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
	AL11966036	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOBY WEINMAN ASSISTED LIVING RESIDENC	240 59TH STREET NORTH SAINT PETERSBURG, FL 33710

(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 limited nursing services (LNS) monitoring visit was conducted on . The Toby Weinman Assisted Living Residence facility had a deficiency found at the time of the visit.	A 000		
A 050	58A-5.0185(1) FAC Medication - Self Administered Medications Medication Practices. Pursuant to Sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule. (1) SELF ADMINISTERED MEDICATIONS. (a) Residents who are capable of self-administering their medications without assistance shall be encouraged and allowed to do so. (b) If facility staff note deviations which could reasonably be attributed to the improper self-administration of medication, staff shall consult with the resident concerning any problems the resident may be experiencing with the medications; the need to permit the facility to aid the resident through the use of a pill organizer, provide assistance with self-administration of medications, or administer medications if such services are offered by the facility. The facility shall contact the resident ' s health care provider when observable health care changes occur that may be attributed to the resident ' s medications. The facility shall document such contacts in the resident ' s	A 050		

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A 050	Continued From page 1 records. This Statute or Rule is not met as evidenced by: Based on interview, observation and record review the facility failed to complete the self-administration assessment for one of two residents, Resident #1. By not completing the self-administration assessment, Resident #1 may not be able to correctly administer the medications needed, potentially leading to an adverse outcome for the resident. Findings include: Record review of Resident #1's health assessment form reveals that the resident needs assistance with self-administration of medications. The health assessment was last updated on . Also listed under nursing services on the health assessment is written " supervision of meds ". Interview with the resident on at approximately 10:00 AM revealed that the resident stated that he managed his own medications. Observation of the resident's this time revealed that the resident had 2 bottles of eye drops on his microwave and box with his medications. Interview with the Director of Nursing on at approximately 12:00 PM revealed that the resident does do some of his medications on his own, but has not been assessed to be able to do this, and there is no physician order stating that the resident is able to administer his own medications. By not supervising and assisted with the residents medications as recommended the resident is at risk for an adverse reaction, related to taking the wrong medication or dosage. Class III	A 050		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Toby Weinman Assisted Living Residence (The)
240 59th Street North
Saint Petersburg, FL 33710

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit 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 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 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. 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

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