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
	AL11966489	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY HAVEN VILLA	111 EAST WRIGHT STREET PENSACOLA, FL 32501

(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 Complaint #CCR 2013001504 was investigated on [redacted] at Wesley Haven Villa Assisted Living Facility. The complaint was partially substantiated for past non compliance. At the time of survey the facility had deficiencies.	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 [redacted], 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	A 052		

(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.

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A 052	Continued From page 2	A 052		

(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 observation, staff interview and record review the facility's non licensed staff were observed administering medications to 3 of 5 sampled residents. (#1,2,3)

Findings include:

1. Medication Technician (MT) #1 was observed administering medications (meds) to resident #2 on at 8:20 am. She poured his meds in a medication cup from the medication cart with her back to him. During this she did not communicate with him. She then gave him the cup of meds without explaining the medications. The pills that were given were: , , 5 milligrams (mg), 10 mg, 0.5 mg, 40-25, 20 mg, Iron

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A 052	Continued From page 3 65 mg, , 20 mg, 10 mg, 50 mg, ER 100 mg, 10 mg, D31000 IU (international units). In addition to the pills two puffs of HFA inhaler 90 micrograms (mcg) was administered. During this she shook the inhaler and gave it to the resident without instructions. He then quickly took two puffs. He did not hold his breath, exhale or wait 2 minutes between puffs. Review of Nursing Drug Handbook 2012 under inhalation administration for this medication indicates if more than one inhalation is ordered, wait at least 2 minutes between inhalations and to exhale and hold breath. Interview with MT during this time indicated the resident is . Interview with administrator on at 12:00 noon indicated the resident is . She indicated when his wife (who is his) is out of the facility the resident goes home to stay with family due to his . Record review of the Medication observation record (MOR) dated noted meds given by initials. Review of health assessment indicated an admission on with a diagnosis of . The health assessment also indicated the resident needed assistance with medications. Observation of resident during medication observation by MT noted resident not responding to MT ' s comments after taking medications and wife assisting with conversation to help him understand. 2. When this surveyor approached the MT#1 for medication observation of resident #1, the MT had already poured the medications into a medicine cup for resident #1 at 8:15 am on . The medication cart was out of view of the	A 052		

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A 052	Continued From page 4	A 052		

resident. The MT stated she had already poured the medications. She then took the med cart into the gave the cup fill of medications to the resident without explanation.

Interview with the MT on at 8:15 stated the resident is a little at times. Further interview with her indicated she gave the following morning meds: 100 milligrams (mg), mg, 81 mg, 40 mg, ER 500 mg, 60 mg, 40 mg, 10 mg, 100 mg, 100 mg, Multi- and Oyster Shell plus D 500 mg.

Review of health assessment dated indicated an admission on . The assessment indicated the resident needed assistance with medications.

3. Medication Technician #1 on at approximately 8:30 am took the medication cart into resident #3 ' s pour up medications. She stood in front of the cart with her back to the resident and poured the following medications into the med cup: 10 mg, 40 mg and D3 1000 units. During this she did not communicate with the resident. She then gave the cup of medications to the resident without explaining the medications to the resident.

Review of health assessment dated indicated the resident did not need assistance with medications.
Interview with the nursing director on at approximately 12:00 noon stated she has just finished doing a check on all residents in the building for accuracy of health assessments. She

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A 052	Continued From page 5 stated the resident ' s name is on the list to contact the physician to change her status to assist with meds due to occasional periods of [redacted]. Class III	A 052		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Wesley Haven Villa
111 East Wright Street
Pensacola, FL 32501

Dear Administrator:

Re: CCR #2013001504

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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, MSW
Field Office Manager

DH/dh
Enclosure
XG90

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