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
	AL11953196	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY OAKS LIVING CENTER, INC.	2208 EAST 138TH AVENUE TAMPA, FL 33613

(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 An abbreviated biennial state licensure survey with limited nursing services (LNS) and limited mental health (LMH) was completed on . The Shady Oaks Living Center Inc., assisted living facility, had deficiencies 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 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	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 interviews, the facility failed to assure 2 (Residents #2 and #3) of 6 residents observed during the morning and noon med pass had their daily medication observation records (MOR) documented correctly. Findings include: Review of Resident #2's , 2013 MOR revealed the following 2 medications scheduled daily at 8:00am: 10mg- 1 tab, Triamteren-HCTC 37.5-25mg- 1 tab. Further review revealed the following 4 meds were scheduled 2x day (8:00am and 5:00pm): Sod DR 500mg-1 tab, 5mg-1 tab, 180mg - 1 tab, Carbazepine 200mg, 1 tab. Observation during the morning med pass at approximately 10:00am revealed Resident #2's 8:00am scheduled medications were given at 10:00am and initialed on the 8:00am spaces with no explanation on either the front or back of the MOR as to why they were given so late. Review of Resident #3's MOR revealed the following 4 medications were scheduled daily at 8:00am: Sod DR 500mg- 1 tab, Sod DR 40mg- 1 tab, 50mcg- 1 tab, 2mg- 1 tab. Further review revealed the following 2 medications were scheduled 2 x day (8:00am and 5:00pm): 600mg, 1 tab, 375mg- 1 tab and one order for 325mg,	A 054		

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A 054	Continued From page 2	A 054		

give 1 tab 3x day (scheduled at 8:00am, 12noon and 5:00pm). Further review revealed the doses were documented as given at 8:00am or an R was placed in the spaces when the resident refused the medications and on the back of the MOR explained why the medications were held and when the resident came to get the medications. There was no indication that the resident refused the 8:00am medications on and the med tech initialed on that they were given as scheduled.

Observation of Med tech (Staff B) at approximately 9:55am included the med tech went to Resident #3's tried to wake the resident up. The resident would not acknowledge the presence of the med techs at the time. Staff B said she had asked the resident to come and get her medications at 8:00am but she wouldn't get up then.

Observation of Resident #3 at 10:15am revealed she went up to Staff B and requested her morning medications. Staff B proceeded to provide the medication assistance at 10:20am and initialed the MOR on the 8:00am spaces. There was no documentation that the resident had refused the 8:00am medications and there was no explanation on the back of the MOR either.

Interview with the med tech (Staff B) on at approximately 10:30am revealed there were 3 residents (Residents #1, #2 and #3) who frequently refused to get up in time for the scheduled 8:00am meds; when they awaken, the residents come and request their medications. She added that the scheduled times had been changed in the past to accommodate the later waking times and some residents do have a different schedule but that these residents ended

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A 054	Continued From page 3 up complaining, therefore the 8:00am schedule was changed back again. Staff B provided no explanation as to the inconsistent initialing/explanations on the MORs. Interview with the administrator on at approximately 1:00pm acknowledged that the MORs were not consistently being documented with either an R (indicating refusal) on the front of the MOR at the designated dose time space and were not consistently explained on the back of the MOR to describe the circumstances of the refusal and to give an explanation of what time the medications were actually given- which could cause to the reader and could cause the residents to receive medications ordered more than once daily- too soon. She further stated that the med tech staff were required to document the MORs correctly. Class III	A 054		
A 091	58A-5.0191(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility ' s personnel files. The documentation must include the following: 1. The title of the training program; 2. The subject matter of the training program; 3. The training program agenda; 4. The number of hours of the training program; 5. The trainee ' s name, dates of participation, and location of the training program; 6. The training provider ' s name, dated signature and credentials, and professional license number,	A 091		

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A 091	Continued From page 4	A 091		

if applicable.
(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.
(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to assure training certificates included the required information including the credentials of the trainer and the number of hours received for 2 (Staff B and C) of 3 staff who are responsible for assisting residents with their medications whose personnel files were reviewed.

Findings include:

Review of Staffs B and C (caregivers/med techs) revealed training for assistance in the self administration of medications on [redacted] that was missing the number of training hours received. Review of another staff who was trained on the same day by the same trainer indicated the number of hours was 4. The certificates were also missing the full credentials of the trainer including the registered nurse's license number which would be needed in order to verify the trainer's qualifications.

Interviews with the assistant to the administrator

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A 091	Continued From page 5 on at approximately 10:00am revealed she had not noticed the training documents were missing the required information. CLASS III	A 091		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Shady Oaks Living Center, Inc.
2208 East 138th Avenue
Tampa, FL 33613

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey with limited mental health (LMH) and limited nursing services (LNS) 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,

Patricia Reid Caufman
FOV Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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