STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910842	11/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Oaks Of Clearwater, The	420 Bay Avenue Clearwater, FL 33756	

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

A limited nursing services (LNS) monitoring visit was conducted on .

The Oaks of Clearwater, assisted living facility, had a deficiency at the time of the visit.

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

Based on record review and interview, the facility failed to ensure a medication was administered per physician orders for 1 (#1) of 2 sample residents.

Findings include:

Record review for resident #1 revealed orders dated 2013 for 13 units to be injected every morning. If sugar over 120 add 1 unit to dose.

Review of the MOR for resident #1 revealed 88 units of was administered on . On the sugar result was documented on the MOR as 113 and the resident was administered 13 units of .

Staff A was interviewed on at 2:30 PM and he reviewed the forms and stated the order was clarified by the doctor to read for 1 unit to be added to the previous dose.

Further MOR review revealed on the sugar result was listed as 158 and 109 units were administered, the following day the sugar reading was listed as 108 and 110 units were administered instead of 109 units.

Staff A reviewed the record on at 2:45 PM and confirmed the sugar was not over 120, and stated the resident should have received 109 units instead of 110 units.

Further MOR review dated 2013 revealed a sugar result dated listed as 142 and 118 units were administered, the following date the sugar result was listed as 111 and 119 units were administered instead of 118.

The nurse staff A reviewed the MOR on / /13 at 2:50 PM and stated the resident should have been given 118 units because the sugar was not over 120.

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Staff A stated the resident #1 gets her labs done monthly to monitor her sugar levels and provided the most previous labs that were faxed from the doctor's office dated . . for Hemoglobin A1C = 7.1 and stated there were no new orders for .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Oaks of Clearwater, The
420 Bay Avenue
Clearwater, FL 33756

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit 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 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 T Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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