STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968314	11/26/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Wiley Retirement Home	7024 Wiley Rd Jacksonville, FL 32210	
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

Specific Tag Findings:

0000-Initial Comments
This was an unannounced complaint survey, CCR# 2013009287, conducted at Wiley Retirement on . . . . . 26, 2013. Deficient practiced was identified at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation and staff interview, the facility failed to ensure that a medication for a resident who is listed as requiring assistance with self-administration of medication did not require scoring or breaking of a pill for 1 (Resident # 9) of 20 sampled residents.

The findings include;

On at 12:40 PM an observation of Employee A during medication pass was conducted. Employee A opened a bottle of medication labeled 1 milligram (mg) and stated " The other ones had lines on them; I will have to cut it. " Observation of the pills on both sides revealed that the pills were not scored. Employee A went back to the medication cart and retrieved a pill cutter. She placed a pill from the bottle in the pill cutter and cut the pill. Employee A placed ½ of the pill in the medication soufflé cup, and put the other ½ back into the bottle of medication.

A review of the . . . . . 2013 Medication Observation Record (MOR) for Resident #9 read, 1 mg. Take 1 ½ mg by mouth three times a day.

On at 12:50 PM an interview with the administrator was conducted. The administrator said that Resident #9 ' s spouse "used to cut the pills". "These pills should be scored. I will call the pharmacy to see if they can send us scored pills."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Wiley Retirement Home
7024 Wiley Road
Jacksonville, FL 32210

Re: CCR #2013009287

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2013 by representatives 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 surveyors. Should you have any questions please call this office at

Sincerely,

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

JV/MB/KW/sm
Enclosure

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