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
	AL11910231	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIAR MANOR	7555 131 ST., NORTH SEMINOLE, FL 33776

(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 Assisted Living Facility An extended congregate care (ECC) monitoring visit was conducted on [redacted]. The Greenbriar Manor, assisted living facility, had a deficiency found at the time of the visit.	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	A 055		

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A 055	Continued From page 1 medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require 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	A 055		

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A 055	Continued From page 2	A 055		

family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s 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 and interview the facility did not ensure prescription labeled medications were properly secured and expired medications were discarded in a timely manner for six (#1, 2, 3, 4, 5, 6) of 12 residents. Unsecured medications could put residents at risk for taking medications not intended for their use and expired medications could potentially be used by residents when the efficacy of the medication has been reduced thereby delivering a reduced medicinal effect or no medicinal effect for the intended medication use.

Findings include:

On entrance to the facility at 9:25 a.m. on and during the facility tour conducted from 9:30 a.m. to 9:40 a.m. the following

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	AL11910231	A. BUILDING _____ B. WING _____	12/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 055	Continued From page 3 concerns were identified: 1) On top of the medication storage cart located in the residents' dining [illegible] surveyor observed 4 bottles of prescription labeled [illegible] 10 gm/15 ml for residents #1, 2 and 3, a prescription labeled canister of polyethylene [illegible] for resident #4 and a large canister of over-the-counter purchased natural [illegible] supplement labeled for resident #4. These items were not secured in the medication cart or by any other means. The medications were observed to be accessible to ambulatory residents crossing through or entering the dining [illegible] any time. The assistant administrator/Extended Congregate Care (ECC) Supervisor stated "They should not be left up there but we have run out of space in the cart. I will get them put away.' 2) Clear plastic and mailer paper bags of [illegible] for residents #34 and 5 were observed stored unsecured on the door of the 2 door side-by-side refrigerator. The refrigerator did not have a lock. The refrigerator can be accessed by any ambulatory resident while crossing through the kitchen and into the dining [illegible]. The assistant administrator/ECC supervisor stated "I didn't realize the [illegible] had to be secured. I'll get that taken care of." 3) Small clear plastic bags of prescription labeled [illegible] 25 mg suppositories were observed stored on the refrigerator door of the 2 door side-by-side refrigerator: - Resident #1 had one bag with 12 suppositories with an expiration date of [illegible] one bag with 3 suppositories with an expiration date of [illegible] and one bag with 14 suppositories with an expiration date of [illegible] - Resident #6 had one bag with 15 suppositories	A 055		

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A 055	Continued From page 4 with an expiration date of Again, the medications were unsecured in the resident accessible refrigerator as well as having expired according to the "use by/expiration" date. The assistant administrator/ECC supervisor stated "I'll send the suppositories back to the pharmacy to discard. I'll check and make sure there are no more expired meds around." Pattern	A 055		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Greenbriar Manor
7555 131 St., North
Seminole, FL 33776

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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