STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910382	06/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Atria Meridian	3061 Donnelly Drive Lantana, FL 33462	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= F
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility biennial re-licensure survey was conducted on . . Atria Meridian, had licensure deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on record review and an interview, the facility failed to ensure a copy of written informed consent to have unlicensed staff assisting the resident with the self-administration of medication was kept on file (or noted in the resident's contract), for 1 out of 2 sampled residents (Resident #2).

The findings include:

On , the record for Resident #2 was reviewed for written consent to receive assistance with self-administration of medication from unlicensed personnel. Written consent for this resident was not available for review. The Aministrator confirmed this finding during interview at 2 PM on . . . . . .

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and interview, the facility failed to provide assistance with medication, as specified in Section 429.256(3), F.S., by failing to, "in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container and close the container," for 4 out of 4 sampled residents (Resident #'s 7, 8, 9, and 10)

The findings include:

During medication observation, conducted on . . . . beginning at 9:00 AM, with a Medication Technician (Med Tech), it was noted the Med Tech did not, in the presence of the resident, read the label of each medication given to any of the Residents observed during medication observations (Resident #7, #8, #9, or #10).
During interviews with Residents #2 (1:05 PM), #3 (12:45 PM), #4 (12:15 PM), #5(11:10 AM), #6 (9:50 AM), #7 (9:35 AM), #8 (10 AM) and #9 (10:20 AM), conducted on , each resident was asked if, during medication assistance, the Med Tech told him/her what each medication was when they were being given their medications. Each resident stated they were not notified of each medication.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, staff interview, and record review, the facility failed to assist with medication, timely, in

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accordance with physician's order, for 1 out of 4 sampled residents observed during medication assistance (Resident #10).

The findings include:

During observation of medication assistance beginning at 9:00 AM on with a Medication Technician (Med Tech), the Med Tech placed one tablet of Levothrox, 100 mcg in a small, plastic souffle cup, along with remainder of Resident #10's 8:00 AM medications. Resident #10 took all of her medications, as given. Upon review of this resident's 2013 MOR (Medication Observation Record), it was noted the physician's order for Levothrox, 100 mcg, was to be administered at 6:00 AM.

During interview and review of Resident #10's MOR (Medication Observation Record) conducted with the Resident Services Director, on at approximately 12:40 PM, the Resident Services Director was informed that the Med Tech was observed to provide Levothrox 100 mcg at 9:00 AM. The Resident Services Director acknowledged the MOR indicated this medication was to be provided at 6:00 AM and there was no documentation to reflect why this medication was not provided in a timely manner.

During subsequent interview with the Resident Services Director, conducted on at approximately 2:50 PM, she acknowledged the 2013 physician's order sheet (signed by the physician on reflected Levothyrox 100 mcg is to be provided at 6:00 AM.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Atria Meridian
3061 Donnelly Drive
Lantana, FL 33462

Dear Administrator:

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

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: AHCA form 5000-3547
XG90

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