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
	AL11964729	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE PLACE	18400 COCHRAN BLVD. PORT CHARLOTTE, FL 33948

(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 This is the report for Complaint Survey, CCR# 2013002089 which was conducted on [redacted] through [redacted] at Village Place, an Assisted Living Facility (ALF). There were 5 allegations in this complaint. Two of the allegations were confirmed and resulted in deficiencies.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents,	A 025		

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A 025	Continued From page 1	A 025		

changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on a review of resident records and interview with facility clinical and administrative staff, the facility failed to ensure there was an assessment for a change in the resident's condition for 1 (Resident #2) of 6 residents.

The findings include:

A review of the resident record for Resident #2 revealed the resident had progress notes dated [redacted] that a dermatologist had requested information about the resident. On [redacted], the progress note stated the dermatologist came to the facility. The resident right "Hand/arm" was examined and a [redacted] was taken. [redacted] care was ordered for this resident through a home health agency for the next 3 weeks. There was no documentation in the progress notes about any issues with the resident's arm/hand.

During an interview with one of the [redacted] it was noted the facility keeps "Communication notes" the assistants write to communicate with each other. Also included in the notes are issues with residents, issues with the environment, and communication about care issues.

Review of the communication book revealed on [redacted], the resident "Came out to nurses' station showed me the dark spot on her hands. I told her to put lotion on it, the spots will go away." It was never assessed by the nursing staff present in the facility on a daily basis.

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A 025	Continued From page 2 During an interview on _ _ _ at 2:10 p.m. the Nurse Manager indicated agreement there should have been an evaluation about this area. Class III	A 025		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff	A 056		

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A 056	Continued From page 3	A 056		

who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:

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A 056	Continued From page 4	A 056		

1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.

(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Based on a review of resident records including Medication Observation Records (MOR) and interview with administrative staff, the facility failed to ensure resident medications were assisted with as ordered by the physician for 4 (Residents #2, #4, #5, and #6) of 6 residents reviewed.

The findings include:

1. Review of Resident #2's MOR for and of 2012 revealed the resident had orders for an patch used for patient's treatment. This medication was orders for the resident on the health assessment dated for the patch to be changed daily. Upon reviewing the MORs for this resident it was revealed the resident had not received this drug starting on There was a note of the and subsequent MORs indicating this drug had been discontinued on However, there was no physician's order to discontinue this medication located in the record for this patient.

This was confirmed with the Health care director on at 4:10 p.m. This was also confirmed

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A 056	Continued From page 5	A 056		

with the Regional Nurse for this facility on at 4:4:10 p.m. During this interview the Regional nurse indicated she was in the facility in and found this issue. She stated she did not know what happened, but the resident had not been receiving the medication.

There was a progress note dated indicating the nurse called the pharmacy. The pharmacy stated as noted in the note this medication requires preapproval for the insurance company to pay. The pharmacy prepared the paperwork and sent it to the physician for signature. It stated on this paper work the pharmacy needed a response by They stated they had never received a response to this paper work. The pharmacy further stated they had received an order dated in 2012 to discontinue this medication. The note indicated the residents daughter was notified, an order was obtained from the nurse practitioner and the medication was started on

2. A review of the MOR for Resident #4 revealed the resident had an order for Sensipar 30 mg 1 tablet 3 times a week on Monday, Wednesday, and Friday. The medication had not been given since It stated on the MOR the medication was "On order." There was no documentation in the record to indicate the physician or family was notified of this omission.

3. Resident #5 had an order for 0.005% 1 drop to be instilled in each eye daily at 9:00 p.m. This medication had not been given since

Interview with the Healthcare Director on at 2:30 p.m., stated she did not know what happened about this medication. She left the

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A 056	Continued From page 6 went to the side where medications for this resident were kept and found the medication unopened in the refrigerator. She stated the medication is kept in the refrigerator until it is opened. She agreed the staff did no look in the refrigerator for this medication and thus the resident had missed 6 days of medication. 4. A review of Resident #6's MOR revealed an order for Caltrate 600 mg + D take 1 by mouth 2 times a day. The documentation in the MOR revealed the medication had not been given since through The documentation stated the medication was "On order." Interview with the at 10:45 a.m. on stated she usually goes to the nurse when the medication is not present. She stated this resident gets the medication from the veteran's administration and they take longer to obtain. She stated it took a full 2 weeks to get the medication from them. Class III	A 056		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Village Place
18400 Cochran Blvd.
Port Charlotte, FL 33948

Re: CCR # 2013002089

Dear Administrator:

This letter reports the findings of a Complaint survey 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 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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2727 Mahan Drive
Tallahassee, FL 32308
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2295 Victoria Avenue,
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