Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968816	A. BUILDING: _____ B. WING _____	R 10/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SARAH HOUSE (THE)	30 FOREST CT ORMOND BEACH, FL 32174

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A second revisit to a complaint investigation (complaint #s 2019017608 and 20200002012) was conducted at Sarah House on . Deficiencies were found to be uncorrected at the time of the survey	{A 000}		
{A 054}	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the	{A 054}		

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{A 054}	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on a review of resident records and interviews with staff, the facility failed to maintain a daily medication observation record (MORs) for 2 of 5 residents whose medication was reviewed (Residents 13 and 16). The findings include: 1. A record review for Resident 13 revealed a resident health assessment (AHCA form 1823) dated . . It documented diagnoses of . . . . . The behavioral . . section noted he had advanced . . . Resident 13 required assistance with the self-administration of medications and required daily oversight for observing his wellbeing, whereabouts and reminders for important tasks. Resident 13 received the following medications on a routine basis; however, review of the medication observation records for . . and revealed the following omissions: 100 milligrams (mg) every night at bedtime was not signed off on . . . . . The corresponding signature box was blank and there was no explanation on the . . . of the MOR that it was held or not given.	{A 054}		

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{A 054}	Continued From page 2 4 milligrams three times daily at 8:00 am, 12:00 pm and 8:00 pm was not signed off for the 12:00 pm dose on 29th and 30th. The signature box was blank and there was no explanation on the of the MOR. 325 mg, take 2 tabs every 6 hours (12:00 am, 6:00 am, 12:00 pm, 6:00 pm) for / was not signed off as given at 12:00 pm on , 28th, 29th, 30th or at 6:00 pm on . The signature box was blank and there was no explanation on the of the MOR. 2. A record review for Resident 16 revealed an AHCA form 1823 dated . Resident 16 had diagnoses of late onset 's , , and . She was independent with activities of daily living and required assistance with the self-administration of medications. Resident 16 required daily oversight for observing her wellbeing, whereabouts and reminders for important tasks. Resident 16 received the following medications on a routine basis; however, review of the medication observation records for and revealed the following omissions: , 600mg every morning for neurologic condition was not signed .	{A 054}		

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{A 054}	Continued From page 3 , 20 mg twice daily at 8:00 am and 8:00 pm was not signed at 8:00 pm. Rosuvastatin 10mg take 2 tablets every day at 5:00 pm was not signed as given . 500 mg twice daily at 8:00 am and 8:00 pm was not signed as given at 8:00 pm on . 3. An interview was conducted with the Wellness Coordinator on at 12:56 pm. She stated staff had been trained that if a medication was not given for any reason, they were to circle the MOR's signature box for that dose, initial it, and document an explanation on the of the form. A telephone interview was conducted with the Administrator and the owner at 2:45 pm on . She was advised of the ongoing omissions on the MORs for Residents 13 and 16. The Administrator acknowledged the findings. Class III	{A 054}		