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
	AL11910727	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POMPANO RETIREMENT VILLAGE	501 S.W. 2ND PLACE POMPANO BEACH, FL 33060

(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 An Assisted Living Facility Complaint Inspection #2012009834 survey was conducted on . . . 1/2012. The Allegations were not confirmed in regards to the Complaint Inspection. However, Pompano Retirement Village had additional concerns identified during this inspection and deficiencies were issued.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication	A 025		

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A 025	Continued From page 1 administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the failed to ensure care and services were provided as ordered by the physician for 1 out of 3 sampled residents (resident #2). The findings include: Review of resident #2's record revealed that he was admitted to the facility on and was transferred to the hospital on at 10:00 am for unknown reasons. Review of the hospital discharge orders dated at 7:00 pm indicated that the resident would be readmitted back into the assisted living facility. Further review of the hospital discharge orders dated at 7:00 pm revealed orders for a rolling walker (RW) and physical services. The hospital medication orders dated indicated that the resident was ordered to receive 81 mg of , once daily and 20 mg of , once daily at night. In an interview with the administrator on at 10:30 am, she stated that resident #2 was readmitted back into the facility on , he did not receive the prescribed RW, services and medications after readmission to the facility and was subsequently discharged from the facility to the hospital on for complaints of 'not feeling well'. Class III	A 025		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records	A 054		

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A 054	Continued From page 2	A 054		

(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 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 maintain an accurate and up-to-date medication observation record (MOR) for 1 out of 3 sampled residents (resident #2).

The findings include:

Review of resident #2's record revealed that he

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A 054	Continued From page 3 was admitted to the facility on . . . and was transferred to the hospital on . . at 10:00 am for unknown reasons. Review of the resident's hospital discharge orders dated . . at 7:00 pm indicated that the resident would be readmitted back into the assisted living facility. Further record review revealed Resident #2 ' s MOR dated . . . to . . , indicated that the resident received all of his daily medications from facility staff on . . and . . However, in an interview with the administrator on . . . at 10:30 am, she confirmed that the resident was in the hospital and did not receive his medications from the facility from . . . to . . . . During a further interview, she confirmed that the MOR was inaccurate and did reflect the resident's absence from the facility. Class III	A 054		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Pompano Retirement Village
501 S.W. 2nd Place
Pompano Beach, FL 33060

RE: CCR #2012009834

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2012 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
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