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 |
|---|---|---|---|
| | AL11967604 | A. BUILDING: _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GOOD HOPE OF PINELLAS | 7575 65TH WAY PINELLAS PARK, FL 33781 |

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| A 000 | Initial Comments<br><br>Assisted Living Facility<br><br>A complaint survey, CCR# 2013003620, was conducted on .<br><br>The Good Hope of Pinellas, assisted living facility, had no deficiencies found at the time of this visit pertaining to the complaint. The complaint was not substantiated, but unrelated deficiencies were found at the time of the visit. | A 000 | | |
| A 054 | 58A-5.0185(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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.<br>(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 . 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.<br>(c) For medications which serve as chemical | A 054 | | |

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| A 054 | Continued From page 1 | A 054 | | |

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 observation and record review, the facility failed to provide accurate assistance with self-administration of medications and properly maintain accurate daily Medication Observation Records (MOR) for one of two (#2) residents who receives assistance with self-administration of medications.
Findings include:
On Saturday, 2013, AHCA Surveyor observed Staff A providing assistance with self-administration of medications to two sampled residents. Staff A followed all procedures properly and thoroughly; however, medication errors were discovered on one of two sampled Medication Observation Records. Failure to follow physician orders to provide medications as prescribed places residents at risk of adverse medical consequences.
Resident #2 ' s Medication Observation Record (MOR) for through contains 3 typed pages of medications/orders; a 4th page, hand printed, was added by an undetermined person. On page 2 of Resident #2 ' s MOR is the following medication: 50mg tablet - " Take 1 tablet by mouth three times daily: 8am, 12pm, & 4pm. " The medication charting shows the medication was properly given to time of survey) three times daily at 8am, 12pm, & 4pm. On page 4 of Resident #2 ' s MOR is a hand printed, conflicting order: 50mg tablet - " Take 1 tablet by mouth three times daily: 8pm. " The medication added to the final MOR sheet was charted as given at 8pm on 4/2, 4/3, 4/8, 4/9, MOR

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| A 054 | Continued From page 2<br><br>reflects that an extra dose (4 instead of the 3 prescribed) was provided to the resident at 8pm for 7 days during 2013.<br>Resident #2 ' s Medication Observation Record (MOR) for through contains an order for MAPAP 325mg tablet - " Take 1 tablet by mouth every 4-6 hours for pain. " The medication charting attests to the medication being given at 8am, 10am, 12pm, 3pm, 6pm, & 8pm. The times correspondingly reflect intervals of 2 hours, 2 hours, 3 hours, 3 hours, and 2 hours. Initials on the MOR indicate that the medication was given on most days & times listed during to time of survey. Per the Medication Observation Record, Resident #2 has been receiving this medication more frequently than the physician's order permits.<br>Resident #2's Medication Observation Record (MOR) for through contains an order for tablets 325mg - " Take 1 tablet by mouth daily. " The MOR contained no documentation that the medication was given on 4/2, 4/3, 4/4, 4/5, &<br>Resident #2's Medication Observation Record (MOR) for through contains an order for 2mg - " Take one capsule by mouth 4 times a day: 8am, 1pm, 4pm, & 8pm. " The medication was charted as given at 4pm & 8pm beginning (no medication start date provided); Not charted as being given at any time on 4/4, 4/5, 4/6, & Not charted as being given at 8am & 1pm on No explanation was provided for the missing dosages.<br>Resident #2 ' s Medication Observation Record (MOR) for through contains an order for 0.5 mg tab - " Take 1 tablet by mouth 1-3 hours before bedtime for 30 days. " 5pm - Order Dated The MOR contained no documentation that the medication was given on 4/2, 4/3, & No explanation | A 054 | | |

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| A 054 | Continued From page 3<br>was provided for the missing dosages.<br>Class III | A 054 | | |
| A 152 | 58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other<br><br>(3) OTHER REQUIREMENTS.<br>(a) All facilities must:<br>1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and<br>2. Must be maintained free of hazards; and<br>3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order.<br>(b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [illegible] sleeping area must have at least the following furnishings:<br>1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident;<br>2. A closet or wardrobe space for hanging clothes;<br>3. A dresser, chest or other furniture designed for storage of personal effects;<br>4. A table, bedside lamp or floor lamp, and waste basket; and<br>5. A comfortable chair, if requested.<br>(c) The facility must maintain master or duplicate keys to resident [illegible] to be used in the event of an emergency.<br>(d) Residents who use portable bedside commodes must be provided with privacy during use.<br>(e) Facilities must make available linens and personal laundry services for residents who | A 152 | | |

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| A 152 | Continued From page 4<br>require such services. Linens provided by a facility shall be free of tears, stains and not be<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure a safe living environment, maintained free of hazards, for facility residents. The facility placed residents at risk of adverse medical consequences.<br>Findings include:<br>AHCA Surveyors toured the facility on Saturday, 4/13 at approximately 9:00am. A Surveyor entered an open room open-accessible to all) with "beauty salon" signage and observed a dirty sink with a stick razor in the sink, uncapped, with the blade facing upward. A spray canister of women ' s shave cream was on the sink, and an open shelf contained assorted hair care/shampoo products. The sink was loose, and tiles were observed falling off the wall at the floor junction beneath the sink. Surveyor observed dirty towels and dirty gloves in a pile on adjacent chair. Surveyor also observed a regular (non-GFI / non-Ground Fault Interrupter) 4-outlet plug above the sink.<br>AHCA Surveyor proceeded down the hallway and came upon another open door to a " utility closet " and observed assorted cleaning products/chemicals on the shelves in plain view, accessible to all. Occupied resident rooms located along the same hallway, adjacent to and across from the utility closet.<br>AHCA Surveyor returned back down the same hallway and observed a closed door next to the "beauty salon." Surveyor entered the unlocked door and observed a dirty room | A 152 | | |

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| A 152 | Continued From page 5<br><br>assorted maintenance supplies, including, but not limited to paints, cleaners, roof cement, assorted tools & fasteners, and a circular saw. On shelves to the left upon were two spray cans of lubricant (Teflon multi-use & WD 40) and a bottle of Energy tabs (filled with pills) on the top shelf. Surveyor observed a wide open door leading to an outside fenced area. Assorted items and trash were observed in the outside area, including, but not limited to a cart with cleaning products, meat slicer, shopping cart, wheelchair, ladder, and pails.<br>On Saturday, beginning at approximately 9:45am, AHCA Surveyor informed the Administrator that environmental/safety deficiencies were found during the facility tour. AHCA Surveyor toured the hallway described above with the facility Administrator. The Administrator acknowledged the deficiencies and stated that he had "locked the maintenance he left the facility the previous weekend when he noticed it was unlocked." By 10:00am, the Administrator had locked all three unlocked areas.<br>Class III | A 152 | | |

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

***Better Health Care for all Floridians***

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Good Hope of Pinellas
7575 65th Way
Pinellas Park, FL 33781

Re: **CCR# 2013003620**

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 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 Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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