STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966192	06/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hopewell Assisted Living Facility	7298 Nw 39th Street Coral Springs, FL 33065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

0000-Initial Comments

An Assisted Living Facility standard biennial licensure survey was conducted on . . . Hopewell Assisted Living, had licensure deficiencies found at the time of the visit.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, interview and record review, the facility failed to follow written physician orders for medication administration as evidenced by the failure to administer prescribed medications in accordance with a health care provider's order for 2 of 3 sampled residents (Resident # 1 & #2).

The findings include:

1. Resident #1 was admitted to the facility on . . . with a diagnosis to include , , , and hyperlipedimia.

Observation on . . . at 8:50 AM Resident #1 was seated on the couch and her breakfast and medication cup were on the table with 2 additional residents. During a an interview with the aide she stated the nurse gave them their medications and she left. Resident #1's medication cup was observed 10 pills were counted, 9 medications were listed on the . . . 2013 mediation observation record (MOR) (2 pills listed to be at PM and 1 pill .25 mg) was to be given as needed) . Three extra pills were noted in the residents medication cup. During an interview at 9:15 AM with Resident #1 sitting at the table eating, she was asked if she knew what medications she was taking. The resident said "I don't know, I take what they give me".

At 9:30 AM the Administrator/Owner arrived and stated she gave the residents their medications this morning. An explanation was not provided when asked why the cups of medication were left on the table in front of all 3 residents.

Resident #1's medications were reconciled at 9:40 AM with the Administrator who was not able to identify the 3 extra pills. (2 blue pills and 1 white pill) Surveyor identified the 1 white pill from the bottle as .25 mg prn(as needed) for The MOR revealed the resident had received the .25 mg daily since the prescription was filled on , a quantity of 30 pills and 10 remained in the bottle. The residents record did not contain documentation of behaviors since admission in . Further review of the record did not contain a physicians order for the .25 mg daily.

At 10:20 AM the Administrator provided an empty bottle of hci 5 mg. She stated these were the 2 blue pills in Resident #1's cup. The medication bottle did not have anyone's name on it and was filled at a different pharmacy then all other scripts filled for Resident #1. It was also acknowledged that Resident #1 did not have a physicians order for the hci 5 mg. It was unable to be determined who's pills they were and what the 2 extra blue pills in Resident #1's medication cup were.

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During a telephone interview at 11:50 AM with Resident #1's family member, it was stated "mom is relatively clear minded. she has but we talk daily". He was not aware of issues and was never told by facility of a problem. They were unaware of the .25 mg given daily for to Resident #1.

2. Resident #2 was admitted to the facility on with a diagnosis to include and A review of the 2013 MORs revealed on 6/4 9 am injection of Fuzion 90 MG given by home health. Record review revealed a physicians order for Fuzion 90 mg vial inject sub q 90 mg 2 times daily (home health).

Resident #2's medications were reconciled at 9:50 AM with the Administrator/Owner, it was revealed the resident has not been receiving the Fuzion injection and the facility did not have any additional information regarding the injections. As of the resident only received 1 injection since admission. Further review of Resident #2's MORs revealed the resident had an order for 1 mg, 1 tablet as needed for . The medication was given daily in the morning for the month of and . The record did not contain a physicians order for the 1 mg daily or documentation since admission in , regarding the residents

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

_ ,2013

Administrator
Hopewell Assisted Living Facility
7298 NW 39th Street
Coral Springs, FL 33065

Dear Administrator:

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 (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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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