STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	01/14/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Hope Of Pinellas	7575 65th Way Pinellas Park, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014000288, was conducted on .

The Good Hope of Pinellas, assisted living facility, had deficiencies at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on interview and record review, the facility failed to ensure that medication observation records (MORs) were complete and accurate for 7 of 7 residents sampled for medication review or observed during the medication pass (Residents #1, #2, #3, #4, #5, #6, and #7). The facility staff failed to complete the MORs for routine medications and failed to explain why scheduled doses were missed. This made it impossible to determine if the residents received prescribed medications as ordered.

Findings include:

A review of Resident #1's 11/2013 MORs conducted on revealed that he was ordered a routine dose of , but on the medication was not initialed to indicate that it was given. He was also ordered .005% drops and the MOR for was not initialed. There was no explanation on the back of the MORs to indicate why either medication was not given .

A review of Resident #2's MORs revealed that she was ordered 150 mg tablet. This medication was initialed and circled to indicate that it was not given on , and to . The MOR was not initialed on . There were no explanations given on the back of the MORs.

A review of Resident #3's MORs dated revealed that none of her 8 medications 10-20, 40 mg, 75 mg, 50 mg, 30 mg, 25 mg, Sod DR 40 mg, and ER 240 mg) due at 8:00 AM were initialed on and no explanation was given on the back of the MORs. Her ordered Lumigan 0.01% eye drops for were also not initialed on , and . The medication was initialed and circled on and to . There was no explanation on the back of the MORs to indicate why the medication was not given.

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A review of Resident #4's MORs dated revealed that his ordered ODT 4 mg tablet was initialed and circled every day from to to indicate that it was not given. The back of the MORS had one explanation only on 01 that the drug was "not available". There was no explanation for any of the other dates.

A review of Resident #5's MORs dated revealed that he was ordered Dok Plus. The Dok Plus was initialed and circled to indicate it was not given at 4:00 PM from to It was also initialed and circled for the 8:00 AM dose on and . The back of the MORs dated was the only day an explanation was given ("out of medication").

A review of Resident #6's MORs dated revealed that 4 of her routine morning medications ER 20 MEQ, HFA 115-21 mcg, 18 mcg Handihaler, and 0.083/0.3ml) were not initialed to indicate that they were given on and Her 4:00 PM dose of HFA was also not initialed on No explanation was given on the back of the MORs.

Review of Resident #7's MORs revealed that her ordered 300 mg capsule scheduled for 12:00 PM was not initialed as given on , and No explanation was given on the back of the MOR.

In an interview with the Resident Care Manager on at approximately 12:50 PM, she acknowledged the problems with the lack of documentation on the MORs and stated that they were getting new staff because "they don't care" and there have been "mistakes".

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview and record review, the facility staff failed to ensure that there was a written order for a change in directions for a medication for 1 (Resident #6) of 7 residents sampled for medication review and/or medication pass observation. The facility also failed to ensure that ordered medications were available for 2 (Residents #4 and #5) of 7 residents sampled for medication record review and/or medication pass observation.

Findings include:

During a review of Resident #6's medication observation records (MORs) conducted on at approximately 12:45 PM, the surveyor observed a handwritten note attached to the front of the MORs that read: " (actual name given) Resident #6 gets 8 am & 8 PM NO MATTER WHAT even though it states PRN (as needed). She can have 8:00 am & 8:00 PM & that how she is used to getting it."

During the review of the MORs, the surveyor noted that the actual order in the MORs read

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15 mg tablet, give 1 tablet every 12 hours as needed for pain.

When interviewed on at approximately 12:55 PM, the resident care manager stated that Resident #6's doctor changed the order for her pain medication over the phone and she was waiting for the written order for Resident #6. The resident care manager acknowledged that she is not a nurse and should wait for the actual order to be faxed or sent by the doctor before it can be changed on the MOR.

Review of Resident #4's MORs revealed that he was ordered ODT 4 mg tablet. The medication was initialed and circled to indicate that it was not given from 01/01/14 to The explanation given on the back of the MORs dated was that the drug was unavailable.

Review of Resident #5's MORs revealed that he was ordered Dok Plus tablet and mg tablet. The Dok Plus was circled and initialed to indicate it was not given at 4:00 PM from 01 to It was also not given at 8:00 am on and The back of the MORs dated was the only day an explanation was given ("out of medication"). The which was a routine medication was also either circled and initialed or left blank from to and also on The explanation on the back was the same (out of medication).

Interview with the resident care manager on at approximately 12:50 PM revealed that Resident #4 was seeing 2 doctors. She was unaware that he was out of medications. She stated she goes through the med cart every month. Last month she did the orders for everybody. Every shift checks the meds and they write if medications are out or low. She stated that if any other resident records stated they are out of meds it's because the medication technicians did not inform her.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on interview and record review, the facility failed to ensure that three of five sampled staff (Employees A, B and D) who provide assistance with self-administration of medications to residents received a 2-hour annual training update.

Findings include:

On , the surveyor reviewed the facility's staff schedule for the week beginning The surveyor noted that Employees A, B and D were all scheduled to provide direct care to residents.

The surveyor reviewed Employee A's record on and noted that Employee A had the initial 4-hour training on assisting with self-administration of medication on and a 2-hour update on There was no documentation of any medication training since then.
On that same date, the surveyor reviewed Employee B's record and noted that Employee B had an initial 4-hour training on assisting with self-administration of medication on and a 2-hour update on There was no documentation of any medication training since them.
On that same date, the surveyor reviewed Employee D's record. The surveyor noted that Employee D had completed the initial 4-hour training on assisting with self-administration of medication on There was no

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documentation of any medication training since then.

When the Resident Care Director was interviewed that same date at 12:45 PM, she stated she is in the process of arranging with the pharmacy to have someone come in and conduct a medication training update.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Good Hope of Pinellas
7575 65th Way
Pinellas Park, FL 33781

Dear Administrator:

Re: **CCR# 2014000288**

This letter reports the findings of a complaint survey that was conducted on , 2014, by representative(s) 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 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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