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
	AL11953664	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY 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 A complaint survey, CCR# 2012006579, was completed on in conjunction with a biennial state licensure survey with limited nursing services (LNS), see Aspen Event UT0O11). Midway Manor assisted living facility had a deficiency found at the time of the visit.	A 000		
A 052	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 , 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.	A 052		

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A 052	Continued From page 1	A 052		

(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 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

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A 052	Continued From page 2 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 [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 observation, record review and interviews, the facility failed to assure the correct steps were taken when providing assistance to 3 (Resident's #1, #2,) of 4 resident's observed during the morning medication pass including the contamination of medications, prepouring of medications; failing to properly assist with medications could lead to cross contamination between staff and residents and could lead to the inability of the prescribing providers to determine if current orders were effective or needed adjustment (if it could not be determined if	A 052		

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residents actually swallowed their prescribed medications or not.

Findings include:

An observation at approximately 6:05 a.m. revealed Staff A (Certified Nurses Aide/CNA/med tech-night shift) unlocked the med | on top of a med cart was a plastic medication cup with Resident #1's name and 8 1/2 unidentified pills in it. Staff A was asked what and whose pills they were and told the surveyor they were Resident #1's morning medications. She said she prepared the medications first, then took them around to the residents. She told the surveyor Resident #1 was the last of the resident's whose am medications she prepared before the next shift's med tech took over. She said she had only been on staff for about 2 weeks and that she "just follow the directions on the paper". Further observation of Resident #1's MOR had an order for Spriva 18mcg, inhale the contents of 1 capsule and use via the inhaler 1 x day. It was scheduled at 8:00am. When the surveyor asked to see the medication capsule that should go into the inhaler chamber, Staff A said, there was already a capsule in it, I'm thinking they set it in there for me. There were at least 2 , holes in the capsule which would indicate it had already been used. The med tech acknowledged she did not know much about this type of medication/treatment. Observation of the medications on hand did reveal the Spiriva capsules were available for use. Another order was for discus, inhale 1 puff 2 x day. During reconciliation of the resident's medications with the MORs, it was identified that Staff A had not given this medication during the am med pass although the inhaler was available.

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An observation on the bulletin board in the med approximately 8:00 a.m. was a paper listing 4 residents names with directions to give their am meds (some had 6am meds and gave other directions such as check frequently. One resident's name (Resident #6) had the word (for /)written next to it with instructions to, "leave on dresser".

An interview with Resident #6 on at approx. 9:30am revealed staff do bring him his medications for 6:00 AM and do not wake him up. Stated meds are left on the nightstand. Said he does not take them with water, takes them with tea and does not want staff to wake him up for it. Said he gets other meds during the day in the dining medication .

During the am med pass, Staff A and Staff B (day shift med tech) were both observed to contaminate the residents pills they assisted with. Neither staff washed or used hand sanitizer before or after preparing the residents medications.

An interview with Staff A (Certified Nurse's Aid-CNA/med tech) on at approximately 6:25-6:35 a.m. acknowledged that she did not wash her hands or use hand sanitizer either before or after assisting with Resident #1's am medications. She had no explanation as to why she did not wash her hands or use the available hand sanitizer.

An interview with Staff A (med tech) on at approximately 7:40 a.m. revealed she was nervous and that she usually sanitized her hands between residents.

An interview with the administrator and assistant

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A 052	Continued From page 5 admin/consultant during the survey on after the completion of the am pass and at approximately 12:15 p.m. revealed surprise that staff were prepouring meds and were also surprised the staff did not use the hand sanitizer in the med . Neither were aware of the directions posted in the medication leave medication for Resident #6 on the dresser. They also were surprised that any med tech trained staff would leave medication in a a resident to take whenever they decided they wanted to. They stated that all staff should know they cannot leave meds without watching residents swallow them. They said this was Staff A's 3rd night working as a med tech and would see that she was monitored more closely and that they would get to the bottom of who wrote the directions found posted in the med . Class III Pattern	A 052		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Midway Manor Retirement Residence
1754 Ensley Avenue
Clearwater, FL 33756

Dear Administrator:

Re: Biennial with LNS & **CCR# 2012006579**

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) and a complaint survey that were conducted on , 2012, by representatives 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 surveyors. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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