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
	AL11967230	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHP HARBOUR ISLAND, LLC	1101 PLANTATION ISLAND DRIVE SAINT FL 32080

(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 An unannounced Change of Ownership survey was conducted at SHP Harbour Island, LLC in St. Florida on 2013. Licensure deficiencies were identified as a result of the survey.	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 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.	A 052		

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A 052	Continued From page 1 (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 route.	A 052		

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A 052	Continued From page 2 (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 upon observation, resident record review, and staff interview, the facility failed to ensure that unlicensed staff did not assist with treatments for one of four residents (#3) observed during medication pass. The facility also failed to ensure that unlicensed staff assisted with self-administration of medication by reading the prescription label in the presence of the resident for one of four residents (#1), and failed to ensure that medication was given as prescribed by the physician for one of four residents (#4). The findings include: 1. Interview with Medication Technician #6 on at 9 am revealed that she was a medication technician who had worked at the	A 052		

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A 052	Continued From page 3	A 052		

assisted living facility for five years. She stated that she had had the initial training and the update for assisting with self-administration of medication and was due for another update soon.

2. Observation of Medication Technician #6 on [redacted] at 9:09 am revealed that she washed her hands, took the medication cards out of the medication cart, punched the medications into souffle cup. She then prepared a cup of water for Resident #1. She marked the medication observation records with her initials. She then gave Resident #1 the inhaler after wiping off the spout with a tissue. She cut open a the packet for a dermal patch and placed it on the resident. She used hand sanitizer before handing the resident her pills. She did not read the prescription labels aloud to the resident before handing her the 6 pills in the souffle cup.

3. Observation of Medication Technician #6 on [redacted] at 9:30 am revealed that she washed her hands, and then started taking out Resident #4's medications from the medication cart. She gave Optive 0.5 - 0.9% eyedrops with instructions to give one drop in both eyes four times daily. She then prepared [redacted] for the resident to take. She then took out [redacted] and instilled two drops in each of Resident #4's eyes.

When she finished giving the resident his medications [redacted] at 9:45 am, she was asked about the number of drops that she gave of the [redacted] eye drops. She stated that she gave him two drops instead of one because she wanted to be certain he received enough medication since the vials were so little. She also stated that I made a mistake.

A review of the physician's orders, dated

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A 052	Continued From page 4 for Resident #4 revealed that the . . . . . emu 0.05% had instructions to instill one drop in both eyes twice a day. 4. On . . . . . at approximately 10:04 am, Medication Technician #6 was observed providing assistance with a . . . . . treatment to Resident #3 in his . . . . . She told Resident #3 that it was time for his breathing treatment. She opened the vial of . . . . . 2.5 mg / 0.5 ml solution, poured it into the spout of the machine, placed the mask on the resident's face, and asked the resident push the on button of the machine. Class III	A 052		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
SHP Harbour Island, LLC
1101 Plantation Island Drive
Saint , FL 32080

Dear Administrator:

This letter reports the findings of a state licensure Change of Ownership survey that was conducted on 31, 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 this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/CB/sm
Enclosure

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