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
	AL11911434	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN VILLAGE INC.	1103 BARRS STREET JACKSONVILLE, FL 32204

(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 Limited Nursing Services Survey was was conducted at Autumn Village on 2012. Deficiencies were identified.	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 medication is away from the facility and from	A 052		

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A 052	Continued From page 1	A 052		

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 intermittent positive pressure breathing machines

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A 052	Continued From page 2 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 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 resident and staff interview, the facility failed to ensure that injections were prepared and administered by licensed personnel for 1 of 1 resident sampled. (Resident #1) The findings include: During an interview with Resident #1 at 11:55 am on , he reported that the facility kept the medications in the main building "I get 3 units before every meal, and 20 units of Lantus before bedtime about 7 pm. The staff measure the units, and then they give me the syringe and I inject it myself. They draw it up each time, and I give it". During an interview on at 1:01 pm with the Facility Manager, she reported that Resident	A 052		

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	AL11911434	A. BUILDING _____ B. WING _____	12/20/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 052	Continued From page 3 #1 had broken bottles of [illegible] because "he shook in his hands" and that she began to draw it up for him. She reported that he tried to do it himself. She reported he was not safe with his needles or the bottles. She reported Resident #1 would take the [illegible] syringe and administer the [illegible] himself. She reported that even though he was repeatedly asked to recap the needles after he administered the [illegible], he would just try and give it back to her or throw it on her desk. She reported she felt he put her in harm's way because he would not recap his needles every time, even though she would instruct him to do it. She reported that she would back away because she did not want to be stuck with the needle. She reported that he had already broken 2 bottles of [illegible] while trying to draw up the [illegible], and that she felt he was not safe with giving his own [illegible] or his syringes and that is why she and the staff were drawing up the [illegible] for him. During an interview with the Administrator on [illegible] at 1:30 pm she acknowledged that he was not able to safely administer his own [illegible] and that she would provide licensed staff immediately to administer Resident #1's [illegible]. Class II	A 052		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Autumn Village, Inc.
1103 Barrs Street
Jacksonville, FL 32204

Dear Madam:

This letter reports the findings of a Limited Nursing Services Survey that was conducted on , 2012 by a representative of this office.

Attached is your copy of the *State (3020) Form*, which indicates the licensure deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency immediately. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiency identified on your survey. **A recommendation for sanction has been forwarded to the Central Office in Tallahassee for the Class II deficiency related to the facility's medication practices. This action, if taken, will be a matter of separate correspondence from the Central Office in Tallahassee. The Agency is requiring the facility to employ the consultant services of a licensed pharmacist or a licensed registered nurse to assist the facility in coming back into compliance. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.**

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 us at

Sincerely,

Keisha Woods

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

N/NG/je
Enclosure

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054

Mailed 12/31/12