

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11922334	(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER SPRING HAVEN RETIREMENT COMMUNITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 HAVENDALE BLVD NW WINTER HAVEN, FL 33881	

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

0000 - Initial Comments

Assisted Living Facility

A complaint (CCR#2018009762) investigation was conducted in conjunction with a monitoring visit on _____ at Spring Haven Retirement Community (License #5504), an assisted living facility located in Winter Haven, Florida. There were deficiencies identified during the survey.

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

Based on observation, interview, and record review, the facility failed to provide assistance with self-administered medications in accordance with procedures described in Section 429.256, F.S. Staff B failed to review the Medication Observation Record (MOR) while assisting one resident (#3), failed to wash or sanitize hands between assisting one resident with transfer and assisting another with medication for one resident (#4), and failed remove medication from primary packaging in the presence of the resident for one resident (#5), of four residents observed for medication assistance with self-administration.

Findings included:

During an observation of assistance with self-administration of medication with the Staff B, on _____ at 12:31 p.m., Staff B removed medication package from medication cart. Staff B did not review or compare the MOR, and walked towards Resident #3's _____ provide the medication. When asked about the MOR, Staff B stated, "I already know what she takes."

During continued observation of assistance with self-administration of medication with the Staff B, on _____, at 12:35 p.m., Staff B assisted Resident #1 with transfer from wheelchair to bed, removed the resident's shoes and adjusted _____ absorb _____ on the bed. Without washing or sanitizing hands, Staff B then assisted Resident #4 with medications.

On _____, at 12:45 p.m. Staff B confirmed that she did not wash hands between assisting Resident #1 with transfer and assisting Resident #4 with medications.

On _____, at 01:01 p.m., Staff B was observed on the third floor with medication tablets in a clear cup, removed from primary medication packaging. Staff B stated that she removed the medication from the package on the second floor because she wanted to move faster. Staff B confirmed that she left the medication packaging/label in the medication cart on the second floor. Staff B continued and assisted

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/26/2018
FORM APPROVED

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Resident #5 with medication self-administration without the medication packaging and labels. On _____, at 01:10 a.m. Staff B informed the Wellness Director of guest facility of her actions that included failing to review the MOR and removing the medication from the packaging on the second floor to assist Resident #5 with individual medication dosages on the third floor. Class III 0054 - Medication - Records - 58A-5.0185(5) FAC Based on record review and interview, the facility failed to maintain an accurate and up-to-date Medication Observation Record (MOR) that reflected each time medications were provided to residents for one (#2), of five residents sampled for medication review. Findings Included: Review of Residents #2's MOR, conducted on _____ at approximately at 09:54 a.m., revealed that seven scheduled medication dosages were not documented as given on _____, eight scheduled medication dosages were not documented as given on _____, and six scheduled medication dosages were not documented as given on _____. Staff C, who also reviewed the MOR stated that she assisted Resident #2 with medication on _____, but documented on the previous date because the date was left blank by Staff A. During interview with Staff A, on _____ at 10:10 a.m., Staff A indicated that she signed the MOR on the side of the MOR and not on dated portions of the MOR for each medications. Staff confirmed that she did not document for each medication Resident #2 received during shifts worked on _____, _____, and _____. Class III		