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
	AL11910708	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON RETIREMENT HOME	1490 NORTHWEST 21ST STREET FORT LAUDERDALE, FL 33311

(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 Complaint Survey CCR#2012004746 One of two allegations was confirmed. Horizon Retirement Home Assisted Living Facility is not in compliance with the Requirements for Assisted Living Facilities, related to the allegations reviewed.	A 000		
A 052 SS=G	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (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 [illegible] 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	A 052		

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A 052	Continued From page 1	A 052		

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 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.

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A 052	Continued From page 2 (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 [illegible]. (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of [illegible] preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) [illegible], or [illegible] preparations. (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 record review and interview, the facility did not provide assistance with self-administration of medications for 2 out of 3 residents (residents #1 and 2) as prescribed by the residents' health care provider. The findings are: Review of resident #1's record indicated that she was admitted to the facility on [illegible] with diagnoses including [illegible] and [illegible]. Review of the resident's informed consent for psychotherapeutic medication dated on [illegible] indicated that the resident's physician	A 052		

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A 052	Continued From page 3	A 052		

extender ordered her to take 80mg twice daily and 20mg once every morning to target unstable mood and symptoms. Further review of the medication observation record indicated that the physician extender discontinued the previously prescribed 75mg tablets on , the resident received this medication on , and the resident received 60mg twice daily instead of the prescribed 80mg dose on and and the resident did not receive the ordered 20mg once every morning from to her discharge from the facility on .

In an interview with the administrator on at 1:00pm, he stated that based on the facility documentation resident #1 received 75mg tablets on , and after it was discontinued on , the resident received 60mg twice daily instead of the ordered 80mg dose on , and and the resident did not receive the ordered 20mg once every morning from to her discharge from the facility on . He also stated at this time that the resident called emergency 911 by herself on because she was having a episode and was subsequently transferred to the hospital's unit. Review of resident #1's notes dated on indicated that the resident called emergency 911 herself and that she wanted to kill herself.

Review of resident #2's record indicated that he was admitted to the facility on with diagnoses including

and Review of the resident's evaluation dated on indicated

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A 052	Continued From page 4 that the resident's physician extender ordered him to take 500mg once daily in the morning and twice daily at bed time, for a combined amount of three times daily due to his non compliance with taking the medication. Further review of the medication observation record indicated that the the resident was not offered the 500mg morning dose from to his discharge on and he refused the 500mg twice daily at bedtime doses from to . In an interview with the administrator on at 1:10pm, he stated that based on the facility documentation resident #2 was not offered the 500mg morning dose from to his discharge on and the resident refused the 500mg twice daily at bedtime dose from to He also stated at this time that the resident's physician extender was not informed of the resident's lack of assistance with self-administration of the 500mg morning doses from to . Review of resident #2's evaluation dated on indicated that the resident was to be removed from the facility for an involuntary examination due to his decompensation which affected his safety, and non-compliance with taking medications for over 2 months. In an attempt to contact by telephone on at 1:30pm and 1:35pm residents #1 and 2's physician extender, it was not possible because she was not available. Class II	A 052		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Horizon Retirement Home
1490 N.W. 21st Street
Fort Lauderdale, FL 33311

Re: CCR #2012004746

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, HFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

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