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
	AL11966458	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL TAMPA ASSISTED LIVING	5010 40 STREET NORTH TAMPA, FL 33610

(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 complaint survey, CCR# 2013002625, was conducted on [redacted] in conjunction with a biennial state licensure survey, see (Aspen Event TOII11). The Central Tampa Assisted Living Facility had a deficiency found at the time of the visit.	A 000		
A 054	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 receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known [redacted] 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 [redacted], the facility shall, pursuant to Section	A 054		

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A 054	Continued From page 1 429.41, 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 observation, record review, and staff interview, the facility failed to ensure correct and complete daily maintenance of a medication observation record (MOR) for each resident who receives assistance with self-administration of medications. Findings include: On [redacted] starting at approximately 9:45am at the facility, AHCA Surveyor observed 22 names on facility " Med Tech Sign In Record " : 11 staff provided both signature and initials [Staff C circled initials on Sign In Record and on Medication Observation Record-confusing on MOR-not clear if med was taken or refused, since circling R to note refusals is usual protocol; 1 staff using letter " C " throughout resident MORs circles her letter " C " to note refusal--There is no single letter " C " shown as initial on Med Tech Sign In Record, so identification of this staff is not definitive.]; 3 staff provided signatures, but no initials; 1 staff provided initials but no signature; 7 staff listed provided no signatures and no initials. Since initials on MORs are undecipherable, it is not clear whether persons with missing signatures and/or initials assisted residents with meds during [redacted] 2013. On [redacted] starting at approximately 11:00am at the facility, AHCA Surveyor reviewed 10 resident Medication Observation Records for the month of [redacted] 2013, with the following findings: Resident #1-- single letter "C"-sometimes circled; single letter "K"-scribbled looks like "W"-"V" or "n"-large letters look like cursive L or S-single slant down or "p"--do not match med tech initials	A 054		

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A 054	Continued From page 2	A 054		

on sign in record--cannot decipher who assisted with meds; no initials provided for Lorezepam 0.5 mg tablet 2pm med on , &

Resident #2 -- single letter "C"-single letter "K"-marks like "L" & ")" -- do not match med tech initials on sign in record--cannot decipher who assisted with meds
Resident #3 -- single letter "S" & assorted scribbles & slanted lines do not match med tech initials on sign in record--cannot decipher who assisted with meds; no initials provided for 5 mg tablet 12pm med on ; no initials provided for NA 0.088mg tablet 8am med on no initials provided for 0.5 mg tablet 12pm med on
Resident #4 -- continued pattern of scribbles, lines, & single letters not matching med tech initials on sign in record--cannot decipher who assisted with meds; "MAPAP 500mg tab " Take 2 tab by mouth twice daily" written on page attached to Resident #4 MOR page 1--no Resident name or any info written on page 2 except the quoted MAPAP Medication--no initials until at 8am, when ")" placed on MOR.
Resident #5 -- continued pattern of scribbles, lines, & single letters not matching med tech initials on sign in record--cannot decipher who assisted with meds; no initials provided for 0.5 mg tablet 8am med on , 8pm med on , 8pm med on and 8pm med on
Resident #6 -- continued pattern of scribbles, lines, & single letters not matching med tech initials on sign in record--cannot decipher who assisted with meds; no initials provided for 40mg tablet 8pm med on and ; no initials provided for XR 300 mg tablet 8pm med on ,

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A 054	Continued From page 3	A 054		

no initials provided for SOD ER 500 mg tablet 8pm med on no initials provided for 145 mg tablet 8pm med on & .
Resident #7 -- continued pattern of scribbles, lines, & single letters not matching med tech initials on sign in record--cannot decipher who assisted with meds; no initials provided for 50mg tablet 8pm med on and .

Resident #8 -- continued pattern of scribbles, lines, & single letters not matching med tech initials on sign in record--cannot decipher who assisted with meds; no initials provided for Sucralfate 1gm tablet 8am med on and , 12pm med on , and , 5pm med on , and 8pm med on , & .
There is a line drawn from through for 8am--no explanation given; line is through 8am meds only.
Resident #9 -- continued pattern of scribbles, lines, & single letters not matching med tech initials on sign in record--cannot decipher who assisted with meds; no initials provided for 0.5mg tablet 9am & 1pm meds on and 1pm med on .
Resident #10 -- continued pattern of scribbles, lines, & single letters not matching med tech initials on sign in record--cannot decipher who assisted with meds; no initials provided for 50mg tablet 8pm med on , , & .
As demonstrated above, 9 out of 10 resident records contained medication errors/omissions. Additionally, 4 of the 10 MORs reviewed (Residents #4, #7, #8, & #10) contained only the residents ' names and current month/dates-no known health care provider, or health care provider ' s phone number.

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A 054	Continued From page 4 AHCA Surveyor showed the facility " Med Tech Sign In Record " to the facility Administrator , at approximately 2:15pm), pointing out the missing items and circled staff initials--the Administrator stated, referring to inconsistencies on sign in record: " Everybody has their own way of doing. They appear to have their own code. " AHCA Surveyor showed the facility Administrator , at approximately 3:30pm) copies made of Medication Observation Records. The Administrator stated that staff entries on the MORs " are unreadable " and stated she saw " holes " in the records, referring to blank spaces throughout the MORs. The Administrator stated that she will meet with all medication staff regarding above findings. The facility is in process of computerizing resident medical records. Computers were observed in the locked medication area where the locked med carts are kept when not in use. The Administrator stated that staff training/computer testing will begin Monday, , and facility hopes to have medications online by , 2013. The Administrator stated that computerized records will necessitate consistent / correct practices and should eliminate medication errors. Class III	A 054		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Central Tampa Assisted Living
5010 40 Street North
Tampa, FL 33610

Dear Administrator:

Re: Biennial with LNS & **CCR# 2013002625**

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) and a complaint survey that were 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,

Patricia Reid Caufman
Field Office Manager

For

PRC/kpr

Enclosure: State Form 3020

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