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
	AL11965032	A. BUILDING _____ B. WING _____	08/30/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PAVILION AT BAYVIEW (THE)	161 B MARINE STREET SAINT , FL 32084

(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 relicensure survey was conducted on 30, 2012 .The Pavilion at Bayview had deficiencies found at the time of the visit.	A 000		
A 053	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in	A 053		

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A 053	Continued From page 1 performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109. This Statute or Rule is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to provide a licensed nurse to administer medications for 1 of 1 residents requiring eye drops. (Resident #2) The findings include: During a medication pass observation at 9:44 am on with Employee #1, a medication technician or med tech, Resident #2 in # was observed to have severe in both hands which were manifested by the inability to bend the fingers with the section of the fingers close to the palm folded in toward the palms and the fingers on both hands pointed in a stiff upward manner. During the process of receiving medication assistance, the resident was able to to take pills from the pill cup but had difficulty picking up each pill out out of the cup. In addition he/she had difficulty lifting the actual pill and placing it in her/his mouth. During this same observation Employee #1 opened 2 bottles of eye drops and brought them into the resident . Upon retrieving a paper towel Employee #1 asked the resident to sit and then proceeded to pull down the lower lid of each eye, hold the eye dropper bottle above each eye and instilled one drop of the first eye drop medication in the inner lower corner of each eye. The employee then waited approximately 10-15 seconds, and	A 053		

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A 053	Continued From page 2 instilled a second drop of the same medication in the inner lower corner of both eyes. The employee then waited for less then 60 seconds and asked the resident if she was "ready?", the resident replied "yes" and the employee pulled down the lower lid, and installed a second eye drop medication into the inner lower corner of each eye. During an interview with Employee #1 she/he reported at 9:50 am on that the procedure for eye drop assistance was for the resident to apply eye drops themselves. If the Med tech was to give the eye drops, the procedure was to wear gloves. She reported she gave Resident #1 the eye drops because her hands were not able to hold the bottle and give them to herself. During an interview with the Administrator at 11:48 am on : she verbally reported the following regarding the application of eye drops in the facility: You put the eye drop bottle in the resident's hand, guide the resident's hand to eye, pull down the eye lid if needed and give assistance with getting the eye drops out of the bottle. If resident is not able to hold the bottle, the staff can still hold the eye lid down and squeeze the drop in the eye. She reported that a resident would not be considered able to assist with eye drops if the resident was not being able to to assist with anything like holding her eye lid down. At 11:43 am on : after review of the of the "Pharmacy Polices and Procedures" book, The Administrator reported that there was no written policy available to review. She reported that it may be in the curriculum and retrieved a blue booklet at 11:45 am. The booklet was reviewed and found to be an "Assistance with	A 053		

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A 053	Continued From page 3 Self-Administered Medication Guide". The cover page documented the booklet was "The Department of Elder Affairs State of Florida, Assistance with self-administered medications study guide for Assisted Living Facility staff"; dated 2002. A review of the booklet revealed Chapter III-53 of the booklet contained section: Skill #6 - Assistance with Eye Drops or ointments". The steps of instruction for eye drops began with a statement that included: "Allow each resident to do as much as possible for himself/herself. You may assist a resident with eye drops or ointments in the following manner:" The steps pertinent to the observation were as follows: Step #5: Ask resident to pull lower lid down and out gently, or using forefinger, gently pull lower lid down and out. Step #6: Ask the resident to look up. Step #7: Approach the eye from the side and drop medication into the center of the lower lid. Do not touch the eye with the dropper. Do not drop directly into the [illegible] use care so that the medication does not roll into the other eye... (about ointments) Step #8: Instruct the resident to close eyes slowly, but not to squeeze or rub them. After at least 30 seconds, instruct the resident to open eye. At the bottom of the page after step #12, a large black box with white letters included the following statement: "If more than one medication is	A 053		

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A 053	Continued From page 4 prescribed, wait three to five minutes between each medication." A review of Employee #1's training certificates revealed she/he was current on assistance with self administration training. An interview with the Administrator at 1:57 pm on revealed Employee #1 was the supervisor of the other medication tech employees and she confirmed that the the booklet dated 2002 was the curriculum used by the facility for all medication tech training. A review of the facilities "Administration of Mediation" policy revealed: "Resident requiring mediations to be administered shall receive assistance from licensed staff members to administer medication in accordance with the health care providers directions. NOTE: ONLY LICENSED staff members LPN/RN's shall administer medications as allowed in their scope of professional practice." During the exit conference at 3:30 pm the description of the eye drop process was reported to the group attending the conference. The DON acknowledged that the description of the eye drop process observation was medication administration not medication assistance. The resident received eye drop administration from an unlicensed individual and in a manner not consistent with standards of practice. Class III Correction Date: , 2012 (Immediate)	A 053		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
The Pavilion At Bayview
161 B Marine Street
Saint , FL 32084

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was 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 after **, 2012** 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 this office at this office.

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

Headquarters
2727 Mahan Drive
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921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
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