STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965659	09/17/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emerald Gardens Inc.	2159 McMullen Booth Road Clearwater, FL 33759	
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
St - A - E210 - 58a-5.0191(7) Fac - Ecc - Training S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced Extended Congregate Care Survey was conducted on .

The Emerald Gardens, Assisted Living Facility, had deficiencies found at the time of this visit.

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

Based on observation, record review and interview, the facility failed to ensure the Medication Observation Record is immediately updated each time medication is provided, including recording time medication was taken, any missed dosages, refusals to take medication as prescribed, and medication errors. Failure to ensure that correct medications are provided to residents as prescribed by their medical professionals places residents at risk of adverse medical consequences.

Findings include:

AHCA Surveyor reviewed the Medication Observation Records for 16 residents--All 16 of 16 records reviewed contained errors and/or omissions, as follows:

Resident #1 medications not initialed as given as instructed on . indication that Resident #1 received 4 medications prescribed to be taken at 8am.

Resident #2 medications not initialed as given as instructed on . indication that Resident #2 received 8 medications prescribed to be taken at 8am and 3 prescribed to be taken at 5pm.

Resident #3 medications not initialed as given as instructed on . indication that Resident #3 received 11 medications prescribed to be taken at 8am, 2 prescribed to be taken at 5pm, & 7 prescribed to be taken at 8pm.

Resident #4 medications not initialed as given as instructed on . indication that Resident #4 received 14 medications prescribed to be taken at 8am, 6 prescribed to be taken at 12pm, 1 prescribed to be taken at 4pm, 5 prescribed to be taken at 5pm, & 1 prescribed to be taken at 8pm. Additionally, there was no indication

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that Resident #5 received 1 medication as prescribed to be taken at 8am, 12pm & 4pm on , and no indication of another medication being given as prescribed to be taken at 8am on , and

Resident #5 -Four 8pm meds not initialed as given as instructed on ; one 8pm med not initialed as given as instructed on ; one 8pm med not initialed as given as instructed on ; one 5pm med not initialed as given as instructed on ; four 8am & two 5pm meds not initialed as given as instructed on no entries on back of sheet re. missing doses or reasons/results.

Resident #6 medications not initialed as given as instructed on indication that Resident #6 received 5 medications prescribed to be taken at 8am, 2 prescribed to be taken at 12pm, & 3 prescribed to be taken at 5pm.

Resident #7 medications not initialed as given as instructed on indication that Resident #7 received 9 medications prescribed to be taken at 8am, 1 prescribed to be taken at 12pm, & 5 prescribed to be taken at 8pm. Additionally, there was no indication that Resident #7 received 1 medication as prescribed to be taken at 8am on

Resident #8 medications not initialed as given as instructed on indication that Resident #8 received 7 medications prescribed to be taken at 8am & 1 prescribed to be taken at 8pm.

Resident #9 medications not initialed as given as instructed on indication that Resident #9 received 10 medications prescribed to be taken at 8am & 3 prescribed to be taken at 5pm.

Resident #10 medications not initialed as given as instructed on indication that Resident #10 received 14 medications prescribed to be taken at 8am, 1 prescribed to be taken at 12pm, 3 prescribed to be taken at 5pm, & 4 prescribed to be taken at 8pm.

Resident #11 medications not initialed as given as instructed on indication that Resident #11 received 13 medications prescribed to be taken at 8am & 5 prescribed to be taken at 8pm.

Resident #12 medications not initialed as given as instructed on indication that Resident #12 received 11 medications prescribed to be taken at 8am, 1 prescribed to be taken at 12pm, 1 prescribed to be taken at 5pm, & 2 prescribed to be taken at 8pm. Additionally, there was no indication that Resident #13 received 1 medication as prescribed to be taken at 12pm & 5pm on & no indication of 4 other medications being given as prescribed to be taken at 8pm on ; and no indication of 1 other medication being given as prescribed to be taken at 8am on

Resident #13 medications not initialed as given as instructed on indication that Resident #13 received 8 medications prescribed to be taken at 8am, 1 prescribed to be taken at 5pm, & 2 prescribed to be taken at 8pm.

Resident #14 medications not initialed as given as instructed on indication that Resident #14 received 9 medications prescribed to be taken at 8am, 1 prescribed to be taken at 12pm, 3 prescribed to be taken at 5pm,

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& 2 prescribed to be taken at 8pm.

Resident #15 medications not initialed as given as instructed on . indication that Resident #15 received 14 medications prescribed to be taken at 8am, 2 prescribed to be taken at 12pm, 2 prescribed to be taken at 5pm, & 10 prescribed to be taken at 8pm.

Resident #16 medications not initialed as given as instructed on . indication that Resident #16 received 5 medications prescribed to be taken at 8am, 2 prescribed to be taken at 12pm, & 4 prescribed to be taken at 5pm.

None of the Medication Observation Records contained the names and signatures of staff providing assistance with self-administration of medications; there was no key provided to determine whose initials belonged to which employee.

Per interview with the facility co-owner at approximately 11:00am), Staff A was responsible for providing assistance with self-administration of medications on . The facility co-owner called Staff A and advised her to come to the facility to initial the . medications. The co-owner acknowledged that failure to follow proper procedures for providing assistance with self-administration of medications places residents at risk of medication errors.

Class III

E210-ECC - Training 58A-5.0191(7) FAC

Based on record review, the facility failed to ensure that all direct care staff providing care to residents in an extended congregate care progam complete a minimum of 2 hours of in-service training within 6 months of employment in the facility.

Findings include:

AHCA Surveyor reviewed training records of 5 employees currently providing direct care services to residents of the facility. There was no evidence of Extended Congregate Care training provided for 2 of 5 current employees: Staff A (hire date works at the facility 9am-5pm; Staff E (hire date works at the facility 7pm-7am.

The facility co-owner acknowledged at approximately 11:30am) that the last Extended Congregate Care training was provided to facility staff on , and that no training has been provided for staff hired after that date. File review confirmed training provided to Staff B, C, & D on .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emerald Gardens Inc.
2159 McMullen Booth Road
Clearwater, FL 33759

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
for Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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