STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963806	08/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ormond In The Pines	101 Clyde Morris Blvd Ormond Beach, FL 32174	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey was conducted on , 2013 at Ormond in the Pines in Ormond Beach Florida. Deficiencies were identified.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and staff interview, the facility failed to ensure adequate access to health care for control per their community standards for 3 of 6 sampled residents, (Residents #13, #14, and #15) during medication pass and failed to have one employee, Employee B wash hands during a lunch dining experience.

The findings include:

1. During medication pass for Resident #13 on at 8:30am, Employee # A (nurse) was observed to open up a bottle of Nasal Spray that was labeled with another residents' name on it. The nurse did not verify the name on the label. Employee #A had gloves on her hands and administered this nasal spray into each nostril of Resident #13. When she removed the gloves, she did not wash her hands.

On at 8:50 am, Employee #A went to administer medication to Resident #14. She put on another pair of clean gloves, went into Resident # 14's and put the medication on the bedside table. Resident #14 had his brief off and asked Employee #A to assist him. Employee #A assisted Resident #14 with his brief and with the same pair of gloves on, resumed administering the medication to the resident.

After she was finished, Employee #A removed the gloves and went out to the medication cart and used the hand sanitizer before beginning another medication administration. At 9:10 am Employee # A began to prepare medications for Resident #15. She removed a card from the drawer and punched out one pill from the bubble card directly into her hand. She then placed the pill into the medication cup, put on a pair of gloves and then administered it to Resident #15.

The nurse never washed her hands after removing the gloves between these three residents especially after providing personal care to Resident #14 and manipulating his brief.

The Resident Care Director on at 2:40 pm was interviewed regarding their policy on control and the spread of She stated " The care givers were to wash their hands after they remove their gloves ."

A review of the facility's Policy (revised entitled "Protection: Gloving as part of Universal Precautions" it

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read "Wash your hands before and after using protective gloves".

2. On at 12:10 p.m. in the main dining , Employee B was observed to wipe his nose with his bare right hand and proceeded to open a salad dressing container for two residents at the table. He did not wash his hands or use any hand sanitizer after wiping his nose. He continued to assit other residents in the dining well.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on medication observation and staff interview, the facility failed to retrieve and administer the correct labeled medication for 1 (Resident # 13) of 6 sampled residents.

The findings include:

During medication observation at 8:45 am, Employee # A administered Nasal Spray that was labeled with another resident's name to Resident # 13, 2 sprays into each of his nostrils.

After medication observation on at 9:25 am Employee # A stated, " I know what I did wrong, I gave Resident # 13 another resident ' s nasal spray, I will tell my supervisor " . She pulled two identical nasal sprays with labels of resident names from the medication cart, but gave Resident # 13 the other resident's Nasal spray.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview, the facility failed to maintain a complete daily medication observation record for 1 of 15 sampled residents, Resident #11.

The findings include:

Review of the Medication Observation Record (MOR) for 2013 for Resident #11 revealed a day when several medications were not documented if they were given or not on 17 at 9 a.m. The omissions were:

1. 25 mg medication) .
2. 2 mg (for
3. 500 mg (for
4. Spirono/HCTZ (for

On this day, there was a "+" mark in the box for these medications. The Resident Care Director on at 11 a.m. stated that the "+" mark meant that the staff forgot to document if they gave it or not. She stated that she did weekly audits to monitor staff documentation. The computer can generate a report of missing documentation. She would then investigate based on this report.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

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Based on resident record review, Medication Observation Record(MOR) review and staff interview, the facility failed to obtain a medication in a timely manner for 1 of 15 sampled residents, Resident # 2.

The findings include:

Resident #2 had a physician's order for Vancomycin 250 mg liquid three times a day. Review of the resident's 2013 MOR revealed it was not given until at noon. The resident missed six doses of this The MOR revealed that the medication was not available and they were waiting on the pharmacy to send it.

The Resident Care Director was interviewed on at 1 p.m. She confirmed that the resident did not receive for a few days because when hospice delivered it to the the front desk, they did not forward it to the nursing station. It was not found out until a few days later.

Class III

0167-Resident Contracts 58A-5.025(1) FAC
Based on resident record review and staff interview, the facility failed to provide in their resident contracts notice of 45 days for facility termination of rental agreement for 2 of 2 sampled residents, Residents #2 and # 11.

The findings include:

Resident # 2 had a move in date of 2010. She had an Assisted Living Rental Agreement signed on 2010 by her power of attorney. In this rental agreement it read that either party could terminate the agreement with a 30 day notice.

Resident #11 had a move in date of 2009. She had an Assisted Living Rental Agreement signed by her power of attorney on 2009. Under Termination of Agreement , "This agreement may be terminated by either party giving to the other at any time not less than thirty days (30 was crossed out and 15 hand written in) (or such amount of time as is allowed by law) in writing prior to the date designated in the notice for termination of the occupancy."

The Facility Manager was interviewed on at 12:05 pm regarding termination policy. She stated that the resident only had to give a 15 days notice but the facility had to give 45 days to the residents. She confirmed that contracts did not say 45 days. She stated these two residents had the old contracts with the 30 days statement but thought they were alright because there was an additional statement of "or such amount of time as allowed by law".

The facility manager produced the new contracts they started using in 2013. The new contracts did specify the forty-five days written notice for the facility to terminate the agreement. However, this was being used for new residents only. They did not go back to the current residents and have them sign the new agreement nor did they do an addendum to change the amount of days notice.

Class III

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Ormond In The Pines
101 Clyde Morris Blvd
Ormond Beach, FL 32174

Dear Administrator:

This letter reports the findings of a state biennial 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 surveyor. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JV/KW/sm
Enclosure

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