STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963902	06/21/2018
NAME OF PROVIDER OR SUPPLIER **AMERICARE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2992 DAY ROAD** **DELTONA, FL 32738**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted at Americare Assisted Living (License #8766) on , 2018. Deficiencies were identified at the time of the visit.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on observation, record review and staff interview, the facility failed to accurately document the medication observation record after assisting with self-administration for medication for 1 of 3 sampled residents. (Resident #7)

The findings include:

On at 8:50 AM, Employee A was observed giving Resident #7 his medication and initialing the medication observation record (MOR) that all of the 8:00 AM medications were taken. Record review of the label on the , found it was for 100 milligrams (MG) three time a day.

Record review of the medication observation record for Resident #7 found the medication was listed as , take 700 MG by mouth three times daily with 600 MG and 100 MG written beside the medication. The Med Tech/Employee A had documented she gave the Resident #7 the 700 MG. Employee A was asked for the package of the 600 MG. She stated the resident usually had a 600 MG tablet. She left the area and came back with an empty bubble pack for the 600 MG tablet. She stated the resident must have ran out when she was off yesterday and she needed to call the pharmacy. She confirmed she initialed the MOR that she had given the 7OO MG when she had only given 100 MG.

Photographic Evidence Obtained

Class III

0079 - Staffing Standards - Levels - 58A-5.019(3) FAC

Based on record review and staff interview, the facility failed to maintain evidence of meeting the minimum staff hours of 335 hours a week for a facility with a census of 36 residents.

The findings include:

On at 1:30 PM, the Administrator was asked for the facility schedule. The surveyor was

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963902	**06/21/2018**
NAME OF PROVIDER OR SUPPLIER **AMERICARE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **2992 DAY ROAD** **DELTONA, FL 32738**	

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

provided a piece of paper with staff member's first names and the hours worked for Monday through Friday. She was asked for the actual schedule for the entire month of . . . , and she stated she did not have a schedule now that they started using the time clock effective .

Record review of a sheet provided found it had seven days, Monday through Sunday, documented with scheduling for each day. On Monday, Tuesday, Wednesday, Thursday and Saturday there were three staff members working the 7:00AM to 3:00 PM shift, one staff members working the 3:00PM to 11:00 PM shift, one staff member working 3:00 PM to 10:00 PM and one staff member working the 11:00 PM to 7:00 AM shift for a total of 47 hours each day. On Friday and Sunday the staff member that worked the 3:00 PM to 10:00 PM shift now worked 3:00 PM to 9:00 PM for a . . . . . total of 46 hours worked for each day. This gave a total of 327 hours for the 36 residents at the facility. The schedule provided did not list the Administartor's time worked.

The Administrator confirmed the number of hours and the number of residents. She stated she also assists with resident care and will include herself on the schedule.

Photogrpahic Evidence Obtained

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963806	**06/20/2018**
NAME OF PROVIDER OR SUPPLIER **ORMOND IN THE PINES**	STREET ADDRESS, CITY, STATE, ZIP CODE **101 CLYDE MORRIS BLVD** **ORMOND BEACH, FL 32174**	

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

0000 - Initial Comments

An unannounced complaint survey, CCR #2018003746 and CCR #2018004053, was conducted on , 2018 at Ormond in the Pines (License # AL5535). No deficiencies were identified at the time of the survey.