STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965531	02/25/2014
NAME OF PROVIDER OR SUPPLIER **Wellington Place Of Fort Walton Beach**	STREET ADDRESS, CITY, STATE, ZIP CODE **233 Carmel Drive Fort Walton Beach, FL 32547**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Standard Licensure survey to include Limited Nursing Services was conducted at Wellington Place of Fort Walton Beach Assisted Living Facility on - . Deficient practice was identified during the survey.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, staff interview, record review and policy review, the facility failed to ensure staff observed complete medication administration for 1 of 6 residents observed during medication administration pass. (# 12)

The findings include:

An observation of medication pass for resident #12 was conducted on the locked unit on at approximately 1:05 PM. The Licensed Practical Nurse (LPN) was observed to place 1 vial of in the machine. The LPN handed the mouthpiece of the to the resident and instructed him to place it his his mouth and inhale deep, slow breaths. The LPN then stated she would be back in about 10 minutes and left the . The LPN returned to the approximately 10 minutes, turned off the machine and escorted the resident back to the television . The nurse did not stay with the resident to ensure he received the full amount of the medication.

Review of resident #12's record was conducted on . The record revealed a current physician order for one vial via three times a day. The most recent health assessment for resident #12 dated // reveals the resident requires assistance with self-administration of medications and has a history of . The health assessment stated the resident is not aware of his surroundings.

An interview was conducted with the Health and Wellness Director on at approximately 9:23 AM. The Health and Wellness Director stated if the resident has an order for self-administration of treatments they can be left alone, but if not the nurse should stay with the resident for the 15 minute treatment. She confirmed resident #12 does not have an order to self-administer the medication and the nurse would have to stay with the resident during the treatment.

The facility policy for treatments was reviewed on . The policy stated it is important that the resident receive the entire amount of medication scheduled to be delivered in the dose you are administering. treatments may take 15-20 minutes for delivery. #12 stated encourage the resident to take deep breaths in and out for the duration of the treatment.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Wellington Place Of Fort Walton Beach
233 Carmel Drive
Fort Walton Beach, FL 32547

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 - 25, 2014 by representatives of 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 surveyors. Should you have any questions please call me at .

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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