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
	AL11922141	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE RETIREMENT CENTER, LLC	300 WEST AIRPORT BLVD. SANFORD, FL 32771

(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 CCR#2012008039 was conducted on [redacted]. Deficiencies were found at the time of this visit.	A 000		
A 025	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 administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to follow the physician order dated : for 1 of 10 residents (#5). Findings: Record review for resident #5 revealed a Facility Health Assessment (1823) dated with a diagnosis of valve- hole in valve, ; and It is noted that the resident requires assistance with self-administration of medication. Further review revealed the medication observation record dated 2012 noted on : a hand written note "D/C" the medication Vesicare 5mg give daily at 5 PM by mouth was discontinued. A line was drawn through the rest of the month. The medication observation record for 2012 also indicated in hand written note "D/C" and a line was written through the month up until . There is no evidence of any physician order written, faxed or by telephone giving the direction to discontinue Vesicare 5mg for resident #5. The original order for Vesicare 5mg was dated . No order to discontinue this medication was located in the file. The Facility Director and Wellness Director are not able to locate a physician order to discontinue the medication nor are they able to explain who discontinued it. A new order was written by Dr. Gonzalo Huaman the urologist on . The medication observation record indicates that the Vesicare 5mg was started . Interview with resident #5 on : at approximately 2:30 PM revealed she has no awareness of the medication being discontinued or what physician orders exist. She did state that her inconsistency has gotten worse over	A 025		

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A 025	Continued From page 2 the past six months. Interview with the current Wellness Director on [redacted] stated the previous Wellness Director, Tiffany has been terminated. In reference to the medication change for resident #5 (vesicare 5 mg) whoever wrote it did not sign their name or initials. It is believed that an order to discontinue vesicare for another resident may have been recorded on resident #5's MOR by mistake. There was no physician order to discontinue the medication. Class III	A 025		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised	A 056		

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A 056	Continued From page 3	A 056		

instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified, for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.

(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.

(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.

(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.

(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be

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A 056	Continued From page 4	A 056		

kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Based on observaation, record review and interview the facility failed to ensure that the change in direction for use of medication controlled by the facility for Resident #5 (the discontinuing of Vesicare 5mg) was ordered by the health care provider.

Findings:

Record review for resident #5 revealed a Facility Health Assessment (1823) dated with a diagnosis of valve- hole in valve, and . It is noted that the resident requires assistance with self-administration of medication. Further review revealed the medication observation record dated 2012 noted on a hand written note "D/C" the medication Vesicare 5mg give daily at 5 PM by mouth was discontinued. A line

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A 056	Continued From page 5	A 056		

was drawn through the rest of the month. The medication observation record for 2012 also indicated in hand written note "D/C" and a line was written through the month up until There is no evidence of any physician order written, faxed or by telephone giving the direction to discontinue Vesicare 5mg for resident #5.

The original order for Vesicare 5mg was dated No order to discontinue this medication was located in the file. The Facility Director and Wellness Director are not able to locate a physician order to discontinue the medication nor are they able to explain who discontinued it. A new order was written by Dr. Gonzalo Huaman the urologist on The medication observation record indicates that the Vesicare 5mg was started

Interview with resident #5 on at approximately 2:30 PM revealed she has no awareness of the medication being discontinued or what physician orders exist. She did state that her inconsistency has gotten worse over the past six months.

Interview with the current Wellness Director on stated the previous Wellness Director, Tiffany has been terminated. In reference to the medication change for resident #5 (vesicare 5 mg) whoever wrote it did not sign their name or initials. It is believed that an order to discontinue vesicare for another resident may have been recorded on resident #5's MOR by mistake. There was no physician order to discontinue the medication.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Renaissance Retirement Center, Llc
300 West Airport Blvd.
Sanford, FL 32771

Dear Administrator:

Re: CCR #2012008039

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
XG90

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998