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
	AL11965283	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARE BRIDGE OF VERO BEACH	420 4TH COURT VERO BEACH, FL 32962

(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 Limited Nursing Services (LNS) monitoring visit was made to Clare Bridge of Vero Beach (ALF) on ..... Deficient practice was identified at the time of the visit.	A 000		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the	A 056		

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A 056	Continued From page 1 medication record, or a revised label shall be obtained from the pharmacist. (d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable. (f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following: 1. Practitioner ' s name;	A 056		

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A 056	Continued From page 2 2. Resident ' s name; 3. Date dispensed; 4. Name and strength of the drug; 5. Directions for use; and 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that medications were labeled with the name of the resident and prescription for 1 of 1 medication cabinets. Findings include: 1) An observation of the Medication ..... conducted on ..... starting at 2:04 PM, accompanied by the Regional Nurse and the Medication Nurse. The following medications were observed lying in the medication cabinet in a uncovered open plastic bin. The nurse confirmed that the medications had been prescribed for specific residents however, they did not have a label to identify to whom they were prescribed or the instrutions on how they were to be administered. The unlabeled medications included the following: 1 open jar of cream, 1 tube of ..... cream, 1 open tube ..... cream 1 %, 1 tube of ..... and tramcinolone acretonide cream, 3 of ..... 100000 unit cream, 1 tube of triple ..... ointment, 1 bottle of nystop powder and 1 bottle of Zorbitrol plus powder. In addition, there was a tube of ..... and ..... cream 1 % which had the name of a resident, but did not have the prescription label indicating it's prescribed dose.	A 056		

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A 056	Continued From page 3 2) Lying on the shelf of the medication cabinet were the following open sterile medicated dressings which had been cut/partially used and were lying in open wrappers. There was no label to indicate who the prescribed medicated dressings or for whom they had already been partially used. The medications included the following: 5 sterile meplilex dressings with [redacted] alginate, 4 [redacted] dressings, 1 aquacel dressing, 1 maxorb ag dressing, 2 partially used xeroform petrolatum dressings, 2 telfa dressings, 2 prisma matrix dressings. The Nurse Consultant confirmed that once open, sterile medicated dresings should be discarded and unavailable for reuse. The identified medications were stored in a manner that did not meet facility standards to reduce the risk of cross contamination. She stated that the medications and medicated dressing should be placed in a bag with the name of the resident to indicate whom they have been used. Partially used dressings should be dated to indicate the date opened and also packaged to prevent cross contamination. Class III	A 056		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Clare Bridge of Vero Beach
420 4th Court
Vero Beach, FL 32962

Dear Administrator:

This letter reports the findings of a Limited Nursing Services monitoring survey conducted on 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify the necessary corrections are in place to correct the deficiencies identified on your survey.

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 this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. C. Boyles, HFE Supervisor
for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

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2727 Mahan Drive
Tallahassee, FL 32308
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Delray Beach Field Office
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