AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Sugarmill Manor
8985 S. Suncoast Boulevard
Homosassa, FL 34446

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by a representative(s) of this office.

Enclosed 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 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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kristie Bergin for
Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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Tallahassee, FL 32308
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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
	AL11911196	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGARMILL MANOR	8985 S. SUNCOAST BLVD. HOMOSASSA, FL 34446

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A 000	Initial Comments On , 2013 an unannounced Biennial Licensure survey was conducted at Sugarmill Manor located in Homosassa, Florida. Deficiencies were identified as a result of this survey. The facility was not in compliance at this time.	A 000		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [illegible] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [illegible] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to	A 055		

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A 055	Continued From page 1 other residents; or 6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be: 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, . or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless	A 055		

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A 055	Continued From page 2 otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations of the stored medications and interview the facility failed to ensure that medications which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident's record for 2 (#6, #9) of 9 residents in the sample. Findings: Review of the facility's stored medication in the secured area revealed that resident #9 Advodart 0.5 mg expired and resident #11 100 mg expired There was also an expired 250 mg bottle of Normal and 8 Peptamen 1.5 medical foods (no name) that had expired in 2013. Interview with the two medication technician assigned to the secured unit on at 11:50	A 055		

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A 055	Continued From page 3 am both stated that they were unaware of the expired medications. Class III	A 055		
A 056 SS=D	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 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	A 056		

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A 056	Continued From page 4 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 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;	A 056		

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A 056	Continued From page 5 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 review of medications and interview the facility failed to ensure that medication was ordered in a timely manner for 1 (#10) of 7 residents observed for medication in a sample of 15. Finding: Review of medications for resident #10 revealed that the medication observation record (MOR) and the label for the pain reliever did not match, the stated that the medication was to be given every 8 hours routinely as needed (PRN), review of the physician's orders revealed that the medication was to be given every 8 hours routinely. Continued review of the MOR revealed that the medication was being circled as not given. During the interview with employee #1 on 6/5 at 11:30 am, she stated that the resident is to receive the medication three times a day but the pharmacist only sends a small bottle and the medication always runs out before the month is out because the resident has to take it three times a day. Continued interview revealed that the employee has never informed the administrator that resident #1 was constantly running out of her pain medication and the	A 056		

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A 056	Continued From page 6 pharmacist does not refill it until the following month. Review of the MOR revealed that resident #10 was out of the pain medication from 3-20, 2013. Class III	A 056		
A 057 SS=D	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription. (a) A stock supply of OTC products for multiple resident use is not permitted in any facility. (b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A facility cannot require a licensed health care provider ' s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes	A 057		

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A 057	Continued From page 7 OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required. This Statute or Rule is not met as evidenced by: Based on observations and interview the facility failed to ensure that all over the counter (OTC) medications were labeled with the resident's name. Findings: Review of the facility's medication storage [illegible] the following OTC medications that was being stored without the required resident's name and or label: a) 8 Peptamen 1.5 medical food which is intended for use under medical supervision. During the interview with the medication technician on [illegible] at 11:00 am revealed that the med was donated to the facility by hospice. b) equate complete [illegible] 220 coated tabs c) triple [illegible] ointment 1 0 tube d) [illegible] 1% e) mystatin and [illegible] actinide cream d) 3 bottles of Normal [illegible] 250 ml , 3.3 fl oz and , 100 ml e) [illegible] tears 1 fl oz f) [illegible] cleanser 8 fl oz During the interview with the administrator on [illegible] at 2:30 pm she stated that she was not aware the the medication technicians were storing unlabeled medications. Class III	A 057		

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A 152	Continued From page 8	A 152		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (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 . . . . . sleeping area must have at least the following furnishings: 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; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be	A 152		

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A 152	Continued From page 9 This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility did not maintain in good working order existing structural systems in 2 of 10 [redacted] affecting 4 residents located between [redacted] 14 and 16, and [redacted] 17 and 19. Eight [redacted] identified by the facility for 10 of 35 total [redacted] Findings: On [redacted] at approximately 9:20 AM it was observed the shared [redacted] between [redacted] 14 and 16, and [redacted] 17 and 19 had structural failure to the walls. It was observed water was leaking from the shower behind the wall. The water that leaked out of the shower area became absorbed by the dry wall which caused it to crumble and [redacted] off the wall about 3 inches up from the floor. On [redacted] at approximately 9:40 AM during an interview which was conducted with the Maintenance Man, he verified structural failure to the [redacted] located between [redacted] 14 and 16, and [redacted] 17 and 19. On [redacted] at approximately 11:30 a.m. review of records revealed an additional 8 [redacted] with structural failure. Class III	A 152		