STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953622	09/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Freedom Inn At Bay Pines	9797 Bay Pines Blvd Saint Petersburg, FL 33708	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Complaint surveys, CCR# 2013007568 and CCR# 2013009364, were conducted on , in conjunction with an abbreviated biennial state licensure survey with limited nursing services (LNS).

The Freedom Inn at Bay Pines, assisted living facility, had a deficiency at the time of the visit relative to CCR# 2013009364.

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

Based on record review and interview, the facility failed to make every reasonable effort to ensure that a prescription for 1 of 7 residents (#12) sampled for medication review had been refilled in a timely manner.

Findings include:

Resident #12 had been admitted to the facility on with the diagnoses of and history of .

Record review of Resident #12's medication observation record on revealed 500mg tablet (anti-s medication) was ordered on for resident #12. The resident ran out of this medication on for the 5:00 p.m. dose and he missed the 9:00 a.m. and 5:00 p.m. dose on . Although the facility ordered the medication it was still their responsibility to ensure that the resident did not run out of the medication. The facility failed to take appropriate action by not calling the doctor and obtaining an emergency refill to provide the resident with the needed medication, . The facility knew the resident had run out of medication on the morning of after he was given his morning dose of . The facility failed to get an emergency refill of the medication so he missed his afternoon dose on and the two doses on .

Bruce Eschholz was interviewed on at 1:45 p.m. He said he knew he was out of his medication on and he also said the nurse had told him the refill was ordered on . This was the first time he did not get his medication after they had ordered it.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Freedom Inn at Bay Pines
9797 Bay Pines Blvd
Saint Petersburg, FL 33708

Dear Administrator:

Re: Biennial with LNS & **CCR# 2013007568** & **CCR# 2013009364**

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) and two complaint surveys that were conducted on 2013, by representatives of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the biennial state licensure survey with limited nursing services (LNS), and the deficiency that was cited relative to CCR# 2013009364 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,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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