AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 08/22/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11942829	(X3) DATE SURVEY COMPLETED 08/12/2013
NAME OF PROVIDER OR SUPPLIER **Inn At Lake Seminole Square (the)**	STREET ADDRESS, CITY, STATE, ZIP CODE **8355 Seminole Blvd. Seminole, FL 33772**	

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

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013006434, was completed on

The Inn at Lake Seminole Square, assisted living facility, had a deficiency at the time of the visit.

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

Based on observation, record review and interviews, the facility failed to ensure its licensed nurses entered the required information for each prescribed medication dose on the medication observation record (MOR) for 2 (Residents #5 , #8) of 3 residents observed during the med pass and 2 additional (1 resident not available for the med pass and 1 closed file).

Findings include:

Ex 1
A review of Resident #5's record revealed she had an order for an medication 25mg succ XL 25mg, give 1 tab daily. The physician discontinued the drug on . A review of the MOR had it scheduled at 8:00am and initialed as given from - as ordered. The following month, , it had been removed from the MOR.

Concurrently, the resident also had an order for 10mg, give 1 tablet daily. It was scheduled at 8:00am and was initialed as being given daily for the entire month of and from / - , leaving 4 days with blanks (-29).

A nursing measure (not a doctor order) was put in place when she came off the to monitor her at 5:00pm. Readings included - , - , - , - , . The monitoring did not continue after and there was no order to continue them.

An interview with Staff A (LPN) on at approximately 2:00pm regarding the holes in Resident #5's MORs revealed: there would not have been a reason that I would not have signed off on the MOR. I don ' t know 100% who checks the MORs; sometimes it is a night nurse that checks for holes. She would leave me a note if I ' m coming in the next shift. I try to put a dot in the space that I come back and initial but I don't always remember. I know all meds are color coded on the MOR: blue is am 7am-3pm, green 3:00p-11pm, pink is between 11pm-7am, makes it easier to see when each med dose is due. The 11p-7am nurse is the one who does the changeover MORS. The meds stayed in the cart when she went out to the hospital. I triple check everything.

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Interview with Staff B (LPN) on at approximately 3:30pm revealed when asked about the holes in the MORs the last week in revealed she (Resident #5) is very about how she takes her meds. She takes them lined up and if we don ' t she might not take them. We then would attempt a crush order. I know for sure I gave it because of the daily ritual, especially she had certain ones she liked to take first, it was pink. Surveyor confirmed that 10mg is a pink/rose colored tablet.

Interview with Staff E (Resident caregiver) was asked if she was aware of the circumstances of Resident # taking her pills. She said, only nurses give medications at this facility but I was assigned to care for her and work the first shift so often I would be there when she got her meds. She got them for breakfast, they were put in a line for her and she would take a small one to the big one, the nurses stayed until she swallowed them.

Ex. 2
Review of Resident #8's MORs revealed holes for administration of Aspart 100u/ml. Inject 4 units sub q with each meal. In addition to the routine 4units, a sliding scale was to be given in addition based on the following glucose monitoring: add 3 units for acu check of 200-299; add 4 units for acu check of 300-379.

Continued review revealed there were holes on at 11:30am and 4:30pm, at 7:30 and 4:30pm, at 4:30pm, at 7:30am and 4:30pm, at 7:30am. What made this confusing is that the staff also documented on a glucose (aka acu check) monitoring form that had the same information on it and it was complete and therefore it could be determined the resident did get the as ordered but the MOR had not been consistently signed.

Interview with the resident just after observing him receive his 11:30am scheduled acu check and 7 units of revealed he receives the ordered with or just before each meal as ordered. He said he had no issues at all with the medication management given to him by the nurses.

An interview with the director of nurses (DON) on at approx. 11:00am stated that during the change of shift the nurses were responsible to check to make sure no holes were left in the MORs but acknowledged that this had not been done in either of these examples. Additionally, she said she called the pharmacy to try and determine if indeed the medications had been given but not signed off on the MOR but found it was impossible to determine due to the way the pharmacy cycling occurs.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Inn at Lake Seminole Square (The)
8355 Seminole Blvd.
Seminole, FL 33772

Dear Administrator:

Re: **CCR# 2013006434**

This letter reports the findings of a complaint survey that was conducted on , 2013, by representatives of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 surveyors. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

FOV Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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