



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Ruleme Place
2808 Ruleme Street
Eustis, FL 32726

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on _____, 2013 by representative(s) of this office.

Enclosed 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90



AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/08/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911115	(X3) DATE SURVEY COMPLETED 09/16/2013
NAME OF PROVIDER OR SUPPLIER Ruleme Place	STREET ADDRESS, CITY, STATE, ZIP CODE 2808 Ruleme Street Eustis, FL 32726	
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

On _____, 2013 an unannounced compliance survey CCR#201300 8767 was conducted at Ruleme Place located in Eustis, Florida. Deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

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

Based on interview and review of the medication observation record (MOR) and interview the facility failed to ensure that 3 (#1, #2, #10) of 6 residents reviewed received medications as prescribed by the physician.

Finding:

1. Review of the _____ 2013 MOR revealed that resident #1 did not receive _____ 50 mg medication that is ordered to be given at bedtime for _____ from _____ and the _____ 125 mg that was ordered to be given before breakfast from _____.
2. Review of the _____ 2013 MOR for resident #2 revealed that _____ 4 mg ordered to be given every night at bedtime was not given on _____.
3. Observations of the medication pass on _____ starting at approximately 11:30 am revealed that the Lead _____ handed resident #10 the _____ inhaler without giving the resident guidance or the instructions for use. The resident took the inhaler from the staff placed the inhaler in her mouth took two quick puffs, started talking and the medication escaped from her mouth (white vapor). Review of the instructions revealed that the medication was to be shaken first, inhale the medication and hold the breath for a few seconds before releasing. The resident needed to have waited at least 1-2 minutes before inhaling second puff.

During the interview with the staff person on _____ at 12:40 PM she stated that she did not know how long the resident had to take between puffs.

Class III