STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964446	03/06/2019
NAME OF PROVIDER OR SUPPLIER **ISLES OF VERO BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 WATERFORD DRIVE** **VERO BEACH, FL 32966**	

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

0000 - Initial Comments

A Complaint Investigation survey, CCR #2019000019, was conducted on [redacted] at Isles of Vero Beach, license number 9095. The facility had deficiencient practice at the time of the survey.

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

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assist residents with self-administration of medications (Medication Technicians) received the required training for 2 of 3 sampled staff (A and B).

The findings included:

On [redacted] beginning at 11:55 AM, Staff B was observed assisting three residents with self-administration of medications. Review of her personnel records revealed she was hired on [redacted]. She received the required 4-hour training on [redacted]. She received the required 2-hour continuing education training on [redacted] (and [redacted]). Since that date, there was no proof showing she received the required 2-hour updated training (by a Registered Nurse or Licensed Pharmacist) in the areas of pre-filled [redacted] syringes and pens; assistance with [redacted] treatments; [redacted] testing using a [redacted]; assistance with [redacted] and continuous positive airway pressure (CPAP) devices excluding titration of [redacted] levels; assistance with [redacted] stockings and hosiery; assistance with placement and removal of [redacted] bags; and, measuring [redacted], [redacted], [redacted] rate and [redacted] rate.

Review of Staff A's personnel file conducted on [redacted] revealed she was hired on [redacted]. Her file contained a training certificate dated [redacted] related to "4 hours Assistance with Medication Training for In-Home and Assisted Living Care". There were no credentials listed to indicate the trainer was a Registered Nurse. Review of the Florida Department of Health's license verification website revealed the trainer was not listed on the website as a Registered Nurse. Additionally, there was no proof showing Staff A received the required 2-hour updated training listed above for a total of 6 initial hours for medication training. .

These concerns were discussed with the Administrator and Assistant Executive Director on [redacted] at 5:15 PM.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964446	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **ISLES OF VERO BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 WATERFORD DRIVE VERO BEACH, FL 32966**	

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

Z813 - Results of Screening & Notification In File - 59A-35.090(3)(c), FAC

Based on observations, interviews and record review, the facility failed to ensure required proof of background screens were maintained in staff members' personnel files for 3 of 3 sampled Staff (A, B and C).

The findings included:

Personnel file review was conducted on at 4:55 PM with the Administrator and Assistant Executive Director present. The following concerns were identified:

1. Review of Staff A's personnel file revealed she was hired on and currently serves as a Medication Technician (an unlicensed staff member trained to assist facility residents with self-administration of medications). Review of her personnel file revealed no documentation showing proof of her background screening eligibility (as of), more than one month prior to the survey. This was brought to the Administrator's attention at 5:10 PM. He subsequently presented documentation from a third-party service, not from the Agency's designated background screening website.

2. On beginning at 11:55 AM, Staff B was observed assisting three residents with self-administration of medications. Review of her personnel records revealed she was hired on and currently serves as a Medication Technician and a Caregiver. Review of her personnel file revealed no documentation showing proof of her background screening eligibility (as of), more than 31 months prior to the survey. This was brought to the Administrator's attention at 5:10 PM. The day after survey exit, he presented a copy of Staff B's record from the Agency's designated background screening website.

3. On beginning at 4:10 PM, Staff C was observed assisting two residents with self-administration of medications. Review of his personnel records revealed he was hired on and currently serves as a Medication Technician, Review of his personnel file revealed no documentation showing proof of her background screening eligibility (as of), more than nine months prior to the survey. This was brought to the Administrator's attention at 5:10 PM. He subsequently presented documentation from a third-party service, not from the Agency's designated background screening website.

This was further discussed with the Administrator on at 2:55 PM.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964446	**03/06/2019**
NAME OF PROVIDER OR SUPPLIER **ISLES OF VERO BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 WATERFORD DRIVE** **VERO BEACH, FL 32966**	

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

Unclassified