STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968653	**04/25/2018**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIVING OF TITUSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2375 JAY JAY RD** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

A Biennial Licensure survey with Extended Congregate Care (ECC) and Limited Nursing Service (LNS) was conducted on , , 2018. Southern Living of Titusville, License #12517, had deficiencies at the time of the survey.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on review of a medication container, record review, and interview, the facility failed to ensure a medication container was properly labeled for a resident who received assistance with self-administered medications (#5).

Findings:

Resident #5's health assessment form 1823, dated on , revealed she required assistance with self-administered medications.

Resident #5's , 2018 Medication Observation Record (MOR) listed an entry for , / milligram (mg.) tablet, half a tablet by mouth twice a day at 8 AM and 2 PM. The prescription label on resident #5's bottle of , / mg. indicated half a tablet was to be taken by mouth every six hours as needed for pain, which differed from the instructions on the MOR. The bottle did not contain an alert label to direct staff to examine the revised directions for use in the MOR.

On at 2:15 PM, the facility manager confirmed the findings.

Class III

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

Based on record reviews and interviews, the facility failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience and allowed unlicensed caregivers (C and D) to administer medications to 1 of 2 sampled residents (#4).

Findings:

Resident #4's health assessment form 1823, dated on , revealed she required medication administration, a task that only a licensed individual could do. Resident #4's diagnoses included

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, she was non-verbal, did not follow simple commands, rarely made eye contact, and required total assistance with all of her care, including being fed.

On at 2 PM, the facility manager identified staff initials on resident #4's , Medication Observation Record (MOR) and said the initials belonged to unlicensed caregiver C.

On at 3:50 PM, unlicensed caregiver D said resident #4 required administration of her medications and was unable to assist in any way to take her medications.

Class III

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

Based on record reviews and interview, the facility failed to record a semi-annual weight for a resident who received assistance with the Activities of Daily Living (#4).

Findings:

Resident #4's record revealed a recorded weight only on . Resident #4's health assessment form 1823, dated on , indicated she required total assistance with all of her ADLs.

On at 1:48 PM, the facility manager confirmed the findings.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

Based on record reviews and interview, the facility failed to ensure a resident's contract (#5) contained all of the required information.

Findings:

Resident #5's residency contract was signed and dated on . The contract did not contain a provision that residents must be assessed upon admission and every 3 years thereafter, or after a significant change, a refund policy, a provision stating that at least 30 days written notice would be given before any rate increase, and a provision that if after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing of the claim and shall provide said party with a reasonable time period of no less than 14

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calendar days to respond.

On at 2:25 PM, the administrator confirmed the findings.

Class

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

Based on record review and interview, the facility failed to submit its emergency management plan for review and approval to the local emergency management agency annually.

Findings:

On at 9:39 AM, a request was made to review the facility's most recent approval letter for its emergency management plan from the county's emergency management agency.

The facility's most recent approval letter was dated on .

On at 9:45 AM, the administrator said the facility's plan had not been submitted to the county for review and approval since 2014 because she was not aware the plan had to be submitted and reviewed annually.

Class III