STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964946	11/18/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Melbourne	**1765 West Hibiscus Blvd Melbourne, FL 32901**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:

0000-Initial Comments
11/18/13 Unannounced revisit was conducted in conjunction with Complaint Inspection 2013008932.

The facility had a deficiency found related to the revisit.

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

DEFICIENCY REMAINED UNCORRECTED.

Based on observations of the medication pass, record review and interview the facility failed to ensure, when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times for 5 of 5 sampled residents (#1, #2, #3, #4 and #5) and did not read the label out loud in front of the each resident.

Findings:

Observations on . . . . . at approximately 11:40 AM of the medication pass noted staff #A, who was a "med tech", not a nurse, went and brought resident #1 to the common area/living . . . . . She unlocked the Medication Observation Record (MOR) and reviewed it. She unlocked the medication cart and took the medication out. She read the MOR; she took a pill from the bubble pack and put it in a cup. She also had a cup with water. She told the resident "This is your . She observed the resident take the medication. Staff A then signed

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the MOR. She returned the medication to its secure place and locked the medication cart.

Resident record review for resident #1 at approximately 1:45 PM noted a prescription dated [redacted] that indicated [redacted] 650 milligrams (mg) one 3 times daily.

Observations of the medication pass continued on [redacted] at approximately 11:50 AM with staff #A. She went and brought resident #2 to the common area/living [redacted] She unlocked the Medication Observation Record (MOR) and reviewed it. She unlocked the medication cart and took the medication out. She read the MOR; she took a pill from the bubble pack and put it in a cup. She also had a cup with water. She told the resident "This is your [redacted] She observed the resident take the medication. Staff A then signed the MOR. She returned the medication to its secure place and locked the medication cart.

Resident record review for resident #2 at approximately 1:45 PM noted a prescription dated [redacted] that indicated [redacted] 300 mg one three times a day.

Observation on [redacted] at approximately 12:30 PM noted several residents gathered in the common area to get their medications before lunch. Staff #B "med tech" would provide the assistance with the medications. She unlocked the medication cart, checked the MOR and sanitized her hands. She told resident #3 "I'm giving you your [redacted] Is there anything else you need? The resident replied yes, a pain pill". The staff obtained the medications from the med cart and placed a pill in a cup and then placed another pill in another cup. She gave the resident a cup with water as well. The resident asked where is my [redacted] The staff replied "This is your Loretab I have your [redacted] here". She observed the resident take the medications and returned the medication in the med cart and signed the MOR.

Resident record review for resident #3 at approximately 1:45 PM noted a prescription dated [redacted] that indicated [redacted] 300 mg 4 times daily and a prescription dated [redacted] that indicated [redacted] one/appap [redacted] 10-325 mg one every 4 hours as needed for pain.

Observations of the medication pass on [redacted] continued with staff #B. She unlocked the medication cart, checked the MOR and sanitized her hands. The staff obtained the medications from the med cart and placed a pill in a cup. She gave resident #4 a cup with water as well and stated "Name this is your Loretab". She observed the resident take the

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medications, returned the medication to the med cart and signed the MOR. She updated the count sheets as well.

Resident record review for resident #4 at approximately 1:45 PM noted a prescription dated that indicated 5-325 mg one tablet 3 times a day.

The medication pass continued, with the same staff and same location. Staff #B provided the assistance. She unlocked the medication cart, checked the MOR and sanitized her hands. The staff obtained the medications from the med cart and placed a pill in a cup. She gave resident #5 a cup with water as well and stated "This is your She observed the resident take the medications, returned the medication to the med cart and signed the MOR.

Resident record review for resident #5 at approximately 1:45 PM noted a prescription dated that indicated 325 mg one tablet 3 times daily

at 4 PM the executive director stated she could not believe the deficiency was not corrected. She stated maybe the staff misunderstood that they had to actually read the label out loud to the residents.

The Resident Care Director a Licensed Practical Nurse asked if the staff could continue to work and continue to pass medications or should they remove the staff in question from the cart. I explained to her that was the facility's decision and I explained to them the deficient practice.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

RE: Revisit to CCR#2013008972

Dear Administrator:

This letter reports the findings of a Complaint Investigation Revisit Survey conducted on
18, 2013 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

All deficiencies shall be corrected no later than , 2013.

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 Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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