

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967609	(X3) DATE SURVEY COMPLETED 03/03/2014
NAME OF PROVIDER OR SUPPLIER Lubrin Loving Care Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 6564 Sw 20 Court Plantation, FL 33317	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Repeat Tags:

0000-Initial Comments-

0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

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

A Revisit Survey was conducted on 12/05/13 at Lubrin Loving Care Inc. with one uncorrected deficiency. An unannounced Second Revisit Survey was conducted on 03/03/14 at Lubrin Loving Care Inc. The one deficiency remains uncorrected at the time of the visit.

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

Based on observation, interview and record review, the facility failed to follow accepted standards for the assistance with medications for 4 of 4 residents observed during medication pass, (Resident #1, #2, #3 and #4). As evidenced by the medication technician dispensing medications inappropriately and signing off the Medication Observation Record (MOR) prior to the residents taking their medications.

The findings include:

1) On at 10:00 A.M., a medication pass observation was conducted for Resident #1 with the medication technician (med tech). The med tech was observed to retrieve the plastic bin of medications from the file cabinet and place them on the kitchen table. Breakfast was just completed and the dirty dishes of the 4 residents remained on the table. The med tech opened the bin and put the packs of medications on the table. Then one by one she dispensed the medications from the pack into the palm of her hand and using her index finger and thumb she placed the medication into the medication cup. This procedure was done for every medication for a total of 8 medications. The med tech was then observed to sign off the medications on the MOR prior to the resident taking the pills. The med tech then proceeded to hand the medication cup to the resident by holding the medication cup with her thumb on the outside of the cup and her index finger inside the cup. The resident did not take

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the medications right away and at 10:10 A.M, the medication cup was still sitting in front of the resident. Resident #1 was observed to finally take her medications one by one at 10:15 A.M.

2) On [redacted] at 10:05 A.M. a medication pass observation was conducted for Resident #2 with the med tech. The med tech was observed to take Resident #1's medication bin back to the filing cabinet and retrieve the medication bin for Resident #2 and place it on the kitchen table. The med tech opened the bin and put the [redacted] packs of medications on the table. Then one by one she dispensed the medications from the [redacted] pack into the palm of her hand and using her index finger and thumb she placed the medication into the medication cup. This procedure was done for every medication for a total of 7 medications. The med tech was then observed to sign off the medications on the MOR prior to the resident taking the pills. The med tech then proceeded to hand the medication cup to the resident by holding the medication cup with her thumb on the outside of the cup and her index finger inside the cup. The resident did not take the medications right away and at 10:10 A.M, the medication cup was still sitting in front of the resident and the resident was still eating her breakfast. Resident #2 was observed to finally take her medications at 10:14 A.M, 9 minutes after the med tech had signed off the medications as being taken.

3) On [redacted] at 10:10 A.M, a medication pass observation was conducted for Resident #3 with the med tech. The med tech was observed to take Resident #2's medication bin back to the filing cabinet and retrieve the medication bin for Resident #3 and place it on the kitchen table. The med tech was then observed to retrieve a pill bottle of [redacted] from the bin, open the lid and stick her fingers down to the bottom of the bottle to retrieve a pill. Once retrieved she grasped the pill with her index finger and thumb and dropped it into a medication cup. She then proceeded to cup open a [redacted] pack of iron pills and once open she popped the iron pill into the palm of her hand and then dropped the pill into the medication cup. The med tech signed off the MOR and then placed the medication cup in front of Resident #3. Resident #3 did take the medication within a minute of the med tech placing the medication cup in front of the resident.

4) On [redacted] at 10:15 A.M, a medication pass observation was conducted for Resident #4 with the med tech. The med tech was observed to take Resident #3's medication bin back to the filing cabinet and retrieve the medication bin for Resident #4 and place it on the kitchen table. The med tech opened the bin and put the [redacted] packs of medications on the table. Then one by one she dispensed the medications from the [redacted] pack into the palm of her hand and using her index finger and thumb she placed the medication into the medication cup. This procedure was done for every medication for a total of 8 medications. The med tech was then observed to sign off the medications on the MOR prior to the resident taking the pills. The med tech then proceeded to hand the medication cup to the resident by holding the medication cup with her thumb on the outside of the cup and her index finger inside the

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cup. After placing the medication cup in front of the resident the med tech walked away from the resident to put the medication bin back in the filing cabinet in the next The resident did not take her medications right away and with some encouragement from the Administrator Registered Nurse, finally took her medications at 10:20 A.M.

For the 4 observations of medication pass the med tech performed, it was noted she conducted the medication passes in a routine and confident manner.

On at 10:25 A.M, an interview was conducted with the Administrator Registered Nurse who concurred medications should not be touched by bare hands and medications should not be signed off as given until the resident has taken the last medication.

On at 10:28 A.M, an interview was conducted with the med tech in the presence of the Administrator Registered Nurse. The Administrator Registered Nurse advised the med tech she should not be touching medications with her fingers and should not be signing off medications until the resident has actually taken them. The med tech responded by saying she was stressed out having someone watch her do medication pass. The Administrator stated to the med tech it is an control issue as well as a standards of practice issue she further stated the training that the med tech received in 2014 by the Consultant Pharmacist would not have instructed to put medications in the palm of her hand prior to dropping it in the medication cup and would not have instructed to sign off medications prior to the resident taking the medications.

Review of the med tech's personnel record revealed on the med tech received a 4 hour 'Assistance with Medication' training in-service conducted by the facility Consultant Pharmacist. Further review of the personnel record revealed she additionally has a certificate dated for a 6 hour 'Assistance with Medication' training in-service.

This is an uncorrected deficiency. Therefore, the facility is required to employ a pharmacist as a Consultant.

Class III
Uncorrected deficiency

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

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RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lubrin Loving Care Inc
6564 Sw 20 Court
Plantation, FL 33317

RE: Relicensure Survey Second Survey Revisit

Dear Administrator:

This letter reports the findings of a relicensure second survey revisit conducted on _____, 3, 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiency identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

