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
	AL11963945	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT BRANDON	**700 S. KINGS AVENUE BRANDON, FL 33511**

(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# 2013005272, was conducted in conjunction with the biennial state licensure survey with limited nursing services (LNS), see (Aspen Event XJN611). The Emeritus at Brandon, 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 record review, observation and interview, the facility failed to assure a medication order was correctly transcribed onto the medication observation records (MORs) and failed to document a dose of correctly for 1 (Resident #2) of 9 sampled residents either observed during a med pass or whose MORs were reviewed. Findings include: Record review revealed that an order for Resident #2 was received via fax on at 10:57pm. The order read: , 1mg oral 1 time now, then 0.5mg oral every 4 hrs as needed for agitation. It did not have the complete dosing requirement including the strength of the medication. Further review revealed the control sheet that accompanied the available medication was found in the pharmacy labeled sealed Hospice kit and was labeled: for syringe #1- 2mg/ml, give 0.5mg (.25ml) every 4 hour as needed/agitation. Further review revealed Staff A documented correctly on the control sheet that she assisted the resident with the ordered dose of 0.5ml (1mg) at 12:30am. The order was not transcribed onto the MOR by Staff A because per facility policy, only licensed staff may transcribe orders and there was no nurse on duty at the time the order came through. Review of the MOR had the incomplete order received on pm transcribed	A 054		

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A 054	Continued From page 2 incompletely as: [illegible] 1mg, give 0.5ml=1mg now. It should have read [illegible] 2mg/ml, give 1mg now (0.5ml). The actual [illegible] order should have been clarified to include the strength of the medication, not to only use the control sheet that did not match the order. Further review of the same [illegible] MOR revealed a staff member (who is on a leave of absence and will not be returning to the facility) who was not on duty when the [illegible] was given initiled the MOR on [illegible] and made no attempt to correct the mistake. Class III	A 054		
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	A 056		

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A 056	Continued From page 3	A 056		

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 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

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A 056	Continued From page 4 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: 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 observation, record review and interviews, the facility failed to assure a prescribed medication order included the strength of the dispensed medication and a labeled medication did not match the prescription order directions on the medication observation record (MOR) for 2 (Residents #2, #13) of 9 sampled residents observed during a med pass or whose medications were observed. Findings include: Example 1 Record review revealed an order was received via fax for Resident #2 on [redacted] at 10:57pm. The order read: [redacted] 1mg oral 1 time now, then, 0.5mg oral every 4 hrs as needed for [redacted]agitation. It did not have the complete	A 056		

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A 056	Continued From page 5 dosing requirement including the strength of the medication supplied on the actual order. The strength supplied was noted on the bag the labeled syringe was in and also on the control sheet but not on the actual order. Further review revealed the control sheet that accompanied the available medication found in the pharmacy labeled sealed Hospice kit was labeled for Resident #2: for syringe #1- 2mg/ml, give 0.5mg (.25ml) every 4 hour as needed/agitation. While it listed the strength of the supplied the directons were different than the order. It read 2mg/ml Give 0.5mg (0.25ml) every 4 hours as needed/agitation. The med tech staff initialed correctly on the control sheet that the correct dose was given of 1mg (0.5ml) at 12:30am. She said she told the Hospice nurse by phone before the order was received that she was not familiar with the Hospice kit but proceeded to give the medication as directed. She did not request clarification of the order and based on the strength of the supplied listed on the control sheet and the labeled supplied medication, she gave the correct dose. Example 2 Observation of Staff G, the wellness nurse, on at approximately 12:55pm during a med pass as she prepared for later use by Resident #13 while away from the facility revealed the medication bottle label and the directions on the MOR did not match and there was no alert on the bottle to identify this fact. Review of the 2013 MORs revealed an order for 50mg (used to treat pain), take 2	A 056		

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A 056	Continued From page 6 tabs by mouth every 8 hours around the clock. The medication bottle's label read [illegible] 50mg, take 1 tablet by mouth every day. Interview with the Staff G and the Resident Care Director (RCD) on [illegible] at approximately 1:00pm, acknowledged that the bottle should have had an alert to note the change in directions to give 2 tablets, not 1 tablet. They stated the family had a copy of the medication release form that included the correct medication directions. Observation on [illegible] at approximately 1:00 p.m. revealed that an alert was placed on medication bottle to refer to the MORs before being given to the resident's family friend again and verbal directions for the medication were also given. Class III	A 056		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus at Brandon
700 S. Kings Avenue
Brandon, FL 33511

Dear Administrator:

Re: **CCR# 2013005272 & Biennial with LNS**

This letter reports the findings of a complaint survey and a biennial state licensure survey with 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,

For Patricia Reid Caufman.
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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