance with the self-administration of medications for 2 of 2 sampled residents (Resident #1 and Resident #2).

The findings include:

1) During observation of Staff A providing assistance with the self administration of medication for Resident #1, she was not observed to wash/sanitize her hands prior to; during; or after providing assistance on [redacted] beginning at approximately 8:35 AM. Staff A then proceeded to place each of the following medications, for Resident #1, into her bare/unwashed/unsanitized hands prior to placing in the small plastic medication cup:

a) [redacted] 100mg
b) [redacted] 1mg
c) [redacted] 10mg
d) [redacted] 2mg
e) [redacted] 0.1mg
f) [redacted] ER 40mg
g) [redacted] 1mg
h) [redacted] 200mg
i) [redacted] 200mg

All pills were then placed in applesauce and provided to Resident #1 to consume.

2) During observation of Staff A providing assistance with the self administration of medication for Resident #2, she was not observed to wash/sanitize her hands prior to; during; or after providing assistance on [redacted] beginning at approximately 8:50 AM. Staff A then proceeded to place each of the following medications, for Resident #2, into her bare/unwashed/unsanitized hands prior to placing in the small plastic medication cup:

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

a) [illegible] 1mg
b) [illegible] 112mcg
c) [illegible] 10mg
d) [illegible] XR 28mg
e) [illegible] 1,000u

All pills were then placed in applesauce and provided to Resident #1 to consume.

During subsequent interview conducted with Staff A, on [illegible] beginning at approximately 10:45 AM, the above noted observations were discussed related to failure to wash/sanitize hands and then proceeding to handle each medication with her bare/unwashed/unsanitized hands. She acknowledged she does hand the medications in that manner. She could not provide an explanation as to why she did not wash/sanitize her hands.

Class III

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

Based on observation, interview and record review it was determined the facility failed to provide assistance with the self administration of a nasal spray in accordance with procedures described in section 429.256, F.S. and this rule for 1 of 1 sampled residents that receive assistance with the self administration of a nasal spray (Resident #2).

The findings include:

During observation of Staff A providing assistance with the self administration of [illegible] nasal spray (2 spray in each nostril), on [illegible] beginning at approximately 8:50 AM, Staff A was not observed to occlude (or ask the resident to occlude) the opposite nostril when she provided nasal spray for this resident.

During subsequent interview conducted with Staff A, on [illegible] beginning at approximately 10:45 AM, she acknowledged she did not occlude the opposite nostril and stated she was not aware the was required.

Class III