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
	AL11965129	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BERRY HILL MANOR RETIREMENT CENTER	5544 SWANNER RD. MILTON, FL 32570

(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 biennial licensure survey in conjunction with a Limited Nursing Services follow-up survey was completed at Berry Hill Manor Retirement Center on [redacted] to [redacted] Deficient practice was found at the time of the survey.	A 000		
A 056 SS=D	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. (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	A 056		

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A 056	Continued From page 1	A 056		

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 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:

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A 056	Continued From page 2	A 056		

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 resident and staff interview and record review the facility failed to have medications available for administration for 2 of 4 sampled residents. (#6, 12)

The findings are:

1. During interview with resident #6 on [redacted] at 9:52 am she stated the facility runs out of medications some times. She stated about a week ago they ran out of several medications.

Review of her medication observation record (MOR) dated [redacted] and [redacted] indicated the following medications were not given: [redacted] 15 milligrams one two times a day for [redacted] for 4 doses, [redacted] 8 milligrams as needed for [redacted] for one dose, [redacted] 15 milliliters two times a day for [redacted] for 11 doses, [redacted] 12.5 milligrams one as needed for [redacted] for 3 doses. The back of the MOR indicated these medications were not given because resident out of medication and ordered from pharmacy.

Review of pharmacy forms for ordering and reordering medications indicate medications were

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A 056	Continued From page 3	A 056		

ordered or reordered on the following dates: and .

Interview with Licensed Practical Nurse on at 1:40 pm stated she was aware the resident had run out of medications on several occasions in the month of and . She stated she completed the pharmacy order form and faxed it the doctor on several occasions. She stated their policy is to place medications on the pharmacy reorder form and it is faxed to the pharmacy the same day.

2. While observing medications administration for resident #12 on at 11:30 am the MOR indicated a circle around the dated at 6:00 AM for a supplement. The back of the MOR indicated medication pending delivery/refill. Another note indicated contacted pharmacy and pharmacy is waiting on doctor order.

Record review indicated 150 milligram pill to be given monthly.

Interview with Licensed Practical Nurse on at 11:30 am stated the pharmacy had been faxed and they were waiting on doctors orders. She then said she called the pharmacy on . The pharmacy said they had been trying to contact the wrong doctor. She said even if they got the order today the medication would not be delivered until tomorrow.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Berry Hill Manor Retirement Center
5544 Swanner Rd.
Milton, FL 32570

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 15 and 2013 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** to 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 me at 850-412-4540.

Sincerely,

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

DH/kb
Enclosure
XG90

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