STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953452	04/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Apopka Retirement Centre	750 South Alabama Avenue Apopka, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

Specific Tag Findings:

0000-Initial Comments
Biennial re-licensure survey with Limited Nursing Services and Limited Mental Health was conducted on ..... Apopka Retirement had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and interview the facility failed honor resident rights and did not provide visiting hours for all residents at a minimum from 9:00 AM to 9:00 PM.

Findings:

During an observation at approximately 9:00 AM on ..... the visiting hours sign located on the bulletin board, in the dining area read: "Visiting Hours 8:00 AM - 8:00 PM".

During an interview with the Administrator on at approximately 5:00 PM, she stated she was not aware of the correct visiting hours and would create a new sign.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview the facility did not: Fill the resident's prescriptions from the ER in a timely manner for 1 of 8 sampled residents (#1) and failed to ensure when unlicensed staff provided assistance with self-administration of medications, the staff followed the appropriate procedure at all times and did not in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container for 3 of 8 sampled residents (#1, #7 and #8).

Findings:

In an interview with resident #1 on ..... at approximately 10:15 AM who was resting in bed, stated that she was not feeling well today, and had issues. She stated

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she was dropped off at the ER by facility staff on at approximately 12 AM.

Resident record review for resident #1 revealed and Assisted Living Facility Health Assessment Form (1823) dated that indicated diagnoses of history of and The resident was independent with all activities of daily living and needed assistance with self-administration of medications.

Review of facility notes revealed on at 6 PM the resident went to the ER complaining of stomach pain.

In an interview with the administrator on at 3:10 PM, who stated she complained of pain a lot and wants to go to the hospital. She went to the hospital last week. We usually bring her to the hospital. She stated on at approximately 4:10 PM the resident did not return to the facility with any paperwork or prescriptions.

In an interview with staff A on at approximately 4:45 PM who stated she lived in the facility and was in the facility when another staff member took resident #1 to the ER and dropped her off at about 6 PM with stomach pain. She stated the hospital did not call the facility to let them know the resident was ready for discharge. Resident #1 had paperwork and prescriptions when she came back from the hospital. She faxed the prescriptions to the pharmacy on at approximately 11 AM and was waiting for the pharmacy to deliver the medications and was unable to locate the paperwork.

Review of the physician orders dated stated 20 milligrams four times a day as needed for stomach cramps and 4 mg every 6 hours.

They did not fill the resident's prescriptions in a timely manner and the resident was still complaining of discomfort on and the medications had not been filled.

Observation of the medication pass on at approximately 11:45 AM revealed the unlicensed staff did not follow the appropriate procedure to assist residents with self-administration of medications and did not take the medication, in its dispensed, properly labeled container to the resident and in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container for resident #1, resident #2 and resident #7. Resident #1 was given (for 300 milligrams (mg). Resident #2 was given Divaproex DR 500 mg. Resident #7 was given (for symptoms) 2 mg.

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In an interview with the administrator on at approximately 3 PM who stated she was not aware the unlicensed staff did not read the label to the residents when assisting with medications.

Class III

0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC
Based on record review and interview the training certificate for 1 of 3 sampled staff (Staff #C) did not include the number of hours of the training program for Neglect, reporting, Resident Behavior, Resident Rights, Accident and Incident Reporting, and Emergency Procedures.

FINDINGS:

During record review of Staff #C file revealed the training certificates for Neglect, reporting, Resident Behavior, Resident Rights, Accident and Incident Reporting, and Emergency Procedures did not document the number include the number of hours for each training.

During an interview with the Administrator on at approximately 5:10 PM stated she forgot to add the hours to the certificate and would provide training with a proper certificate.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Apopka Retirement Centre
750 South Alabama Avenue
Apopka, FL 32703

Dear Administrator:

Re: Biennial w/LNS & LMH

This letter reports the findings of a state licensure survey that was conducted on , 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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