AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11912083	05/31/2016
NAME OF PROVIDER OR SUPPLIER **SHADY GLEN I**	STREET ADDRESS, CITY, STATE, ZIP CODE **659 EAST ORANGE STREET** **TARPON SPRINGS, FL 34689**	

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

0000 Initial Comments

Assisted Living Facility

On , 2016, an abbreviated biennial re-licensure survey with limited nursing services (LNS) was conducted at Shady Glen I. Deficient practice was identified during the survey.

License Number 4160

0008 Admissions - Health Assessment

Based on record review and interview the facility failed to ensure the health assessment for 4 (1, 5, 7, 8) of 4 resident records were complete

Findings included:

On / / at 10:30 AM during a review of records for Resident #1,5,7,8 it was revealed the health assessments were not complete. The facility did not have a list of current medications prescribed listed on the on the health assessment at the time the residents were admitted.

During an interview on / / at 1:30 PM the administrator stated she has a copy of the medication but did not attach it to the health assessment. The administrator was not sure where the list of medications were at the time of this survey for any of the residents (1, 5, 7, 8)

Class III

0056 Medication - Labeling and Orders

Based on observation, record review, and interview the facility failed to provide assistance with self-administration of medications according to physician orders for 1 (Resident #5) of 3 residents reviewed.

Findings included:

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The surveyor conducted a medication pass observation on [redacted] at 12:10pm. The Administrator provided assistance with the self-administration of Resident #5 ' s noon medications. Resident #5 ' s noon medications included: [redacted] 20 mg tablet 1 tablet by mouth 4 times a day, [redacted] 80 mg take 1 tablet by mouth every 8 hours, and Fish Oil 1000 mg capsule take 1 capsule 4 times a day by mouth.

During the medication pass on [redacted] at 12:10pm, the surveyor read the medication label for Resident #5 ' s [redacted] 80 mg. The medication label listed the medication order of [redacted] 80 mg take one tablet by mouth every 8 hours and also listed medication times for this medication as 8:00 am, 12:10pm, 8:10pm.

Record review on [redacted] at 12:10pm of Resident #5 ' s Medication Observation Record (MOR) showed the medication order of [redacted] 80 mg take one tablet by mouth every 8 hours with the medication times listed on the MOR as 8:00 am, 12:10pm, 8:10pm. This medication was initialed by the medication technicians on the MOR at the listed times for the month of [redacted], indicating that Resident #5 took the medication at the listed times.

Record review on [redacted] at 12:10pm of Resident #5 ' s MOR showed that there was no physician order for Resident #5 ' s [redacted] 80 mg.

Record Review on [redacted] at 12:10pm of Resident #5 ' s chart showed that there was no physician order for Resident #5 ' s [redacted] 80 mg on the resident ' s 1823 or in the resident ' s chart.

During an interview on [redacted] at 1:10pm, the Administrator stated that the medication order on Resident #5 ' s MOR and medication label for [redacted] 80 mg showed the [redacted] was supposed to be taken every 8 hours. The Administrator stated that the listed medication times for this medication on the MOR and medication label were 8:00 am, 12:10pm, and 8:10pm and that the medication times of 8:00 am and 12:10pm were not 8 hours apart, but 4 hours apart. The Administrator stated that the physician orders for a resident ' s medications should be listed on the resident ' s 1823 or attached in the resident ' s chart.

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, the facility failed to maintain the employment status of all

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employees within the background screening clearinghouse (Clearinghouse), within 10 days of initial employment status, for 2 (Administrator, Staff A) of 2 employees reviewed.

Findings included:

A review of the facility's employee roster within the Clearinghouse was conducted on / at 9:39 AM and no employees were listed.

Employee record reviews conducted on / showed that the administrator began employment on / and Staff A began employment on / .

An interview was conducted with the administrator on / at 10:44 AM concerning the lack of entries in to the employee roster in the Clearinghouse. The administrator acknowledged that she did not input employment information in to the employee roster.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Shady Glen I
659 East Orange Street
Tarpon Springs, FL 34689

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2016, 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosure: State Form 5000-3547

XG90

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