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
	AL11967971	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLORIDA ASSISTANT LIVING ORGANIZATION	585 LAKE SHORE DRIVE MADISON, FL 32340

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On 6/1[illegible] unannounced complaint survey for CCR 2013005508 was conducted at Florida Assistant Living Organization, Lake Shore, Madison. Deficiencies were found at the time of the survey.	A 000		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known allergies [illegible] resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical restraints, [illegible] facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 1	A 054		

This Statute or Rule is not met as evidenced by:
Based on clinical record review, staff interview and review of the policy and procedure, the facility failed to maintain the medication observation record (MOR) for 1 of 8 residents reviewed for assistance with self administration of medications (Resident #2).

The findings are:

A review of the log reveals residents #2 is receiving On and the caregiver B signed off on the log for resident #2 that she had given the medication 1 mg. The MOR indicates that resident #2 was not provided this medication because there was no signature by the caregiver B to indicate the medication was provided.

On an interview was conducted with caregiver B at approximately 9:52 AM. She stated she had given the resident to the medication but had not documented on the medication observations record.

An interview was conducted with the administrator on at approximately 11:00 AM. He stated the policy is that the care giver sign the medication administration record when the medication is given. He stated that care giver B had two training in-services related to medication administration.

A review of the policy and procedure for assisting with medication was provided by the administrator. "Assistance with self administration of medications". E. Manual skills page 45 1) providing assistance with solid doses of oral medication #8 "Record that assistance was provided on the MOR (medication

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A 054	Continued From page 2 observation record) and return closed medication to storage. F. "Dos and Don'ts for assistance with medication "The same person who provides assistance must record on the MOR that the assistance was provided. Class III	A 054		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Florida Assistant Living Organization Lake Shore
585 Lake Shore Drive
Madison, FL 32340

Dear Administrator:

Re: CCR #2013005508

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

Attached 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. Should you have any questions please call me at 850-412-4540.

Sincerely,

for Patricia McIntire, RNC
Hannah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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