STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966752	07/05/2016
NAME OF PROVIDER OR SUPPLIER AVERY COTTAGE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 4052 COLLIN DRIVE WEST PALM BEACH, FL 33406	

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

0000 Initial Comments

An unannounced abbreviated relicensure survey was conducted on 07/05/2016 at Avery Cottage, Inc. (License #10887). The facility had deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review, it was determined the facility failed to assist residents with medication in accordance with procedures described in Section 429.256, F.S. and this rule, specifically related to pre-pouring medications, for 1 of 2 residents observed during the med pass (Resident #3).

The Findings included:

During observation and staff interview conducted while Staff A was assisting Resident #3 with her medications, on beginning at approximately 8:50 AM, the following was noted. Staff A was observed obtaining a small plastic medication cup with 8 pills in it from the locked filing cabinet (where medications are stored). She was asked when she pre-poured these medications. She replied prior to this surveyor's arrival (8:00 AM). She acknowledged this was a routine practice for Resident #3. The Administrator stated, at this time, that pre-pouring of medications is not an acceptable practice. It was reviewed that the medications are to be prepared in front of the resident at the time they are to be assisted with their medications.
The medications in the small plastic medication cup were as follows:
a) ( ) 300mg XL daily
b) Cranberry Extract 200mg (3 caps - 600mg) daily

c) Levothyroxin 50mcg daily

d) 20mg capsule daily

e) 0.5mg twice daily

f) 60mg ( ) 8.6 for daily

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966752	07/05/2016
NAME OF PROVIDER OR SUPPLIER **AVERY COTTAGE, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4052 COLLIN DRIVE** **WEST PALM BEACH, FL 33406**	

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

0056 Medication - Labeling and Orders

Based on observation, record review and interview, it was determined that the facility failed to have a physician order to crush medications, for 1 of 2 residents observed during the med pass (Resident #3).

The Findings included:
During observation and staff interview conducted while Staff A was assisting Resident #3 with her medications, on beginning at approximately 8:50 AM, the following was noted. Staff A was observed obtaining a small plastic medication cup with 8 pills in it from the locked filing cabinet (where medications are stored). She was asked when she pre-poured these medications. She replied prior to this surveyor's arrival (8:00 AM). She acknowledged this was a routine practice for Resident #3. The Administrator stated, at this time, that pre-pouring of medications is not an acceptable practice. It was reviewed that the medications are to be prepared in front of the resident at the time they are to be assisted with their medications.
The medications in the small plastic medication cup were as follows:
a) ( ) 300mg XL daily
b) Cranberry Extract 200mg (3 caps - 600mg) daily

c) Levothyroxin 50mcg daily

d) 20mg capsule daily

e) 0.5mg twice daily

f) 60mg ( ) 8.6 for daily

Staff A then proceeded to open capsules and mix medications with applesauce and then provide this mixture to Resident #3. Staff A was observed to crush each tablet and place in applesauce and then provided this mixture to Resident #3 . The two medications that were (and the) were also crushed. Staff A and the Administrator were asked for a copy of the physician's order to crush these medications. The Administrator acknowledged there was no order to crush the

Class III

Z814 Background Screening Clearinghouse

Based on interview and record review, it was determined the facility failed to maintain the employment

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

status of all employees within the clearinghouse, for 4 of 4 sampled staff reviewed (Staff A, Staff B, Staff C, and Staff D).

The Findings included:

During interview and review of the facility's clearinghouse employee roster (on this surveyor's computer screen), conducted with the Administrator on at approximately 8:30 AM; she acknowledged that there were no staff member's names registered with the clearinghouse. She stated that she has been trying for about 3 weeks to complete this but that she has had difficulty with it. She was asked if she called the background screening unit for assistance. She replied that she had not. The Administrator stated she was aware of the requirement to register all staff. However, she acknowledged she had not accomplished this as of at 8:30 AM.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Avery Cottage, Inc
4052 Collin Drive
West Palm Beach, FL 33406

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state Relicensure survey that was conducted on , 2016 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

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