STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966133	01/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Atlantis Assisted Living	6026 Old Congress Lantana, FL 33462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility Relicensure survey was conducted on [redacted] in conjunction with complaint # 2013009676, please refer to separate report for findings. Atlantis Assisted Living. had deficiencies found at the time of the visit.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, interview and record review, the facility failed to follow written physician orders for medication administration and document reactions or a significant change in the resident ' s health or behavior in the resident ' s record and report immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record as evidenced by the failure to provide the prescribed assistance with administration of [redacted] and changing PRN medications to routine for 1 of 2 sampled residents.(Resident #3)

The findings include:

Record review of resdient #3's record revealed an admit date of [redacted]. Review of the AHCA form 1823 dated [redacted] reveals the resident has a medical history of [redacted] and [redacted]. The physician notes the resident needs help with taking medications.

On [redacted] at approximately 11:15 AM during an interview with the Administrator and the facility Licensed practical nurse (LPN) the LPN stated she does not pass medications it is done by med techs. It was also stated the resident performs his own [redacted] glucose monitoring and administers his own [redacted] several times a day. The LPN stated that the facility staff does not perform the glucose testing nor do they administer the [redacted] Record

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review of the 2013-J 2014 Medication Observation Record (MOR) for the resident, does not identify that the resident is taking Humalin.

Further review of the MOR revealed the resident has PRN medication orders for Hydrochl/HCTZ 12.5 m capsule as needed for fluid retention, 50mg 1 tab twice a day as needed for pain and .5mg1 tablet as needed for sleep. There was no evidence of documentation the facility notified the residents doctor the resident was complaining of fluid retention, problems sleeping or having pain daily. During an interview on at approximately 11:45 AM with the administrator and LPN the LPN stated she does not actively participate in the routine care unless a problem has been identified by the aides. There is no evidence of documentation of the residents ongoing problems and she stated she does not have anything written down that she notified the doctor prior to changing the as needed medications to routine beginning in

During an interview on at 12:40 PM with resident #3 and the administrator the resident could not verbalize his last reading or how much he administered over the last couple of days.

During an interview on at 10:15 AM with Resident #3 and the administrator the resident was asked how he administers his He stated it depends how he feels he usually uses a 2 (on the pen) and if he's not feeling well he will use the 3 (on the pen). He does not follow the sliding scale.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC

Based on observation and interview the facility failed to ensure over the counter (OTC) medications are labeled with the resident ' s name and the manufacturer ' s label with directions for use. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products.

The findings include:

1. Record review of resdient #3's record revealed an admit date of Review of the AHCA form 1823 dated reveals the resident has a medical history of and The physician notes the resident needs help with taking

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medications.

Observation on ... at approximately 10:55 AM in resident #3's ... medications were seen on the night table and shelf. including 2 inhalers, a humalin pen, 2 vials and the resident pulled an ... pen out of his pocket. A box of medications was also observed on a shelf in the ... the following medications: 3 bottles of mucus relief, 4 bottles of 325 mg pain reliever,3 boxes of ... and flu, 3 boxes of sinus relief, 2 boxes of ... and 2 bottles of ... syrup. On the residents nightstand the follwoing medications were observed: 3 vials ... .4mg 1 tab under tongue as needed for chest pain ... 2 inhalers no orders or no name on meds. ... syrup, skin 1% silver sulfadineazine cream apply to affected area ... humalin pen, inject sliding scale under skin for ... as per sliding scale, laset pen and humalin pen left on table in ... name or order

2. Observation on ... at 10:35AM of resident # 2's ... OTC ... was observed in the residents ... The medication was not labeled with the resident's name or directions for use. A review of the the residents record revealed an AHCA form 1823 dated ... page 4 documents the resident requires assistance with self administration of medications and is legally ...

During an interview on ... at 11:15 AM with the administrator and LPN the LPN stated she is in charge of overseeing the residents medications and was not aware of what OTC medications either resident had in their ...

A review of the facility contract pg 9 documents OTC products "must be labeled with the residents name and manufacturers label with directions for use" .

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record review and interview, the facility failed to ensure 1 out of 4 (staff A) staff members have a freedom from communicable ... including ... statement within 30 days of employment.

The findings include:

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1) Review of staff A's personnel record (date of hire revealed a freedom from communicable including dated Record review lacked any other documentation of freedom from communicable including on an annual basic.

2) In an interview conducted with staff A on at approximately 3:10 PM, she stated she has been working at the facility since She stated she assist the residents with personal care such as bathing, dressing and

3) In an interview conducted with the Administrator and Business Office Manager on at approximately 2:41 PM, they reviewed the file and confirmed that they could not provide proof of the required documentation of freedom from communicable including for staff A..

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview, the facility failed to ensure that a new Level II Background Screening was obtained as required on new employees that were unemployed for more than 90 days for 2 of 4 staff (Staff A and B) records reviewed.

The findings include:

1) On a review of the facility's 2014 staffing schedule revealed that Staff A is scheduled as a nursing assistant on 17 evenings from 3 PM - 11 PM.

A record review of Staff "A's" personnel file revealed that the last Level II Background Screening was completed on her date of hire was Her employment application dated indicates her last employment end date was

In an interview conducted on at 3:10 PM with Staff A, she confirmed that she works with the residents on the evening shift providing personal care. She further confirmed that she was unemployed from 2013 until she began work here at this facility in 2013.

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In an interview conducted on [redacted] at 2:47 PM with the Business Office Manger, she reviewed the files and confirmed there was no other background screening to provide, she stated she was unaware that a new background screening had to be obtained for staff that had a 90 day lapse of employment. She also confirmed that Staff A provides direct care to the residents.

2) On [redacted] a review of the facility's [redacted] 2014 staffing schedule revealed that Staff B is scheduled as a Med Tech on Saturdays and Sunday from 7 AM- 3 PM.

On [redacted] a record review of Staff B's personnel file revealed that Staff B's date of hire was [redacted], the only Level II Background screening in the record indicates under status that "A New Screening is Required". The verification print date located at the bottom of the form is dated [redacted] Her employment application dated [redacted] indicates her last employment end date was [redacted]

On [redacted] a search of the Agency for Health Care Administration's background screening database revealed that an inquiry on Staff B , stated " A New Screening is Required".

In an interview conducted with staff B on [redacted] at approximately 12:24 PM, she stated she has been working at the facility since [redacted] She stated she works weekends from 7 AM - 3 PM assisting residents with their medications and with their daily activities, such as dressing,g [redacted] and bathing. She confirmed that her last employment end date was [redacted]

In an interview conducted with the Administrator on [redacted] at 2:47 PM, he reviewed the record and confirmed that a new background screening on Staff A had not obtained .

In an interview conducted with the Business Office Manager, who is in charge of personnel on [redacted] at 2:55 PM, she confirmed that Staff B is a Med Tech on the weekends, works directly with residents and has been employed since [redacted] 2013.

Unclassified

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Atlantis Assisted Living
6026 Old Congress
Lantana, FL 33462

Re: Relicensure Survey

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on . 2014 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **. 2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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