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
	AL11966826	A. BUILDING _____ B. WING _____	10/31/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE CROSSINGS	2689 ART MUSEUM DR JACKSONVILLE, FL 32207

(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 31, 2011. Heritage Crossing had deficiencies 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. (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	A 052		

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A 052	Continued From page 1	A 052		

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 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

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A 052	Continued From page 2	A 052		

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], [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 staff interview and record review the facility failed to ensure unlicensed staff did not administer medications ordered on an "as needed" basis, which required judgment and discretion of a licensed nurse for 4 of 12 sampled residents (Residents #2, #5, #15, and #16).

The findings include:

1. Review of Resident #2's Medication Observation Record (MOR) revealed orders for [illegible] 0.5 mg twice daily and an order for [illegible] 0.5 mg every 4 hours as needed for agitation. The MOR revealed Resident #2 was given as needed doses of [illegible] on [illegible], [illegible], [illegible], and five as needed doses on [illegible].

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A 052	Continued From page 3 An interview was conducted with the Medication Tech (MT) on , 2012 at 10:40 am. When asked who determined if a resident required medication for agitation, he stated the MT on duty. The MOR was reviewed with the MT. When asked why Resident #2 had been given 5 doses of "as needed " on , he stated he was not on duty but had been told that Resident #2 had been very agitated that morning. MT was asked whose initials were on the MOR on when the was given, he stated it was a MT that worked when he was off. An interview was conducted with the administrator on at 11:50 am. When asked if the MT's gave "as needed" medications she responded "yes". 2. Review of Resident #5's MOR revealed an order for 1 mg every 3 hours as needed. Review of the 2012 MOR revealed Resident #5 was given "as needed" doses on , , and . An interview conducted with the MT on / at 10:40 am, he stated the resident sometimes got agitated and was given. When asked who saves the he stated the MT on duty. 3. Resident #15 had an order for 0.25mg three times a day as needed. The MOR revealed doses were given 10/1, 10/3, , and . An interview was conducted with the MT on and confirmed the doses had been given by the MT's. 4. Resident #16 had an order for 0.5 mg four times a day as needed. The MOR revealed doses were given on 10/1, 10/5, , , , , , and . An	A 052		

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A 052	Continued From page 4 interview on / / at 10:40 am with the MT confirmed the doses were given by the MT's. An interview with the Administrator on at 1:30 pm verified the MT's were giving as needed doses of medications. Class III Correction Date: , 2012 (Immediate)	A 052		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Heritage Crossings
2689 Art Museum Drive
Jacksonville, FL 32207

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 -4201.

Sincerely,

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

KW/sm
Enclosure

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