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
	AL11942977	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROYAL SUN PARK	312 E 124 AVE TAMPA, FL 33612

(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 A complaint survey, CCR# 2012011218, was conducted on . The Royal Sun Park, assisted living facility, had a deficiency found at the time of the visit.	A 000		
A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on record review, interview and observation the facility failed to properly document medication assistance on the medication observation record (MOR) for 2 (#1, #2) of 2 residents sampled. On , at 9:40 a.m., staff # A was observed conducting a medication assistance pass for resident #1 and #2. At the time staff #A already had the medications ready to give to resident #1. Observed staff #A identify resident #1 and inform her that she had her medications for her. Staff #A then handed the medication to resident #1 and observed her take her medications. Staff #A then returned to the medication cart and started to pull medications for resident #2. The surveyor observed staff #A compare the medication to the MOR put the medication in a paper cup. Staff #A then started to initial the date box for the medication on the MOR. At this time, the surveyor stopped staff #A and asked why she was doing this. Staff #A stated "that the lady(name unknown) from Agency for Health Care Administration told her to do it this way." The surveyor informed staff #A that this she was pre-signing medication and that this was improper medication documentation. The surveyor informed her that she can only initial the date box on the MOR after she observes the resident take the medication. The surveyor asked if this is the procedure she does for all residents that she helps in medication assistance with and she stated "yes." Staff #2 then assisted resident #2 with his medications. The surveyor then reviewed the MOR for resident #1. Resident #1 was ordered an 24 hr. 9.5 mg patch to be given once a day at 9:00am. The MOR had staff	A 054		

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A 054	Continued From page 2 #A's initials in the date box for / as given. The surveyor asked staff #A if she gave this medication. She stated "no, I forgot." Observe staff #A pull the medication for resident #1 and help resident place it on her left upper shoulder. Staff #A completed 4 hour assistance with medication training on / / and had a 2 hour update on . This training was conducted by a registered nurse. Class III Pattern	A 054		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Royal Sun Park
312 E 124 Ave
Tampa, FL 33612

Dear Administrator:

Re: **CCR# 2012011218**

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

FR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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