STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910381	07/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Marriott Home Care	2700 Broadway West Palm Beach, FL 33407	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0030-Resident Care - Rights & Facility Procedures-07/01/2013

0056-Medication - Labeling And Orders-07/01/2013

Revisit Repeat Tags:

0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

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Specific Tag Findings:

0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assists residents with self-administration of medications adhered to required practices, for 1 out of 2 sampled resident (Resident #1). As evidence of unlicensed staff failed to follow the label and health care provider's order and cut a prescribed tablet of medication in half that was not pre-scored by the manufacturer.

The findings include:

The following concerns were noted during observation of unlicensed staff assisting residents with self-administration of medications on beginning at 11:30 AM:

1. Resident #1 was observed receiving half a tablet (5 mg) of at 11:45 AM on from an unlicensed staff member. The health care provider's order dated was reviewed and indicated the resident was to receive half a tablet (5 mg) in the morning and two tablets (20 mg) at night. The 2013 MOR (medication observation record) was reviewed and documented the same. However, an additional time, 12:00 PM, was listed in addition to the morning and night times erroneously showing the resident was supposed to receive a third dose at noon. During interview with the Administrator and the staff member at 11:55 AM on they acknowledged the resident was not supposed to have received the medication at this time. The Administrator also called the pharmacist and confirmed the current order did not have a noon dose listed.

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2. During observation of the medication assistance noted above, the unlicensed staff member cut the 10 mg tablet of in half. The tablets were observed to not be pre-scored by the manufacturer which ensures proper dosage when the tablet is cut in half. During interview with her at 11:55 PM on she confirmed that she had cut a tablet that was not scored.

These concerns were discussed with and acknowledged by the Administrator on at 12:15 PM. This is an uncorrected deficiency from a complaint inspection (CCR #2012013165) conducted on

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Marriott Home Care
2700 Broadway
West Palm Beach, FL 33407

RE: CCR #2012013165

Dear Wong,

This letter reports findings of the revisit survey to complaint inspection 2012013165 conducted on 1, 2013, by a representative of the Agency for Health Care Administration. Attached is the provider's copy of the State (5000-3547) Revisit Report, which indicates there was a deficiency noted during the inspection. You are hereby responsible for complying with the Agency's corrective action plan within **five calendar days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

A 0052 Assistance with the Self-administration of Medication-Class III (**Uncorrected**)
Your Assisted Living Facility failed to ensure an unlicensed staff member assisted a resident with the Self-Administration of medications in accordance with 58A-5.0191, F.A.C. This noncompliance possesses a potential threat to the health and welfare of residents living in your facility.

Directed Corrective Actions:

1) Documentation that all staff who assist residents with the self-administration of medication are RETRAINED (4 hours) in accordance with 58A-5.0191, F.A.C. The training must be provided by a trainer approved by the Department of Elder Affairs or the Agency for Health Care Administration (not just a nurse or pharmacist). The original certificates for this training must be retained by the facility in the employees' records and are to be available for review no more than five days from the receipt of this letter.

2) Employment of a consultant pharmacist to review the medication systems in the ALF and ensure all medications are maintained and provided in a safe manner within seven (7) days of receipt of this letter. The pharmacist's written report(s) with identified areas needing improvement must be kept on file and available for review upon request. The consultant shall, at a minimum, provide onsite

quarterly consultation until the Agency determines the services are no longer needed. Additionally, keep on file a copy of the consultant's license.

Please be advised that nothing in this DPOC limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call ..... Catherine Anne Avery, Survey and Certification Support Branch, at 850-412-4505 or Mrs. Tikel Wedges-Phoenix, Health Facility Evaluator Supervisor at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager