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
	AL11932587	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STRATFORD COURT OF PALM HARBOR	45 KATHERINE BLVD. PALM HARBOR, FL 34684

(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 change of ownership state licensure survey (CHOW) with limited nursing services (LNS) was completed on . The Stratford Court of Palm Harbor, assisted living facility, had a deficiency found at the time of the visit.	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	A 052		

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A 052	Continued From page 1	A 052		

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 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

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A 052	Continued From page 2 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 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 observations, interviews and record reviews, the facility failed to ensure the appropriate steps were taken while providing assistance with the self administration of medications to 1 (Resident #1) of 3 residents during the noon medication pass including the failure to observe the prescribed medications being swallowed and for failing to correctly document the time on the medication observation record (MOR), which placed the resident at risk of complications due to either taking too much, too little or none at all. Findings include:	A 052		

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A 052	Continued From page 3 During an interview with Resident #1 on at approximately 10:15 am, the resident was observed holding a medication cup with approximately 6 unidentified pills in it that she said had been left on her breakfast tray. Prior to swallowing the pills, the resident was observed to spill 2 of the pills on the floor. She then picked the pills up and then quickly swallowed all of them. The resident was informed that staff could replace any pills that on the floor. The resident did not respond; she just smiled. When Resident #1 was asked about the medication she took, she stated that " the staff brings me the medications and I take it. Sometimes they leave the medications for me to take after breakfast. " Review of Resident #1 ' s MORs revealed 7 medications were scheduled for 8:00 am: XT 180 mg, 1 mg, 20 mg, Methad1 10 mg, ( ) 20 mg, CL ER 10 mEq, and 325 mg. The medication observation records also revealed that the only medication that was scheduled for both 8:00 am and 12:00 pm was Review of Resident #1 ' s record revealed that in Section 2-B on the Resident Health Assessment, ACHA Form 1823 dated , the question, " Does the individual need help with taking his or her medications? " was checked " yes " and " Needs assistance with Self-Administration of Medications " was also checked. Therefore, the resident should not be independently administering her own medications. During the observation of a medication pass on at approximately 11:30 am, Staff A was observed checking Resident #1 ' s Medication Observation Records (MORs) in order to give the resident her medications due at 12:00pm. Staff A (medication tech) was informed by the surveyor that the resident took her medication at	A 052		

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A 052	Continued From page 4 approximately 10:15 am, during the resident ' s interview and not at 8:00 am when scheduled and documented as given; therefore, Staff A was stopped from giving the medication, , which was ordered for and until staff could notify the prescribing provider of the error and obtain guidance. If Staff A had not been made aware of the approximate time when Resident #1 was observed taking the medication, Staff A would have given Resident #1 her medication, , that was due again at 12:00 pm, making the interval between the 8:00 am and the 12:00 pm scheduled doses of only 1 and 1/ 4 hours apart instead of 4 hours. In an interview with Staff B (medication tech) on at approximately 11:40 am, Staff B acknowledged that she did initial in the medication observation record that she observed Resident #1 swallow her 8:00am medications but acknowledged that she only saw Resident #1 take 1 or 2 of the pills. Staff B stated she did leave the rest of the medication with Resident #1 to be taken later because the resident did not want to take them at that time. Staff B stated Resident #1 wanted to take them after breakfast. However, Staff B does not know which pills she took. Staff B also acknowledges that she is not supposed to leave the medication with the resident, but stated that Resident #1 insisted that she would take her pills after breakfast. By Staff B ' s initialing of the MORs to indicate that Resident #1 took her medications when she had not, Resident #1 was placed at risk of receiving her 8:00 am and 12:00 pm doses of too close together which could have resulted in harm to the resident. Review of employee records revealed that both Staff A and Staff B completed the initial 4 hour training course for assistance with medication	A 052		

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A 052	Continued From page 5 administration and most recently had a 2 hour update training course on . In the interview with the administrator on at approximately 11:45 am, she acknowledged that leaving the pills with Resident #1 to be taken later was a medication error. The administrator called and received an order from Resident #1's physician to give the resident the medication at 1:00 p.m. Staff B was observed on / at approximately 1:00 p.m. providing Resident #1 with assistance with the self-administration and documentation of , without any concerns raised. CLASS III	A 052		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Stratford Court of Palm Harbor
45 Katherine Blvd.
Palm Harbor, FL 34684

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey with limited nursing services (LNS) 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,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161