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
	AL11910842	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS OF CLEARWATER, THE	420 BAY AVENUE CLEARWATER, FL 33756

(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 Assisted Living Facility Two complaint surveys, CCR# 2012008852 & CCR# 2012007973, were conducted on . The Oaks of Clearwater assisted living facility had deficiencies found at the time of the visit. The following deficiencies were identified relative to CCR# 2012005582: A 0054 & A 0164. No deficiencies were identified relative to CCR# 2012007973.	A 000		
A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall 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 shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be	A 054		

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A 054	Continued From page 1	A 054		

immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to provide medications appropriately to 1 of 3 sampled residents. (#1)

Findings include:

The medication observation record (MOR) was reviewed on . The record revealed on , at noon for 0.5 mg. 2 tabs by mouth three times daily was circled; Resperdone 0.25mg,1 tab by mouth three times a day was circled; eye drops left eye four times daily was circled. There was no explanation on the back of the MOR as to why the Resperdone and eye drops were not given There was an explanation on the back of the MOR for the which said resident out of , attempted three times. The Med Tech stated on at 2:10 p.m. that the resident was out to lunch and he did not give any of the medications. He forgot to write all of the medication not given at noon on the back of the MOR.

On , the MOR had two blanks for the Resperdone and the Prenisolone eye drops at noon. There was no explanation on the MOR as to why it was not given. The Med Tech was interviewed at 1:15 p.m. She stated she did give the medications but she got distracted and forgot to initial the MOR.

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A 054	Continued From page 2 Since there was lack of documentation on the MOR for and , there is no way to know if the medication was or was not given. The facility failed to provide medications appropriately. Class III	A 054		
A 164	58A-5.024(4) FAC Records - Inspection Availability (4) RECORD INSPECTION. (a) All records required by this rule chapter shall be available for inspection at all times by staff of the agency, the department, the district long-term care ombudsman council, and the advocacy center for persons with . (b) The resident ' s records shall be available to the resident, and the resident ' s legal representative, designee, surrogate, guardian, or attorney in fact, case manager, or the resident ' s estate, and such additional parties as authorized in writing. (c) Pursuant to Section 429.35, F.S., agency reports which pertain to any agency survey, inspection, monitoring visit, or complaint investigation shall be available to the residents and the public. 1. Requestors shall be required to provide identification prior to review of records. 2. In facilities that are co located with a licensed nursing home, the inspection of record for all common areas shall be the nursing home inspection report. (d) The facility shall ensure the availability of records for inspection.	A 164		

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A 164	Continued From page 3	A 164		

This Statute or Rule is not met as evidenced by:
Based on document review and interview, the facility failed to respond to a grievance relating to medical records for 1 of 3 sampled residents. (#1).

Findings include:

The owner of a companion service stated on at 10:30 a.m. that it is her agency which supplies companions for Resident #1 at the facility. This agency was supplying companions for Resident #1 when she was living at home and will continue their services until the resident feels comfortable at the facility. The daughter who is also the power of attorney (POA) for her mother, had given permission for her mother's medical records to be reviewed by the companion services' staff. She had signed the proper form that the assisted living facility had given her regarding release of medical information. The resident had been living at the facility since and her medical records had been available for review by the companion service until around , 2012. There had been a problem with getting a medication changed and after that the nurse for the companion service was denied the medical record and was told she would have to have corporate approval before she would be allowed to review the medical record. This was not the policy of the facility which states they would release the medical information to the appropriate healthcare professionals. There is also another area in the policy on release of medical information which states any request for the release of medical information must be submitted in writing to the Executive Director. This was done on when the POA signed the form stating the companion service could have access to

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A 164	Continued From page 4 Resident #1's medical record. The facility could not deny the companion service access to the resident's medical records. Class III	A 164		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Oaks of Clearwater, The
420 Bay Avenue
Clearwater, FL 33756

Dear Administrator:

Re: **CCR# 2012008852 & CCR# 2012007973**

This letter reports the findings of two complaint surveys that were conducted on , 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that 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 the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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