STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968643	**04/17/2018**
NAME OF PROVIDER OR SUPPLIER **RIVERTOWN SENIOR CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **17112 NW CHARLIE JOHNS ST** **BLOUNTSTOWN, FL 32424**	

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

0000 - Initial Comments

An unannounced biennial licensure survey with limited nursing services and limited mental health was conducted at Rivertown Senior Care (license #12565), an assisted living facility in Blountstown, FL on . . . . & . . . . . Deficient practice was identified at the time of the survey.

0092 - Food Service - General Responsibilities - 58A-5.020(1) FAC

Based on observation and staff interview, the facility failed to serve food in a sanitary manner, by allowing a resident to check their glucose at the dining table while other residents were being served food at the lunch meal on . . . . during 1 of 1 meal observation.

The findings include:

An observation of the lunch meal was conducted on . . , beginning at approximately 12:30 PM. Employee B provided resident #7 the supplies to check her glucose at the dining . Resident #7 was observed to prick her finger until she drew , and then placed that drop of on a testing strip attached to an electronic device that measured the glucose in the sample. During this process, resident's #4, #5 and #10 were served their lunch meal and began to eat at the same table as resident #7.

An interview was conducted with the Administrator on at 12:45 PM. She stated checking the residents . . . . sugar at the dining table when others were being served was not a sanitary practice.

An interview was conducted with employee B on . at 10:39 AM. Employee B confirmed residents # 4, #5, #7 and #10 were at the same dining table when resident #7 was checking her glucose.

Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on record review and staff interview, the facility failed to ensure each resident record contained a complete health assessment (AHCA Form 1823) for 1 of 2 sampled resident records (resident #6).

The findings include:

Review of resident #6's record revealed an 1823 health assessment dated . Page 4, section B of

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the form was blank and did not indicate if the resident needed help with taking his or her medications or what type of help the resident may need.

The resident was observed to receive assistance with self-administration of medications from employee B on .

An interview was conducted with the Administrator on at 10:47 AM. The Administrator confirmed the section was blank and stated she was responsible for ensuring the assessments were complete.

Class III