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
	AL11953701	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASHTON PLACE	4151 ASHTON ROAD SARASOTA, FL 34233

(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 000}		

These are the results of a follow up to Complaint survey CCR# 2012009010 conducted on . The following deficiency was cleared: A030. Deficiency A052 was recited.

Due to an Uncorrected Class III deficiency in the area of medications (A 052) under Chapter 429.256 F.S, and Chapter 58A-5.0185 F.A.C. the facility must:

Employ a Licensed Consultant Pharmacist other than the pharmacist currently consulting for the facility. The initial onsite Consultant Pharmacist visit must take place within 14 days of identification of the Uncorrected Class III deficiency identified on .

The facility must have available for review by the Agency a copy of the Consultant Pharmacist's license.

The facility must submit the Consultant Pharmacist's corrective action plan to the Agency no later than 10 working days subsequent to the initial onsite consultant visit.

Mail a copy of the corrective action plan to:

Harold D. Williams, Field Office Manager
Agency for Health Care Administration
Health Quality Assurance
2295 Victoria Avenue,
Fort Myers, Florida 33901

The Consultant Pharmacist must be retained and provide quarterly updates until such time as the Agency has verified the correction of all medication systems.

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{A 052}	Continued From page 1	{A 052}		
{A 052}	58A-5.0185(3) FAC Medication - Assistance with Self-Admin	{A 052}		

(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 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

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{A 052}	Continued From page 2	{A 052}		

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 intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the

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{A 052}	Continued From page 3	{A 052}		

treatment of a skin condition.
(g) , , or 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 interview, record review, and observation, the facility failed to follow parameters, set by the physician, for holding a medication for 1 (Resident #1) of 1 resident reviewed.

The findings include:

Review of Resident #1's record shows she has an order for , 10 mg by mouth once daily. The MAR (Medication Administration Record) has a hand-written notation indicating, "Check hold if less than ." According to the 1823 she receives assistance with her medications.

An interview was conducted with Staff A at 9:15 a.m., on . Staff A confirmed the resident receives assistance with her medications. He confirmed the the resident had a physician's order to hold for B/P less than . He stated the resident's B/P this morning was . He stated he held the medication as a judgement call because of the history of the resident he felt he

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{A 052}	Continued From page 4	{A 052}		

should retake the B/P in 30 minutes before giving the resident her medication. He confirmed that the order read less than 120

9:45 a.m., Staff A was observed taking Resident #1's blood it was 161 interview was conducted with Staff A at that time. He stated he was going to give the medication to the resident. He was reminded at that time that the order reads less than 120 stated because the resident's systolic was 161 he felt he should give the medication. He was asked at that time if this would be following the physician's order. He stated, "I see what you mean." He then stated he would call the physician to see what he should do.

Review of Resident #1's MAR for the months of November December that on 8 occasions the B/P was recorded as being outside the parameter; 11/2-1

of the progress notes shows no documentation that the medical doctor or the supervisor was notified that the blood outside the parameter ordered. In every instance the medication was documented as being given.

An interview was conducted with Staff A on 9:50 a.m. He was asked how he would document that a medication was held. He stated he would circle the medication to show it was held. He reviewed the MAR and admitte that he had documented on the MAR on 11/1 when the B/P was noted as 12C the medication was initialed as given. He stated he had also documented on the MAR on

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{A 052}	Continued From page 5	{A 052}		

when the was noted as and the medication was initialed as given. He stated he had not given the medication on those dates. He stated he had forgotten to circle the medications. He was asked if he had documented in the progress notes that he had notified the doctor that he had held the medication on those dates. He admitted that he had not.

An interview was conducted with the Administrator at 10:30 a.m., on He reviewed the MAR at that time. He confirmed the medication should have been held on those dates and the physician should have been notified.

At 11:15 a.m., on Staff A brought a faxed order from the physician to discontinue the parameters for the medication for Resident #1. This order was obtained after Surveyor intervention.

Class III
Correction Date:

State Form: Revisit Report

(Y1) **Provider / Supplier / CLIA / Identification Number**
AL11953701

(Y2) **Multiple Construction**
A. Building
B. Wing

(Y3) **Date of Revisit**
12/3/2012

Name of Facility
ASHTON PLACE

Street Address, City, State, Zip Code
4151 ASHTON ROAD
SARASOTA, FL 34233

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	12/03	Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** David Day, HFES	**Date:** 12-11-12	**Signature of Surveyor:** LARRY T. , RNS	**Date:** 12-11-12
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:
9/25/

Check for any Uncorrected Deficiencies. Was a Summary of Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Ashton Place
4151 Ashton Road
Sarasota, Floirida 34233

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . 2012by representative(s) of this office. Enclosed is the provider's copy of the State Form 3020, which references the uncorrected deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **The deficiency shall be corrected no later than . 2013.**

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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosures: State Form and Revisit Report

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

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372