STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932616	07/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arbor Village, Inc.	13107 N. 22nd Street Tampa, FL 33612	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced biennial state licensure survey with limited mental health (LMH) services was conducted on

The Arbor Village, Inc., assisted living facility, had deficiencies at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, interview, and record review, the facility failed to properly provide observation and assistance with the self-administration of medications, and failed to properly maintain accurate daily Medication Observation Records (MORs), for 2 of 2 residents observed who receive assistance with self-administration of medications. Failure to follow physician orders to provide medications as prescribed places residents at risk of adverse medical consequences.

Findings include:

The surveyor observed staff (A) begin a med pass on at approximately 12:00pm.

A record review of resident records for resident #1 indicated the need for assistance with self-administration of medications. Resident #1 ' s MOR (page 1) lists 9 medications. Six of the 9 medications are initialed as provided as directed. Two medications contain a series of " R " s: 1.) Invega 9mg-Take 1 tab by mouth twice a day (Hold if develops or ainder of instruction not present) 8am & 8pm-The 8am med is initialed as given The 8pm med is initialed as given on & an " R " is written for all days from 2.) 10gm/15ml-Take 1 spoonful by mouth daily-8am. An " R " is written for all days from The third medication not initialed as provided as directed is Diprop 0.05% - Apply to affected areas three times a day. 8am, 12pm, 8pm. In lieu of initials designating provision of the medication, " Keep by <resident #1 name> " is written in the section for recording assistance with self-administration of medications. Staff A confirmed to the surveyor at approximately 1:30pm) that the " R " s denote resident Refusal to take the medications; there is no record or explanation of the Refusals on reverse side of Resident #1 ' s MOR where space is designated for refusal dates, reasons, and results. The MOR contains no record of contacting the resident ' s physician regarding refusals to take medication as

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prescribed.

A record review of resident records for resident #2 indicated need for assistance with self-administration of medications. Resident #2 ' s MOR lists 8 medication/orders. Six of the 8 medications are initialed as provided as directed. One other medication: 5mg -Take 1 tablet by mouth daily as needed for n-12:00am. In lieu of initials designating provision of the medication, " Keep by <resident #2 name> " is written in the section for recording assistance with self-administration of medications. There is no record of the resident taking this medication as prescribed. The medication was retrieved by the resident from a travel bag in his (12:15pm). Review of the revealed it expired ; Resident agreed with determination that staff need to properly discard the meds remaining in the bottle; Staff A acknowledged understanding of the need to clarify doctor ' s orders and properly record all medications (12:20pm). The other medication/order on the MOR with " Keep by <resident #2 name> " written in the section for recording assistance with self-administration of medications: Freestyle Strip-Use 1 strip for testing sugar every other day for C. There was no record of sugar testing as ordered by Resident #2's doctor.

Staff A stated at approximately 12:05 p.m.) that the medications marked " Keep by <resident name> " are the meds the residents take care of themselves, stating, " We just keep track of the meds kept in the cart. " Staff A stated that the (Resident #2 ' s) " Pharmacy sheet <MOR> is just for the meds e resident takes that the resident signs for and are kept in the cart."

Per record review of resident #2's Resident Health Assessment (Form 1823), signed & dated by medical doctor on , the resident is to the MOR for the month of , 2013, states: " No Know "

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on observation and record review, the facility failed to ensure that 1 (Staff A) unlicensed person who provides assistance with self-administered medications has successfully completed the initial 4 hour training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. Failure to ensure that unlicensed staff assisting residents with self-administration of medications have been properly trained places residents at risk of adverse medical consequences.

Findings include:

The surveyor observed Staff A assisting residents with self-administration of medications on beginning at approximately 12:00pm. The " Arbor Med Sheet Signature Verification " included Staff A name, signature, and initials for assisting residents with self-administration of medications and recording on Medication Observation Records. Staff A ' s initials were found on Medication Observation Records for assisting residents with

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medications during the day and evening shifts.

The surveyor conducted a review of employee files on . . . . . beginning at approximately 3pm. A listing of training for each staff was found in employee records. One of 3 training lists reviewed contained no mention of training in " assistance with meds " and/or " assistance update with meds. " Staff B ' s list and file contained record of training: 4 hours 2 hour update . . . Staff C ' s list included 2 hr update and file contained record of training: 4 hours 2 hour update . . . . . Staff A ' s training list included no mention of training in medication assistance. Staff A ' s file contained a 2 hour update form, with 2 hours changed to 4 hours, dated , accompanied by copy of " National Educational Video, Inc. Post Test Part I " containing no student name or date. There was no evidence of Staff A completing the required initial 4 hour training in providing assistance with self-administration of medications in accordance with Rule 58A-5.0191, F.A.C.

The Acting Administrator stated, " The Administrator is a nurse. " The Acting Administrator acknowledged that the Administrator was not present at the facility on the day of the survey and Staff A was responsible for assisting residents with self-administration of medications.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Arbor Village, Inc.
13107 N. 22nd Street
Tampa, FL 33612

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited mental health (LMH) 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,

Patricia Reid Caufman
FOR Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161