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
	AL11963950	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT BENEVA PARK	743 S. BENEVA ROAD SARASOTA, FL 34232

(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 These are the results of an unannounced Biennial with Limited Nursing Services survey conducted on [redacted] through [redacted] at Emeritus at Beneva Park, an Assisted Living Facility in Sarasota, Florida. The census at the time of the survey was 80 residents.	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	A 055		

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A 055	Continued From page 1	A 055		

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 family, or the resident ' s guardian unless

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A 055	Continued From page 2	A 055		

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, record review, and interview the facility failed to insure expired medications for 8 (Resident #21, #12, #19, #13, #14, #15,
#16, and #17) of 20 residents sampled were disposed of in a timely manner.

The findings include:

1. On _____ at 8:30 a.m., observation of staff A performing glucose monitoring on Resident #21 revealed she used proper procedures. Residents #21 glucose was 155.

Review of the Medication Observation Record (MOR) revealed she has a sliding scale order for _____ which states she should receive 2 units of Humolog for a _____ glucose level of 150 to 200.

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A 055	Continued From page 3	A 055		

Observation of Resident #21's opened bottle of Humolog , when it was removed from the medication cart stored at revealed there was no date on the bottle indicating when the bottle was opened.

Instructions on box in medication cart states discard unused open after 28 days. No documentation was found of when was opened.

Review of Resident #21's other bottle of in the medication cart stored at revealed an open bottle of Lantis which had a date opened written on the box of Lantis box states to discard unused after being opened for 28 days.

Interview on at 8:40 a.m., Staff A stated that the daughter of Resident #21 brought in several open bottles of on admission and the facility has been using the brought in from the daughter before they open a new bottle.

2. Resident #12 was observed to have an open bottle of in the medication cart stored at with no documentation found on the bottle or box of the date the was opened.

3. Resident #19 was observed to have an open bottle of with a documented opened date of on the box. There was a sticker covering the instructions which stated how long an open bottle of stored at can be open.

The Resident Care Director was requested by the surveyor to call the facility pharmacy to find out

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A 055	Continued From page 4	A 055		

the pharmacy recommendation for how long a bottle a bottle of [redacted] can be opened before it must be discarded. The Resident Care Director called the pharmacy and stated the recommendation from the pharmacy was that [redacted] can be opened 42 days at [redacted] then it must be discarded.

4. Resident #13 was observed to have an open bottle of Lantis [redacted] stored in the medication cart at [redacted] without documentation found on the bottle or box of the date it opened. The Lantis [redacted] box states open unused [redacted] must be discarded after open for 28 days.

5. Resident #14 was observed to have a used Lantus [redacted] pen stored at [redacted] in the medication cart which states to use within 28 days of initial use. No documentation found of the date the pen was first used. Resident #14's name and pharmacy medication label was not found documented on the pen for identification. No box was found on the medication cart with label.

6. Resident #15 was observed to have an open bottle of Lantis [redacted] in the medication cart stored at [redacted] without documentation of the date the bottle was opened on the box or the bottle.

7. Resident #16 was observed to have an open bottle of Lantis [redacted] in the medication cart stored at [redacted] with documentation on the [redacted] bottle that it was opened on [redacted] Documentation on the Lantis [redacted] box states to discard unused portion after 28 days.

8. Resident #17 was observed to have a bottle of

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A 055	Continued From page 5 20 mg with an expiration date on the bottle of During an interview with the Resident Care Director on at 12:45 p.m., she verified that the on the medication cart was not properly labeled with the dates the bottles were opened and were not disposed of when expired. 9. An interview was held with the Executive Director on at 12:50 p.m. She verified the problem with the storage after looking at the expired bottles of and bottles of with no documentation of the date they were opened. Class III	A 055		
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.	A 056		

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A 056	Continued From page 6	A 056		

(c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised 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

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A 056	Continued From page 7 Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be 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 interview and record review the facility failed to ensure 1 (Resident #9) of 1 resident's medication was refilled in a timely manner. The findings include: An interview was conducted with Resident #9 on [redacted]. She stated during the interview there have been times when the facility ran out of her medication. She was not able to give any further details about when the incident occurred. Review of Limited Nursing Service notes revealed a note dated [redacted] at 9:00 a.m., which documents a medication technician informed an LPN that Resident #9 had not received her daily	A 056		

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A 056	Continued From page 8 dose of 40 mg for four days. Review of the MOR (medication observation record) for 2012 revealed that Resident #9 did not receive her dose of on 22, and 24 of 2012. In an interview with Resident Care Director on at 12:30 p.m., she verified there is documentation in the resident's Limited Nursing Service notes and the 2012 MOR that document Resident #9 had missed 4 doses of 40 mg for the dates of 21 through 24th, 2012. Class III	A 056		
A 090	58A-5.0191(11) FAC Training - Do Not Orders (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C.	A 090		

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A 090	Continued From page 9	A 090		

This Statute or Rule is not met as evidenced by:
Based on personnel record review and interview with the Executive Director, the facility failed to ensure 2 (Employee #2 and #3) of 3 employee personnel records contained documented evidence that the employees received training in the facility's policies and procedures regarding [redacted].

The findings include:

Review of employee personnel records in the presence of the Executive Director (ED) on [redacted] revealed a hire date for Employee #2 of [redacted] and for Employee #3 a hire date of [redacted].

During this review, neither record showed documented evidence that either employee received training on the facility's [redacted] policies and procedures.

The ED stated she would look to see if the documentation could be located elsewhere.

Interview with the ED on [redacted] at 1:20 p.m., confirmed neither employee had received the required training.

Class III

RICK SCOTT
GOVERNOR

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus at Beneva Park
743 S. Beneva Road
Sarasota, Florida 34232

Dear Administrator:

Re: Biennial with Limited Nursing Services survey

This letter reports the findings of a Biennial with Limited Nursing Services survey that was conducted on M and 18, 2012 by representatives 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 , 2013 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 this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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