STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964377	10/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunny Hills Of Sebring	3600 Commerce Center Dr Sebring, FL 33870	
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

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Two unannounced complaint surveys, CCR# 2013007147 and CCR# 2013007437, were conducted on & .

The Sunny Hills of Sebring, assisted living facility, had a deficiency at the time of the visit relative to both complaint surveys.

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

Based on observations, interview, and record reviews, the facility staff failed to provide proper assistance with self-administration of medications as ordered for 2 (Residents #3 and #4) of 6 residents sampled during the medication pass.

Findings include:

Observation of the medication pass on at approximately 11:20 a.m. revealed that Resident #3 received extended release (ER) 15mg (treats pain).
Review of Resident #3's machine-printed medication observation records (MORs) revealed that the was ordered to be given: take 2 tablets (30mg) by mouth every 8 hours. The medication was scheduled for 6am, 2pm, and 10pm; however, a "1" had been handwritten in front of the 2pm dose which made it 12pm. Therefore, the was given early and not 8 hours apart. The dose observed at 11:20am would only have been 5 hours and 20 minutes apart if the 6am dose was given exactly on time.
Review of Resident #3's record revealed orders dated and for the to be given every 8 hours.
Observation of the medication pass on at approximately 11:25am revealed that Resident #4 received tab 0.5mg (treats).
Review of Resident #4's machine-printed MORs revealed that the was ordered to be given: take 1 tablet by mouth three times daily at 8am, 2pm, and 8pm. However, the physician's ordered time of 8am had been changed on the MORs. The "8" in 8am had been handwritten over with a "6" which made the scheduled time 6am.
In the interview with the director of nursing (DON) on at approximately 1:30pm, he called Resident #4's doctor's office and over the speaker phone, the doctor's staff member stated that the last medication order for the was for it to be given at 8am, 2pm, and 8pm. She also stated that there had been no telephone order to change the times. The DON acknowledged that these medications for Resident #3 and #4 were being given at incorrect times. He would request an order for the time to be changed.
Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Sunny Hills of Sebring
3600 Commerce Center Dr
Sebring, FL 33870

Dear Administrator:

Re: **CCR# 2013007147 & CCR# 2013007437**

This letter reports the findings of two complaint surveys that were conducted on , 2013, and , 2013, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiency that was 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 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul J Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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