STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969055	01/16/2019
NAME OF PROVIDER OR SUPPLIER **SILVER CREST HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

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

0000 - Initial Comments

A complaint investigation #2018015946 was conducted on . Silver Crest Home license # 12867 had deficiencies at the time of the visit.

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observations and interview the facility failed to ensure the unlicensed staff (A) who assisted 2 residents (#4 and #2) with self-administration of medications followed the correct procedure.

Findings:

Observations on at 11:50 AM noted unlicensed staff A checked the Medication Observation Record (MOR), took medication from locked medication cart and brought the medication to where resident # 4 sat. She poured a pill in a cup and told resident "Your medications" and gave her the pill in a cup and observed her take the medication. She did not read the label out loud to resident.

Continued observations at 12 PM of the medication pass noted that staff A assisted resident # 2 in the following manner: staff took medications from locked medication cart, brought the medication to the resident told the resident "Your medications" and gave her the pill in a cup and observed her take the medication. She did not read the label out loud to resident

In an interview on at 2:30 PM with the owner, who offered no comment.

Class III

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

Based on observations, record review and interview the facility failed to ensure the health care provider is contacted when the directions for use are for medications are "as needed" or "as directed," and requested to provide revised instructions for 1 of 5 sampled residents (#1).

Findings:

The , Medication Observation Record (MOR) for resident #1 listed , 0.5 milligrams (mg) 3 times daily as needed and 20 mg daily as needed. The medication review revealed , 0.5 mg as needed (PRN) Prescription label dated indicated 31 dispensed

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and 5 were used. The review revealed 20 daily PRN. Prescription label dated indicated 20 daily PRN.

Resident record review for resident #1 revealed no revised orders that indicated the circumstances under which it would be appropriate for the resident to request the medication and any limitations.

In an interview on at 2:30 PM with the owner, who offered no comment.

Class III

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

Based on observations and interview the facility failed to maintain a written work schedule that reflected its 24-hour staffing pattern for a given time period.

Findings:

Review of the facility's staff schedules for and revealed the schedules listed staff names but the hours they were scheduled to work was not indicated. Therefore, there was no way to determine how many hours each staff worked weekly. Some names indicated 12 hours next to their names, but it was not indicated when the 12 hour shift began and ended.

In an interview on at 2:30 PM with the owner, who offered no comment.

Class III

0084 - Training - Assis Self-Admin Meds & Med Mgmt - 58A-5.0191(6) FAC 429.52 (6), FS

Based on interview and record review the facility failed to ensure 1 of 3 unlicensed staff who assisted residents with self- administration of medications completed a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings:

Personnel record review for the owner, who at times assisted with self-administration of medications revealed a certificate dated that indicated completion of 4 hours of training regarding providing assistance with self-administered medications and safe medication practices in an assisted

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SUMMARY STATEMENT OF DEFICIENCIES
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living facility. The continued review revealed no evidence to confirm he completed a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility yearly.

In an interview on at 2:30 PM with the owner, who said he needed to take a class.

Class III

0200 - Emergency Environmental Control - 58A-5.036 FAC

Based on observations and interview, the facility did not notify residents/responsible party that the plan was submitted to the county emergency for review and approval and failed to ensure the acquisition and maintenance of a monoxide alarms.

Findings:

During review of the facility's emergency power plan on at 1:30 PM the administrator stated that he did not notify residents and or responsible parties when the emergency power plan was submitted to the local emergency management agency for review and approval. He did not notify residents and or responsible parties when the emergency power plan was approved. He added the facility did not have monoxide alarms; he was not aware of these requirements.

Class III