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
	AL11963790	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE (THE)	**1050 SOUTHWEST 24TH AVENUE DEERFIELD BEACH, FL 33442**

(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 An Assisted Living Facility Biennial Relicensure survey with Extended Congregrate Care (ECC) and Limited Nursing Services (LNS) survey was conducted on . . . . . The Rennaisance, had licensure deficiencies found at the time of the visit.	A 000		
A 054 SS=D	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 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 1	A 054		

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review the facility failed to ensure medications were administered as documented on the Medication Observation Records (MORs) for 3 out of 5 sampled residents observed during medication pass, (Resident #2, #3, and #7). As evidenced by medications signed off as given when they were not administered.

The findings include:

1) On 05/0 9:12 a.m. the Medication Technician was observed to assist Resident #3 with her medications. After the observation the medications were reconciled with what medications were observed to be given to the resident and the MORs which the medication technician signed off as having been given. Review of the May MORs revealed the Medication Technician signed off the medication Cimetidine was scheduled for 7:00 a.m. as being given by him. However, he did not provide assistance with this medication to the resident. Further review of the MORs revealed no evidence of documentation by the night shift staff why the 7:00 a.m. Cimetidine not given. An interview was conducted with the Medication Technician on 05/0 9:45 a.m., who stated his shift starts at 7:30 a.m. and the 7:00 a.m. medications would be the responsibility of the night shift staff. He was unable to provide an explanation why he signed off a medication as being given by him when it was not.

2) On 05/0 9:20 a.m. the Medication Technician was observed to assist Resident #7 with her medications. After the observation the medications were reconciled with what

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A 054	Continued From page 2	A 054		

medications were observed to be given to the resident and 2013 MORs which the Medication Technician signed off as having been given. Review of the MORs revealed the medication technician signed off the medication that was due to be given at 7:00 a.m. as being given by him. However, he did not provide assistance with this medication. Further review revealed the medication was signed off by the Medication Technician as being given when he did not give it. Additional instructions for the stated it is to be given "30 minutes before breakfast." Further review of the MORs revealed no evidence of documentation by the night shift staff why the 7:00 a.m. and were not given to the residents. During the interview with the Medication Technician on at 9:45 a.m., he was unable to provide an explanation why he signed off a medication as being given by him when it was not.

3) On at 9:35 a.m. the Medication Technician was observed to assist Resident #2 with her medications. After the observation the medications were reconciled with what medications were observed to be given to the resident and the 2013 MORs which the Medication Technician signed off as having been given. Review of the MORs revealed the Medication Technician signed off the medication Refresh Tears eye drops as being given by himself. However, he was not observed to instill Resident #2's eye drops. Additionally, the Medication Technician was observed to provide assistance with the medication to the resident at 9:35 a.m. A review of the MORs revealed the medication was due to be given at 7:00 a.m. Further review of the MOR revealed no evidence of documentation by the night shift staff

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A 054	Continued From page 3 as to why the 7:00 a.m. was not given to the resident at 7:00 a.m. During the interview with the Medication Technician on at 9:45 a.m., he was unable to provide an explanation why he signed off the eye drops as being given by him when it was not or why he provided assistance with the at 9:35 a.m. when it was scheduled to be given at 7:00 a.m. to the resident. Class III	A 054		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
The Renaissance
1050 Southwest 24th Avenue
Deerfield Beach, FL 33442

Dear Administrator:

This letter reports the findings of a Standard ECC and LNS state licensure survey that was conducted on 2013 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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