

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967240	(X3) DATE SURVEY COMPLETED R 06/20/2018
NAME OF PROVIDER OR SUPPLIER TORIA'S ASSISTED LIVING FACILITY II	STREET ADDRESS, CITY, STATE, ZIP CODE 613 FOREST HILLS BRANDON, FL 33510	

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

0000 - Initial Comments

Assisted Living Facility

A revisit to the biennial survey was conducted at Toria's Assisted Living Facility II on Toria's Assisted Living Facility II had deficient practice identified at the time of the survey .

License: 11326

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on observation, interviews and record review, the facility failed to ensure that only licensed staff assisted with medication administration for one (Resident #1) of one resident in the facility requiring The unlicensed staff was observed assisting and verbally confirmed that they assist Resident #1 with administration of

Findings included:

On at 12:05 P.M. Staff A was observed getting a locked box out of the refrigerator and handed the black medication pouch to Resident #1 and confirmed that this was Resident #1 's Resident #1 was instructed by staff A to take her sugar levels and read her levels Resident #1 was prompted by Staff A to read the sliding scale to determine what dose of injectable should be administered at this time. Resident#1 stated "is it five hundred and sixty five, right?" Staff A asked Resident #1 to determine how much she will need to inject? Resident#1 stated, " I do not know, is it 400 units? Staff A, shook her head and answered "no, it should be 22 units, not 400 units."

A review of the medical record for Resident #1 was conducted. Per review of the Resident #1 Health Assessment dated It was noted that Resident #1 needs assistance with self-administration

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

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of medication. Per review of Resident #1's Medication Observation Record (MOR), she was ordered to receive aspart 100 4 units by injection , three times a day for . In an interview with Staff A on at 12:20 P.M., Staff A stated that she has tried to explain the process to Resident #1 multiple times, but she is and can't do her medications without cueing. Staff A stated, she will verbally cue Resident #1 with dialing the dosage and reading it, she has to have help. Staff A confirmed her positions as a caregiver, not a licenses nurse. (Uncorrected Class III)		