STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910541	10/11/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Summer's Landing	615 Florida Avenue Lynn Haven, FL 32444	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-10/11/2013
0054-Medication - Records-10/11/2013
0055-Medication - Storage And Disposal-10/11/2013
0056-Medication - Labeling And Orders-10/11/2013
Z815-Background Screening; Prohibited Offenses-

0000-Initial Comments

An unannounced Revisit survey was conducted at Summer's Landing Assisted Living Facility on 10/11/2013. Deficient practice was identified during the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, staff interview, record review and facility policy review the facility failed to provide appropriate medication assistance by unlicensed staff for 1 of 4 sampled residents resulting in a medication error. (#1)

The findings include:

Observation of medication assistance pass by unlicensed staff was conducted on at approximately 8:10 AM. Employee A (an unlicensed resident aide) was observed to assist resident #1 with her medications by mouth. Employee A obtained the bottle of 3 mg, read the label to the resident, placed the medication in the lid of the medication bottle, asked the resident to take one of the pills, and observed the resident swallow the medication. The label on the bottle of read 3 mg by mouth twice a day. During this process Employee A did not compare the label of the medication with the Medication Observation Record (MOR). The MOR was observed on the bottom of the medicine cart and closed.

Review of resident #1's clinical record and MOR was conducted on after observing the medication assistance pass. The MOR and the current physician order stated 1.5 mg 1 capsule with food twice a day. Employee A provided 3 mg to the resident during the medication assistance pass.

An interview was conducted with the Resident Care Coordinator (RCC) on at approximately 10:16 AM. The RCC confirmed the dose of provided to the resident was incorrect. At approximately 11:02 AM The RCC stated she spoke with the resident's daughter and confirmed the resident was supposed to take 1.5 mg of because the 3 mg dose had made her sick.

The facility policy for Procedure for Supervision of Self-Administered Medications was reviewed on . The policy stated: open the medication sheet to the page for the resident to whom you are going to supervise, read order on medication sheet, check name of resident, name of medication, dose to be given, and time to be given, take out one bottle of medication at a time, in order that they come on the medication sheet, so as not to miss any medication. read the label on the bottle; make sure the directions on the bottle and on the medication sheet are the same.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Summer's Landing
615 Florida Avenue
Lynn Haven, FL 32444

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2013 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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 850-412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

Enclosure
BBT7

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