STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965739	10/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heron Club At Prestancia (the)	3749 Sarasota Square Blvd. Sarasota, FL 34238	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR# 2013010432 and CCR# 2013010102 which was conducted at Heron Club at Prestancia an Assisted Living Facility (ALF) on . . . . . Census was 51 residents.

The following is a description of non-compliance:

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review and interview, the facility staff failed to accurately read and interpret a prescription label when assisting 1 (Resident #1) of 9 sampled residents with self-administration of her medications.

The findings include:

On . . . . . Resident #1's physician modified the order of the medication . . . . . from 3 times a day to: 5 PM- 500 mg tablet, take ½ tablets PO . . . . . decrease to ½ . . . .

On . . . . at 8:30 p.m., Staff B, gave an extra dosage of . . . . . to Resident #1. Staff accidentally looked at the previous Medication Observation Record (MOR) indicting that medication was given 3 times a day instead of 2 times a day. Staff did not accurately read the prescription label before she assisted Resident #1 with herself administration of her medication.

The Director of Nursing (DON) acknowledged on . . . . . at 2:30 p.m., that Staff B did not follow appropriate procedure when assisting Resident #1 with self administration of her medication and her error resulted to resident overdose on . . . .

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview, the facility failed to obtain a 2 hour continuing medication training for 3 (Staff A, H, and I) of 9 sampled staff responsible for assisting residents with their self-administration of their medications.

The findings include:

1. Record review of Staff A, med tech hired . . . . . found that the last in service continuing medication education training was completed on . . . . . and expired on . . . . .

2. Record review of Staff H, med tech hired . . . . . found that the last in service continuing medication education training was completed on . . . . . and expired on . . . . .

3. Record review of Staff I, med tech hired . . . . . found that the last in service continuing medication education training was completed on . . . . . and expired on . . . . .

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All 3 staff are responsible assisting residents with their self-administration of their medication.

The Director of Nursing (DON) acknowledged on . . . . . at 2:30 p.m., that Staff A, H, and I lacked the continuing education medication training and were responsible assisting residents with their self-administration their medications.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Heron Club At Prestancia (the)
3749 Sarasota Square Blvd.
Sarasota, FL 34238

Re: CCR #2013010432 & 2013010102

Dear Administrator:

This letter reports the findings of a Complaint 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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