STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965442	11/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Buckingham Smith Assisted Livi	169 Martin Luther King Avenue Saint FL 32084	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With
0053-Medication - Administratio

Revisit New Tags:
0054-Medication - Records-58a-5.0185(5) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced revisit to the Limited Nursing Services (LNS) monitoring survey was conducted at Buckingham-Smith Assisted Living Facility in St. Florida on 19, 2013. New licensure deficiencies were identified as a result of the survey.

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, interview and record review, the facility failed to maintain an accurate, daily medication observation record (MOR) for 4 of 5 sampled residents who received assistance with self-administration of medications. (Residents #1, #2, #3 and #4)

The findings include:

observation of assistance with self-administration of medication for Resident #2 by Employee A at approximately 9:25 AM revealed that Employee A assisted Resident #2 with self-administration of 5% eye drops, 1 drop into each eye. Resident #2 held his head back and Employee A administered one drop of medication in each eye per the physician's order. After assisting with this medication, Employee A did not sign the MOR.

A review of Resident #1's 2013 MOR revealed the following two medications: eye drops, 1 drop in both eyes twice a day and eye drops, 1 drop in both eyes three times a day. The MOR did not indicate at what time either of the two eye drop medications was to be received by Resident #1. Next to each of these two medications on the MOR was written, "Self-Administers". (photo obtained)

A review of Resident #2's 2013 MOR revealed the following medication: 5% eye drops, instill one drop into both eyes four times daily. The MOR did not indicate at what time this medication was to be received by Resident #2. Next to the medication on the MOR was written, "Self-Administers". (photo obtained)

A review of the Resident Health Assessment (AHCA Form 1823) for Resident #1 revealed that he required assistance with self-administration of medication. The health assessment was signed and dated by the physician on There was no additional documentation in the resident's clinical record indicating that he was capable of independent self-administration of medication. (photo obtained)

A review of the Resident Health Assessment (AHCA Form 1823) for Resident #2 revealed that he required assistance with self-administration of medication. The health assessment was signed and dated by the physician

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965442	11/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Buckingham Smith Assisted Livi	169 Martin Luther King Avenue Saint FL 32084	

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

on . . . . . There was no additional documentation in the resident's clinical record indicating that he was capable of independent self-administration of medication. (photo obtained)

An interview with Employee A on . . . . . at approximately 10:10 AM revealed that she assisted both Resident #1 and Resident #2 with self-administration of their medications, including their eye drops. When asked how she knew what time to assist with the administration of each resident's eye drops (because no administration times were documented on the MORs), she replied that they received the medication at each medication pass throughout the day. When asked why there was no documentation beside these medications in the MORs for the month of . . . . . 2013, she was unable to respond. Employee A acknowledged the error, and said that she would make the necessary corrections right away.

. . . . . observation of assistance with self-administration of medication for Resident #3 by Employee A at approximately 9:20 AM revealed that Employee A assisted Resident #3 with self-administration of . . . . . tablets, 1 tab by mouth.

A review of Resident #3's . . . . . 2013 MOR revealed the following medication: . . . . . tabs, take 1 tab by mouth three times daily before meals. The times of administration noted beside this medication were 9:00 AM, 1:00 PM and 5:00 PM. (photo obtained)

A review of Resident #4's . . . . . 2013 MOR revealed the following medication: . . . . . tabs, take 2 tabs by mouth daily with breakfast, lunch and dinner. The times of administration noted beside this medication were 9:00 AM, 1:00 PM, and 5:00 PM. (photo obtained)

An interview with Employee A on . . . . . at approximately 10:00 am revealed that the meal times in the facility were as follows: breakfast from 7:30 AM - 8:00 AM, lunch from 11:30 - 12:00 PM and dinner from 5:00 PM - 5:30 PM. When asked whether Resident #3 had already eaten breakfast, Employee A replied that he had eaten at "about 7:30 AM". When asked whether Resident #4 had already eaten breakfast, Employee A repied that she had. When asked why this medication was not scheduled for or given prior to the breakfast meal, Employee A replied that all medications which were scheduled to be given three times daily, were scheduled at 9:00 AM, 1:00 PM and 5:00 PM. Employee A acknowledged the error, and said that she would make the necessary corrections right away.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Buckingham Smith Assisted Living
169 Martin Luther King Avenue
Saint FL 32084

Dear Administrator:

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

The deficiency should be corrected no later than 2014.

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 (904) 798-4201.

Sincerely,

Kesiha Woods

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

JG/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054