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
	AL11967671	A. BUILDING _____ B. WING _____	R-C

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD GARDENS PROPERTIES, LLC	1012 N 72 AVENUE PENSACOLA, FL 32506

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{A 000}	Initial Comments	{A 000}		

An unannounced second follow-up survey for CCR # 201209591 and Limited Nursing Services Monitoring visit was conducted on [redacted] at Emerald Gardens Assisted Living Facility. Deficient practice was found at the time of the survey for the follow-up.

{A 052} SS=D 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 [redacted] 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

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{A 052}	Continued From page 1	{A 052}		

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 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

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

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 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 observation, interview, and record review the facility failed to assist with medications according to health care providers orders for 1 of 3 Residents (#2) observed for medication pass.

The findings are:

A medication pass was observed for Resident #2 on about 9 am. . The Med Tech told Resident #2 the Azrithromycin was changed to one pill twice daily. He assisted with one tablet 250 mg.

The pharmacy label for Azrithromycin reads: azrithromycin two 250 mg tabs (500 mg) daily.

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

There is a label indicating an order change on the medication package.

A review of the Medication Observation Record (MOR) revealed two places for one reads 250 mg (looks like it was overwritten) take one (crossed out and two put below the one tablet daily and places to 8 am and 8 pm. All the MOR places are filled for 1/4 8 am and 8 pm through 1/6. ON 1/7 there is a signature for 8 am dose and the word rewritten with an initial.
The second place on the MOR reads 250 mg take one tablet by mouth twice daily. with 8 pm dose indicating it was assisted with on 1/6, 1/7/ and 1/8. The 8 am dose was assisted with on 1/8/ and .....

A review of Resident #2's medical record was conducted. An order for the to be given twice daily was not found. An order was found written on by her health care provider which reads 500 mg #7 one tablet po (by mouth) daily.

An interview was conducted with Employee D (the Head Med Tech) about 10:55 am on She was asked to provide the order for the change in the medication. She stated, "The resident did not want to take two tablets at a time so we wrote it to be given twice daily". She confirmed she had not contacted the resident's health care provider for direction for the change.

An interview was conducted with the Administrator on about 1:10 pm. She stated, "My staff would always follow doctors orders. She read the MOR, the doctor's order and confirmed the medication was being given 250 mg twice daily instead of 500 mg daily as

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{A 052}	Continued From page 4 ordered.	{A 052}		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders	A 056		

(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 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

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A 056	Continued From page 5	A 056		

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 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

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A 056	Continued From page 6	A 056		

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 observation, interview, and record review the facility failed to contact the health care provider to provide the circumstances under which 1 of 3 (Resident #2) should be given as needed medications.

The findings are:

A medication pass was observed for Resident #2 on about 9:00 am. She was observed to be assisted with two as needed medications during the medication pass. The medication pharmacy labels read: 10 mg one tab (twice daily) prn (as needed); and the second norco mg one tablet every 12 hours prn (as needed).

A review of Resident #2's chart revealed the following orders: 10 mg one tab twice daily prn and an order on for Norco one q 12 H prn (one every 12 hours as needed). A review of the Medication Observation Record revealed the orders written as prescribed.

An interview was conducted with the Head Med Tech Employee D about 11:20 am on 1/9/1. She was asked if she saw anything wrong with the two orders. She stated, "No". She was then read the regulation for as needed medications and replied "Should I call the doctor".

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A 056	Continued From page 7 An interview was conducted with the Admininstrator about 1:10 pm on [redacted]. She did not see anything wrong with the orders.	A 056		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emerald Gardens Properties, Llc
1012 N 72 Avenue
Pensacola, FL 32506

Dear Administrator:

This letter reports the findings of a second revisit survey conducted on , 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and new deficiencies, identified during the revisit.

Due to your uncorrected citation related to medication management, you must employ (on staff or by contract) the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse. The initial on-site consultant visit shall take place within 7 working days of the date of this letter. The facility shall have available for review by the agency a copy of the pharmacist's or registered nurse's license and a signed and dated recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. The facility shall provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies 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 850-412-4540.

Sincerely,

Patricia McIntire, RN

Donah Heiberg, M.S.W.
Field Office Manager

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DH/pm
Enclosure

BBT7