STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964665	11/14/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Of Palm Harbor	2895 Tampa Road Palm Harbor, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced, abbreviated biennial state licensure survey with limited nursing services (LNS) was conducted on

The Arden Courts of Palm Harbor, assisted living facility, had a deficiency at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record reviews and interviews, the facility failed to ensure that the Medication Observation Records (MORs) were completed accurately for 3 of 4 residents (#11, #12, and #13) sampled during observation of the medication pass.

Findings include:

Review of the 2013 MORs for Resident #11 revealed an order for 600 with D3 400, take 1 tab by mouth every day. The supplement was not initialed on to indicate that it was given.

Review of the 2013 MORs for Resident #12 revealed an order for 50mg, take 1 tablet by mouth 3 times daily. The 12pm dose of the medication was not initialed on and to indicate that it was given.

Review of the 2013 MORs for Resident #13 revealed orders for: 125mg, take 1 capsule by mouth every 12 hours; 5mg , take 1 tablet by mouth at bedtime; and ICaps + Lutein + Zeaxan tablet, take 1 tablet by mouth twice daily. The evening dose of these medications was not initialed on to indicate that they were given.

There was nothing written on the reverse side of any of the residents' MORs to explain why the medications were not initialed.

Per interview with Staff D on at approximately 12:10pm, Staff D stated she was not sure why all medication doses were not signed for on the MORs.

Interview with the Resident Services Coordinator on at approximately 2:30pm revealed that a new nurse was responsible for not signing for the medications on the MORs and that the new nurse has been trained for a

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longer time because of the omissions.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Arden Courts of Palm Harbor
2895 Tampa Road
Palm Harbor, FL 34684

Dear Administrator:

This letter reports the findings of an abbreviated biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2013, by representative(s) 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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