

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/05/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965363	(X3) DATE SURVEY COMPLETED 06/13/2013
NAME OF PROVIDER OR SUPPLIER Residences Of Brandon Memory Care	STREET ADDRESS, CITY, STATE, ZIP CODE 1819 Providence Ridge Blvd. Brandon, FL 33511	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0054-Medication - Records-06/13/2013

0078-Staffing Standards - Staff-06/13/2013

Revisit Repeat Tags:

0053-Medication - Administration-58a-5.0185(4) Fac

Revisit New Tags:

0055-Medication - Storage And Disposal-58a-5.0185(6) Fac

Assisted Living Facility

A revisit survey was conducted on 06/13/13.

The Residences of Brandon Memory Care, assisted living facility, had an uncorrected deficiency, A0053, recited and a new deficiency cited, A0055.

A Class II deficiency or an uncorrected Class III deficiency directly related to facility medication practices will require the facility to employ on staff or by contract, a licensed pharmacist pursuant to Section 465.0125, F.S. or registered nurse as determined by the agency. The initial on-site consultant visit shall take place within 7 working days of the identification of a Class I or Class II deficiency and within 14 days of the identification of an uncorrected Class III deficiency.

0053-Medication - Administration 58A-5.0185(4) FAC

Based on medication pass observations, record reviews, and interviews, the facility failed to ensure that a medication was given as ordered for 1 (Resident #4) of 5 residents sampled and gave an expired medication to 1 (Resident #2) of 5 residents sampled for medication pass observation and reconciliation.

Findings include:

Review of Resident #4's medication observation records (MORs) revealed an order for 1,000mcg tab, take 1 tablet by mouth every other day. This medication had been due at 7am on the previous day. It was not signed out on the MORs and there was no excuse on the back of the MORs for the reason the medication was not given.

Observation of the medication pass performed by Staff E on at approximately 9:15am revealed that the bubble

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pack of this medication which was labeled for the days of the week, still had Wednesday (which would have been) in the pack.

Interview with Staff E on at approximately 9:15am revealed that she believed the Resident #4's medication was not given because the card exchange with the pharmacy was on and the pill was still in the pack for Wednesday.

Observation of the medication pass performed by Staff E on at approximately 9:00am revealed that Resident #2 took one of his medications, 0.5mg (an /antimanic medication) which was ordered to be taken 1 tablet by mouth twice daily.

Medication reconciliation of Resident #2's current ordered medications on the medication observation records (MORs) and the labels on the actual medications on at approximately 10:30am revealed that the current bottle of 0.5mg that was being used for the resident had expired on which could have decreased the effectiveness of the medication for the resident.

Interview with Staff E on at approximately 10:40am revealed that she had believed that the bottle that was being used was the new bottle that had come to the facility.

Observation of Staff E on at approximately 10:45am revealed that she located Resident #2's new bottle of un-expired 0.5mg and exchanged it with the expired bottle in the medication cart.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep medications separate from other residents' medications for all residents that received medications to be given "as needed."

Findings include:

Observation of the medication carts on at approximately 10:00am and 11:00am revealed that the medications that were to be given "as needed" for residents, were all in one section on each medication cart. The sections contained residents' medications with no separators or dividers between the medications. Residents' medications were back to back, side by side or even on top of other residents' medications in the sections.

Interview with Staff E on at approximately 11:10am revealed that the drawers had recently been rearranged, but they can be changed to separate the residents' medications.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Residences of Brandon Memory Care
1819 Providence Ridge Blvd.
Brandon, FL 33511

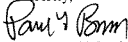
Dear Administrator:

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

Attached is the provider's copy of the State (5000-3547) 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 Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

