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
	AL11965554	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANDHILL GARDENS RETIREMENT CE	24949 SANDHILL BLVD. PUNTA GORDA, FL 33983

(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 This is the follow-up to the Biennial survey conducted on [redacted] at Sandhill Gardens Retirement Center, an Assisted Living Facility. A0052 was found to be uncorrected. Due to an Uncorrected Class III deficiency in the area of medications (A 0052) under Chapter 429.256 F.S, and Chapter 58A-5.0185 F.A.C. the facility must: Employ a Licensed Consultant Pharmacist other than the pharmacist currently consulting for the facility. The initial onsite Consultant Pharmacist visit must take place within 14 days of identification of the Uncorrected Class III deficiency identified on [redacted]. The facility must have available for review by the Agency a copy of the Consultant Pharmacist's license. The facility must submit the Consultant Pharmacist's corrective action plan to the Agency no later than 10 working days subsequent to the initial onsite consultant visit. Mail a copy of the corrective action plan to: Harold D. Williams, Field Office Manager Agency for Health Care Administration Health Quality Assurance 2295 Victoria Avenue, Fort Myers, Florida 33901 The Consultant Pharmacist must be retained and provide quarterly updates until such time as the Agency has verified the correction of all medication systems.	{A 000}		
{A 052}	58A-5.0185(3) FAC Medication - Assistance with Self-Admin	{A 052}		

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{A 052}	Continued From page 1	{A 052}		

(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least , trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S.
(b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container.
(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the

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{A 052}	Continued From page 2	{A 052}		

resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , , or preparations.

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{A 052}	Continued From page 3 (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure medications were assisted as required for 1 (Resident #7) of 2 residents' medications which are to be taken 1 to ½ hour prior to food. This is an uncorrected citation. The findings include: On 6/2[redacted] 7:45 a.m. during morning medication pass, Staff A was observed to include Resident #7's Synthroid [redacted] take 1 tablet daily in the pill cup for this resident. The resident stated, "I take 6 pills (at breakfast)." With the Synthroid [redacted] 6 pills were verified to be in the pill cup. Observation verified the resident was served breakfast at 7:53 a.m. eight minutes after taking the Synthroid. . . review of the Medicine Observation Record MOR revealed the medication was documented as being given at 6:00 a.m. daily. When the medication was observed given at 7:45 a.m., Staff A was observed to initial the MOR and not sign showing the actual; time of medication	{A 052}		

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{A 052}	Continued From page 4 assistance. A Google search under www.nlm.nih.gov (National Library of Medicine and Nation institute of Health) reveals, , is a hormone, is used to treat , a condition where the does not produce enough hormone. Without this hormone, the body cannot function properly, resulting in poor growth, slow speech, lack of energy, weight gain, hair loss, dry, thick skin and increased sensitivity to . . . . Under "How to take" it shows comes as a tablet to take by mouth. It is usually taken once a day on an empty stomach, one half to one hour before breakfast. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand, Take exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor." An interview was conducted with Staff A at approximately 9:25 a.m. on while reconciling the medications taken with the MOR and doctor orders. Staff A verified the medication was on the MOR for 6 a.m., but was given with the other medications during the breakfast medication pass that morning. Class III Correction Date: . . .	{A 052}		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11965554	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
SANDHILL GARDENS RETIREMENT CE	24949 SANDHILL BLVD. PUNTA GORDA, FL 33983

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0025 Reg. # 58A-5.0182(1) FAC LSC		ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	[signature], HFES	2-3-12	[signature] for Laura Wertz, HFES	2-3-12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Sandhill Gardens Retirement Center
24949 Sandhill Blvd.
Punta Gorda, FL 33983

Dear Administrator:

This letter reports the findings of a Biennial revisit survey conducted on . 2012 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than . 2012.**

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. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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