STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911434	11/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Autumn Village Inc.	1103 Barrs Street Jacksonville, FL 32204	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced biennial licensure survey with Limited Mental Health standards was conducted at Autumn Village in Jacksonville, Florida on 2013. Licensure deficiencies were identified at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interview and record review, the facility failed to ensure that residents' medications were taken as prescribed for 1 of 4 sampled residents. (Resident #2)

The findings include:

An observation of assistance with self-administration of medication for Resident #2 at 9:09 AM revealed that Employee A gave one 500 mcg tablet to Resident #2. (photo of medication bottle obtained)

A review of Resident #2's medication observation record (MOR) revealed that 1000 mcg of was ordered once daily, and the MOR had been signed off once daily. (photos obtained)

A review of Resident #2's most recent health assessment (CMS Form 1823) dated revealed that 1000 mcg of was ordered once daily. There were no physician's orders noted in Resident #2's clinical record indicating that any changes had been made to that order. (photos obtained)

An interview with Employee A at 9:38 AM confirmed that the wrong dose of had been administered to Resident #2 daily for the month of 2013. Employee A said that she would ensure that the necessary corrections were made right away.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, interview and record review, the facility failed to maintain an accurate Medication Observation Record (MOR) for each resident who received assistance with self-administration of medication for 1 of 4 sampled residents. (Resident #2)

The findings include:

An observation of assistance with self-administration of medication for Resident #2 at 9:09 AM revealed that Employee A gave one 500 mcg tablet to Resident #2. (photo of medication bottle obtained)

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Autumn Village Inc.	1103 Barrs Street Jacksonville, FL 32204	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

A review of Resident #2's medication observation record (MOR) revealed that 1000 mcg of [redacted] was ordered once daily, and the MOR had been signed off once daily. (photos obtained)

A review of Resident #2's most recent health assessment (CMS Form 1823) dated [redacted] revealed that 1000 mcg of [redacted] was ordered once daily. There were no physician's orders noted in Resident #2's clinical record indicating that any changes had been made to that order. (photos obtained)

An interview with Employee A at 9:38 AM confirmed that [redacted] as provided versus how the medication was documented on the MOR, and how the medication was ordered by the physician did not match. Employee A said that she would ensure that the necessary corrections were made to the MOR right away to accurately reflect the correct dosage of Resident #2's [redacted]

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Autumn Village, Inc.
1103 Barrs Street
Jacksonville, FL 32204

Dear Administrator:

This letter reports the findings of a state licensure biennial with Limited Mental Health 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 **2014** 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

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

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