AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Henderson House
907 East Orange Avenue
Eustis, FL 32726

Dear Administrator:

This letter reports the findings of a revisit for a biennial re-licensure inspection survey conducted on . 2013, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **ten business days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders. The facility failed to follow physcian orders.

Directed Corrective Actions:

1. The Assisted Living Facility is required to create a corrective action plan for the provision of assisting residents with the self-administration of medication and following the physicians' orders within 48 hours. Fax the plan to the Area 3 Field Office. The plan must include: the provision of training for all employees who assist residents with the self-administration, weekly monitoring and reconciliation of residents' medications and their current physicians' orders by a designated employee and a medication policy developed in consultation with a licensed pharmacist.

2. The Assisted Living Facility is required to contract with a pharmacist licensed pursuant to Section 465.0125, F.S., to provide quarterly on-site medication audits and consultations for the facility. Results from all audits and consultation recommendations must be maintained on the premises for Agency review. The first visit from the pharmacist must occur within 10 days of receipt of this letter.

3. The Assisted Living Facility is required to submit a quarterly corrective action plan updates, signed by the contracted pharmacist, to the Area 3 Field Office until the facility receives written notification from the Agency to cease submission of the quarterly corrective action plan.

Henderson House
2014

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please call Jasmine Hayes, Health Facility Evaluator Supervisor, at (386) 462-6238.

Sincerely,

for
Kristé J. Mennella
Field Office Manager

KJM/amw

Enclosure

Received by: Date

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

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932557	12/16/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Henderson House	907 E. Orange Avenue Eustis, FL 32726	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:

0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Specific Tag Findings:

0000-Initial Comments

On 12/16/2013 unannounced follow-up survey was conducted at Henderson House Assisted Living Facility in Eustis Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and observations the facility failed to provide medication in accordance to physicians orders for 1 of 9 residents (Resident #3).

The findings include:

On : a record review was conducted on Resident #3 medication observation record. During the review it was observed that Resident #3 receives : two times a day at 9:00 AM and at 5:00 PM. It was observed that the 5:00 PM dosage was initialed for : which was four hours early. This prompted a medication reconciliation to be conducted on this medication for resident #3.

On : at approximately 12:45 PM an interview was conducted with the Med Tech A. She was asked why the 5:00 PM dosage on : for : was signed off as already given. She stated she was working with a new staff member this morning and the staff, Staff member B, signed the MOR in the wrong place.

On : at approximately 1:00 PM Staff member B admitted to the mistake. It was also observed that the : prescription for Resident #3 was for 60 dosages which was filled on : and the : pack still contained 57 pills, which was too many pills if it was given 2 times a day as prescribed.

On : at approximately 1:22 PM an interview was conducted with Bay Pharmacy Pharmacist by phone in reference to Resident #3 : medication. The Pharmacist stated that they predate the medication label 2 weeks prior to refilling the medication for the resident. He stated the : dated : (60 pills) should have been started on : (20 days ago). Based on this interview there should have only been 20 remaining pills for the current prescription but there were 57 pills still remaining.

On : at approximately 2:00 PM an interview was conducted with the Administrator regarding the excess : for Resident #3. The Administrator said she could not account for the extra medication except for the resident may have brought medication back to the facility from a six day hospital stay in : 2013. This would have accounted for only 12 extra pills.

On : at approximately 2:05 PM an interview was conducted with Resident #3. During the interview

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Resident #3 was asked if she gets her [redacted] medication). She stated yes, she gets her [redacted] medication every week once a day regularly. The medication is to be given twice daily.

Class II