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
	AL11965313	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLISLE PALM BEACH, THE	450 EAST OCEAN AVENUE LANTANA, FL 33462

(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 Complaint Inspection #2012005409 was conducted on [redacted]. The Carlisle Palm Beach had a deficiency found at the time of the visit. Note: This Complaint Inspection survey was conducted in conjunction with a revisit to Complaint #2012001154 in addition to an Extended Congregate Care survey. Please refer to the separate reports.	A 000		
A 084 SS=D	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning	A 084		

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A 084	Continued From page 1 through practice exercises. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an " as needed " prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist.	A 084		

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A 084	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure an employee who is providing assistance with medications, employee #1, had the 2 hour annual updated training required to perform that duty. The findings include: Review of the facility staffing grid for the period ..... through .....: revealed there were 2 Certified Nursing Assistants (CNA), #1 and #2, staffing the night shift from 11:00 p.m. to 7:00 a.m. on , , , , and . Review of employee #1's personnel record revealed a date of hire ..... for the position of Medication Technician. Further review of the personnel record revealed her employment status changed from Medication Technician to Certified Nursing Assistant on ..... Review of her educational requirements revealed she had a certificate of completion of 4 hours for Assisting with Self-Administration of Medications dated Review of this certificate revealed it was obtained by 'Home Study' with no evidence the course was provided by a Registered Nurse or a Licensed Pharmacist. Further review of the personnel record revealed no evidence of completion of the required annual 2 hour continuing education on providing assistance with self-administration of medications. On at 11:15 a.m. an interview was conducted with resident #1 who stated for the last month up until last Saturday there have been no nurses on the night shift on Saturdays and Sundays. He stated there were only 2 nursing aides who are not qualified to do medications.	A 084		

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A 084	Continued From page 3 On _____ at 1:55 p.m. an interview was conducted with the facility Executive Director who confirmed that employee #1 did work the aforementioned night shifts with no licensed staff present and he did confirm employee #1 assists residents with their medication needs at night as she is also a Medication Technician. The Executive Director was not aware employee #1 did not have the required 2 hour continuing education related to medication administration. He further stated during the interview the LPNs do the _____ sugar testing on days and evenings so the aide would not be doing that on the night shift. On _____ at 4:15 p.m. an interview was conducted with the Associate Executive Director who stated she will check employee #1's schedule and remove her from the nights where she would be on duty with just another aide who was not qualified to assist with medications. Class III	A 084		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
The Carlisle Palm Beach
450 E. Ocean Avenue
Lantana, FL 33462

Re: CCR# 2012005409

Dear Administrator:

This letter reports the findings of a complaint 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, AHE Supervisor

for Arlene Davis
Field Office Manager

AMD/hl
Enclosure

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

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