

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER VERANDA OF PENSACOLA, INC (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 6982 PINE FOREST ROAD PENSACOLA, FL 32526		
(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 On _____, 2013 an unannounced abbreviated biennial survey was conducted at Veranda of Pensacola Assisted Living Facility. At the time of the survey, the facility was found to be not in compliance with the requirements for Assisted Living Facilities. Deficient practice was cited at A0052 Medication Administration.	A 000			
A 052 SS=D	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	A 052			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0000

31D211

If continuation sheet 1 of 6

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER VERANDA OF PENSACOLA, INC (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 6982 PINE FOREST ROAD PENSACOLA, FL 32526		
(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 052	Continued From page 1 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 crushing a tablet as prescribed. (b) The preparation of syringes for injection or the	A 052		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER VERANDA OF PENSACOLA, INC (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 6982 PINE FOREST ROAD PENSACOLA, FL 32526		
(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 052	Continued From page 2 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 an unlicensed staff appropriately assisted residents who require assistance with self administration of medication for 1 of 2 sampled residents (#2) during medication pass observation. The findings are: Review of Florida Statutes 429.256(3) revealed "...an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine,	A 052		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER VERANDA OF PENSACOLA, INC (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 6982 PINE FOREST ROAD PENSACOLA, FL 32526		
(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 052	Continued From page 3 regularly scheduled medications that are intended to be self-administered. (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container." Review of sampled resident #2's latest Resident's Health Assessment for Assisted Living Facilities dated _____ revealed the physician stated the resident needs assistance with self-administration of medications. Interview on _____ at approximately 9:10AM with sampled staff A revealed she is a medication tech and not a licensed nurse. Observation on _____ at approximately 9:15AM revealed sampled staff A, pull sampled resident #2's medication _____ packets from the medication chart as she compared them with the resident's medication observation record (MOR). She placed the medication _____ packets in a small plastic box along with the resident's MOR and entered the resident's _____. The resident was sitting in a recliner watching her TV. The medication tech placed the plastic box on the resident's bar, approximately six feet away from the resident, the resident could not see the medications as the staff prepared the medications. The medication tech dispensed each of the following medications into a paper medication cup: 75mg one, -Cranberry tab 450mg one, 325mg one, XL 100mg ER one, 0.6mg one, M20 ER one, and C 500mg one. The medication tech initially was reading the name of the medications to the surveyor, but not to the resident, but stopped	A 052			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER VERANDA OF PENSACOLA, INC (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 6982 PINE FOREST ROAD PENSACOLA, FL 32526		
(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 052	Continued From page 4 after reading the first three medications. She dispensed all the medications into the medication cup walked over to the resident and handed the medication cup to the resident, who immediately took the medication with water. The medication tech did not read the medication labels to the resident. At no time did the medication tech inform the resident what medications she was taking. The surveyor asked the resident if she was aware of the medications she just took or if she knew what they were for. She stated "No, I don't and I wouldn't remember ten minutes from now even if she told me". Sampled staff A went over and sat down by resident and then began to tell the resident what medications she had just taken. Surveyor returned to the speak to the resident again at approximately 10:00AM and she stated that she does not know her medications and is not sure what she is taking anymore, "my mind isn't what it use to be". Interview with the Registered Nurse (RN) on _____ at approximately 10:35AM revealed her statement the non licensed medication tech's training is through a contracted outside agency and then the facility nurses spend time with the medication tech to ensure they are properly trained before they are allowed to assist with self administration of medications. She stated sampled staff #A is not a licensed nurse and is a medication tech and is to assist residents with self administration of medications only. She stated the process for assistance with resident self-administration is for the medication tech to take the medications into the resident's _____ their containers along with the MORs and then identify each of the medications to the resident by reading the medication's labels to the residents before placing into the medication cup. The RN was informed of the surveyor's observations and she confirmed the correct procedure was not	A 052			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER VERANDA OF PENSACOLA, INC (THE)			STREET ADDRESS, CITY, STATE, ZIP CODE 6982 PINE FOREST ROAD PENSACOLA, FL 32526		
(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 052	Continued From page 5 followed. The surveyor requested the facility's policy and procedure for assistance with self administration of medications from the assistant director. She provided the surveyor with the facility policy which stated "Trained staff will assist residents who are self-administering. Licensed nurses may directly administer medications." Interview with the assistant director on _____ at 11:15AM confirm the medication techs are to take the medications into the resident's _____ any other private area; read the medication labels to the resident and then place in a medication cup; they are not to administer medications. Class III	A 052			

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Veranda Of Pensacola, Inc (the)
6982 Pine Forest Road
Pensacola, FL 32526

Dear Administrator:

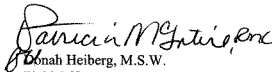
This letter reports the findings of an abbreviated state licensure survey including limited nursing services that was conducted on , 2013 by representatives of this office.

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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,


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

DH/pm
Enclosure
XG90

