STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964946	07/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Melbourne	1765 West Hibiscus Blvd Melbourne, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0025-Resident Care - Supervision

Revisit New Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:

0000-Initial Comments
an unannounced revisit to complaint inspection CCR 2013000791.

Emeritus at Melbourne had a deficiency during the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations, record review and interviews the facility failed to ensure that staff who assisted residents with self-administration of medications read the label to the resident and signed the Medication Observation Record (MOR), after 2 of 2 sampled residents took their medications.

Findings:

Observation at approximately 9:55 AM noted that staff took the medications from the locked medication cart, read the label, read the Medication Observation Record (MOR), poured the medications in a cup, signed the MOR, poured water in another cup, took the medications to the resident and told her "I got your pills". The staff observed the resident taker her pills.

The medications for resident #1 were 0.5 mg, 40 mg, 25 mg, 6.25 mg, 500 mg, 1.25 mg, Almolpine 10 mg, 81 mg, 10 mg, 40 mg, 60 mg, 300 mg, 100mg, MTV, and Lorsatan 100mg

At approximately 10:15 AM she then assisted resident #2 in the same manner. The staff took the medications from the locked medication cart, read the label, read the Medication Observation Record (MOR), poured the medications in a cup, signed the MOR, poured water in another cup and took the medications to the resident.

The medications were cyproheptad (Priactin) 4 mg, methanamine Hep 1 gm , Medinatural , 800 mg (1/2 tab), 5 mg, 10 mg, MTV 45 mg and 30 ml of Milk of Magnesia. She took the medications to the resident and told her "here are your pills".

The staff stated at the time that she was not a nurse but a med-tech (a term used by ALF for staff who attended the 4 hour medication training).

The Resident Care Director stated at approximately 10:30 that the staff should know better than that.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

RE: Revisit to CCR#201000791

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 22, 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2013.**

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 this office at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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