



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
The Haven House at Ocala
12980 S.W. Highway 484
Dunnellon, FL 34430

Dear Administrator:

This letter reports the findings of a Change of Ownership and Extended Congregate Care licensure survey that was conducted on _____, 2013 by a representative of this office.

Enclosed 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911641	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER THE HAVEN HOUSE AT OCALA		STREET ADDRESS, CITY, STATE, ZIP CODE 12980 S.W. HIGHWAY 484 DUNNELLON, FL 34430		
(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 (CHOW) and Extended Congregate Care Licensure survey was conducted on _____ at The Haven House of Ocala Located in Ocala, FL to determine if the facility was in compliance with Chapters 429, Part I & 408, Part II, Florida Statutes and 58A-5 Florida Administrative Code. The facility was not in compliance.	A 000		
A 052 SS=G	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	A 052		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

0099

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If continuation sheet 1 of 8

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A 052	Continued From page 1 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 crushing a tablet as prescribed.	A 052		

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A 052	Continued From page 2 (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 review of the medication observation record (MOR) and interview the facility failed to ensure that non-licensed staff was not making independent judgment to give as needed (PRN) medication to 1 (#5) of 8 residents in the sample. Findings: Review of the _____ 2013 MOR for resident #5 revealed that there was a prescription for _____ 0.25 mg one tablet by mouth every six hours as needed for agitation. Continued review of the MOR revealed that the resident had been assisted with the medication on _____.	A 052			

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A 052	Continued From page 3 2/1,4,E Review of resident #5 AHCA Form 1823 dated revealed that the resident has an admitting medical diagnosis of and hallucinations. The residents status was documented as disorganized thought process. During the interview with the resident caregiver on at 11:00 am, she stated that she had given the resident the medication because she appeared to be very agitated. Continuation of the interview revealed that the resident caregiver is not a licensed nurse and she did not attempt to contact the facility's licensed nurse to inform her of the residents medical condition. During the interview with the interim administrator on at 3:30 PM, she stated that the staff member had been trained regarding PRN medications and she should have known not to administer the medication. Class II	A 052		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who	A 054		

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A 054	Continued From page 4 receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known _____; the resident may have; the name of the resident's health care provider, the health care provider's telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical _____ the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on interview and review of the medication observation records (MOR) the facility failed to ensure that staff documented each time a medication is administered or offered for 1 (#7) of 8 residents in the sample. Finding: 1. Review of the _____, 2013 MOR for resident #7 on _____, 2013 revealed the staff did not document following medications had been offered or administered: _____ 0.5 mg one tab by mouth one time a day _____ 20 mg one tablet by mouth daily _____ 25 mg 1 tab by mouth at bedtime _____ 0.5 mg take 1/2 tablet by mouth at bedtime _____ Succ ER 100 mg take one tablet by mouth at bedtime	A 054		

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A 054	Continued From page 5 : 50 mg take one capsule by mouth at bedtime During the interview with the medication technician on at 1:30 PM, she stated that it was an oversight. 2. Review of the 2013 MOR revealed that there was documentation for Accu-checks three times a day per week when LPN on shift (sign results). During the interview with the licensed practical nurse (LPN) on at 12:45 PM, she stated that she has not had the time to document the MOR when she has performed the accu-checks. Continued interview revealed that there are eight residents with who are to receive the accu-checks. Class III	A 054			
AE201 SS=D	58A-5.030(2) FAC ECC - Policies (2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through an extended congregate care program must promote resident independence, dignity, choice, and decision-making. The program shall develop and implement specific written policies and procedures which address: (a) Aging in place. (b) The facility 's residency criteria developed in accordance with the admission and discharge requirements described in subsection (5) and ECC services listed in subsection (8). (c) The personal and supportive services the facility intends to provide, how the services will be provided, and the identification of staff positions to provide the services including their relationship	AE201			

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AE201	Continued From page 6 to the facility. (d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff. (e) Identifying potential unscheduled resident service needs and mechanism for meeting those needs including the identification of resources to meet those needs. (f) A process for mediating conflicts among residents regarding choice of apartment and (g) How to involve residents in decisions concerning the resident. The program shall provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions a family member or other resident representative shall be consulted. Choices shall include at a minimum: 1. To participate in the process of developing, implementing, reviewing, and revising the resident ' s service plan; 2. To remain in the same the facility, except that a current resident transferring into an ECC program may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed; 3. To select among social and leisure activities; 4. To participate in activities in the community. At a minimum the facility shall arrange transportation to such activities if requested by the resident; and 5. To provide input with respect to the adoption and amendment of facility policies and procedures.	AE201		

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AE201	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that their policy included the identification of staff positions to provide the service including the relationship to the facility. Finding: During the interview with the interim administrator on _____ at 4:00 PM she stated that the home health agency would be providing the nursing care for the Extended Congregate Care residents. Review of the contract revealed that it does not identify the nurses, their license status, duties, general working hours or supervision of the staff. Class III	AE201			