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
	AL11953284	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAVANNAH COURT OF MAITLAND	1301 W. MAITLAND BLVD MAITLAND, FL 32751

(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 complaint inspection was conducted on [redacted] for CCR#2012008913 at Savannah Court of Maitland. Deficiencies were cited as of that date.	A 000		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require	A 055		

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A 055	Continued From page 1	A 055		

central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s

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A 055	Continued From page 2 medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure that medication techs (med techs) secured medications for 2 of 4 sampled residents (#3 & #4). Findings: During the initial tour of the second floor of the facility on at 9:58 a.m. the top of a medication cart in the kitchen area was observed to have 2 ziploc bags with eye drops and 2 souffle' cups with multiple pills unattended. The souffle' cups had written in the bottom of them. The med tech was about 12' away with her back to the cart and medications. At about 10:01 a.m. she returned to the medication cart and noted the presence of the surveyor. She confirmed the medications were left out and for 2 different residents (#3 & #4). Interview conducted at 10:03 a.m. in the care office on the first floor with the administrator,	A 055		

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A 055	Continued From page 3	A 055		

director of nursing (DON), licensed practical nurse (LPN) and the med tech. The med tech stated she had 2 residents' medications out because the LPN had requested the medication observation record (MOR) to pull information for the surveyor. She stated she was going to take the medications to the 2 residents. The DON and LPN were asked about the safety and appropriateness of having 2 residents medications set up and left unattended. They both stated it was not appropriate and that pre-pouring medications was not acceptable. The med tech was asked if she could be sure the medications in each souffle' cup were the correct ones for the identified individual and she stated "no." The administrator told the med tech she would need to waste the pills for both residents.

Surveyor returned to the second floor to continue the tour. At 10:15 a.m. this writer returned to the second floor kitchen area and observed the same 2 ziploc bags unattended on top of the medication cart. The med tech was observed to be at the kitchen counter rearranging items in the bottom cabinet with her back to the medications and cart. The med tech returned to the cart a few minutes later and stated it was OK for the ziploc bags to be on the cart unattended because they were labeled. Surveyor explained that it was not OK for them to be unsecured and unsupervised and that the labels contained resident information that was private. The med tech then opened the med cart and placed the bags inside.

The medications left unattended for #3 were [redacted] 600 milligrams (mg), [redacted] 10 mg, Acidophilus, [redacted] 20 mg, [redacted] 81 mg, [redacted] and Fish Oil 1200 mg. Those belonging to #4 were [redacted] Suspension 1% eye drops, [redacted] solution

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A 055	Continued From page 4 0.2/0.5% eye drops, solution 1% eye drops and 25 mg. Class III	A 055		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Savannah Court Of Maitland
1301 W. Maitland Blvd
Maitland, FL 32751

Dear Administrator:

Re: CCR #2012008913

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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