STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966133	10/03/2016
NAME OF PROVIDER OR SUPPLIER **ATLANTIS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6026 OLD CONGRESS** **LANTANA, FL 33462**	

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

0000 Initial Comments

An unannounced Relicensure survey was completed on 3, 2016 at Atlantis Assisted Living Facility (ALF) License#10424. The facility had deficiencies found 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 ensure that the proper procedure for residents receiving assistance with self-administration of medication were followed for 4 out of 4 residents (Resident#1, Resident#2, Resident#3, and Resident#4). As evidence of the facility failing to bring the medication in it's previously dispensed, properly labeled container, to the resident and in the presence of the resident, read the medication label to the resident, remove the prescribed amount of medications and then hand it to the resident.

The Findings include:

a.) Observation on 8:15AM, found Resident#3 receiving the medications (as documented on MOR and labeled on Medication package). Observations during assistance with self administration of medication revealed Staff G, removed Resident #3's medication from the locked medication cart, removed medication from previously dispensed package, placed into cup, went into dining resident was eating breakfast, called resident by name, gave resident the cup with her medications, watched the resident swallow the medication, and immediately documented on Resident #3's Medication Observation Record.

b) Observation on 8:25AM, found Resident#2 receiving medications (as documented on MOR and labeled on Medication package). Observations during assistance with self administration of medication revealed Staff G, removed Resident #2's medication from the locked medication cart, removed medication from previously dispensed package, placed into cup (resident takes medication with applesauce), took medication and applesauce to the patio where resident was sitting, called resident by name, (resident asked Staff G to give her the medication today because her left hand was hurting), Staff G put Resident#2's medications and applesauce on a spoon, placed it in the residents mouth, watched the resident swallow the medication, and immediately documented on Resident #2's Medication Observation Record.

In interview conducted on at AM with Resident#2, resident stated she is right handed, revealing she could have given herself the medication with the spoon.

c) Observation on 8:30AM, found Resident#4 receiving medications (as documented on

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MOR and labeled on Medication package). Observations during assistance with self administration of medication revealed Staff G, removed Resident #4's medication from the locked medication cart, removed medication from previously dispensed package, placed into cup, went onto patio where resident was sitting, called resident by name, gave resident the cup with his medications, watched the resident swallow the medication, and immediately documented on Resident #4's Medication Observation Record.

d) Observation on 8:40AM, found Resident#1 receiving medications (as documented on MOR and labeled on Medication package). Observations during assistance with self administration of medication revealed Staff G, removed Resident #1's medication from the locked medication cart, removed medication from previously dispensed package in front of resident , placed into cup in front of resident, called resident by name, gave resident the cup with her medications, watched the resident swallow the medication, and immediately documented on Resident #1's Medication Observation Record.

In interviews conducted 0n at 2:13PM with Staff G CNA/Med Tech revealed, Staff G acknowledged not announcing the medications to the Residents #1, #2, #3, #4. Staff G stated she does not announce the medications as the residents know what medications they take. Staff G states she only announces medication to the resident if there is a new medication ordered or if a medication order is changed.

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure centrally stored medication are secured at all times for 1 out of 1 medication cart observed.

The findings included:

During observation on at 12:05 PM, Staff C assisted Resident #15 with medication in the Dining # . The resident was sitting at the table waiting to receive assistance with medication. After Staff C prepared medication, she directly walked to the table where the resident was sitting and gave the resident his medication. She left the cart unattended and her back was turned away from the cart. Further observation revealed the cart was unlocked and the key was sitting on top of the medication cart. The medication cart was sitting in the entrance of dining area unsecured and accessible to residents residing in the facility and visitors visiting the facility.

During an interview with Staff C at 12:15 PM on / , Staff C was asked about the unlocked

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medication cart and the unsecured key left on top of cart. She stated she forgot the key and forgot to lock the cart while administering medication.

Class III

0093 Food Service - Dietary Standards

Based on observation, interview, and record review it was determined the facility failed to maintain a 3-day supply of nonperishable emergency food based on the current resident census.

The findings included:

Observation of the 3-day supply of nonperishable food emergency stock inventory closet with (Staff H) revealed the facility maintained less than a 3-day supply of nonperishable for the current census of 67 residents. The emergency stock inventory list is as follows:

a) Soup:
1. Vegetable Soup #10- 3 Cans
2. Cream of Celery Soup #10- 3 Cans
3. Chicken Noodle Soup#10- 3 Cans
4. Tomato Soup#10 -3 Cans

Observation of the emergency stock inventory list, revealed that there were no soups items in stock.

b) Protein:
1. Chili Con Carne #10- 6 Cans
2. Beef Ravioli #10-2 Cases (1 case 6- Cans in stock)
3. Pork and Beans #10 -6 Cans
4. Tuna 46oz Cans 2 Cases (12 cans in stock)
5. Beef Stew#10
6. Peanut Butter#5 2 Tubs- (1 Tub in stock)

Observation of emergency stock inventory list revealed that there is no Chile Con Carne, Pork and Beans, or Peanut Butter in stock from the proteins list.

c) Vegetables:
1. Green Beans#1 3 cans (6 cans in Stock)
2. Beets#10 3 Cans-(6 Cans)

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3. Carrots#10 3cans
4. Mixed Vegetables #10 1 Can
5. Mashed Potatoes#10 3 Cans
6. Sweet Potatoes#10 3-Cans
7. Corn#10 3 Cans
8. 3 Bean Salad #10

Observation of the emergency stock inventory list revealed that there is no carrots, mixed vegetables, mashed potatoes, Corn, or 3 Bean Salad in stock form the vegetables list.

d) Fruit:
1. Applesauce#10 3 Cans (7 in Stock)
2. Peaches #10 3 Cans
3. Fruit Cocktail#10 3 Cans (6 cans in stock)

Observation of the emergency stock inventory list revealed that there is no Peach in stock from the fruit list.

e) Dessert:
1. Chocolate Pudding#10-3 Cans (None in Stock)
2. Rice Pudding#10-3 Cans (None in Stock)
3. Vanilla Pudding#10 - 3 Cans (None in Stock)

Observation of the emergency stock inventory list revealed that there is no Chocolate pudding, rice pudding, or vanilla pudding in stock from the the dessert list.

F) Additional Items:
1. Sugar Free Cookies: 1
2. Graham Crackers 200# Case 1 (1/3 of a box in stock)
3. Saltines 500#Case (1 Case and 1/2 case)
4. Frosted Flakes 96 count
5. Rice Krispies 96 Count (2-35oz bags)
6. Corn Flakes 96 count (4-35oz bags)
7. Canned Orange Juice#10 1 case (3 Cases in Stock)
8. Canned Cranberry Juice#10 1 Case
9. Milk 1 case (3 Cases in Stock)
10. Drinking Water 101 Gals (123 cases- 12 liters per case)

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11. Jelly 1 Case (1 case in stock)

Observation of the emergency stock inventory list revealed that there is no Sugar free cookies, frosted flakes, or cranberry juice in stock form the miscellaneous items list.

Interview with confidential kitchen staff revealed they often run out of items in the daily food supply stock and they use items from the emergency food stock inventory.

The findings were discussed at 11:24AM with Food Service Manager, (Staff H) he acknowledged the items listed on the emergency stock inventory were not in stock and that there were not any substitutions for the missing items. The Administrator provided no further information for review.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Atlantis Assisted Living
6026 Old Congress
Lantana, FL 33462

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 the field office at 561-381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

XG90

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