STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968254	02/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inn On The Pond	2010 Greenbriar Blvd Clearwater, FL 33763	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2013013439, was conducted in conjunction with a biennial state licensure survey with extended congregate care (ECC) survey.

The Inn On the Pond, assisted living facility, had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide care and services appropriate to the needs of the residents for medication administration of for 1 (#16) of 3 sampled residents.

Due to the fact that Resident #16's level was not monitored as ordered and was not administered as ordered, Resident #16's glucose level became elevated, which resulted in Resident #16's admission to the hospital for treatment of .

Findings include:

1) A record review of Resident #16 admitted to the facility on with a health assessment dated with diagnoses of incontinence, , and memory loss. A review of resident #16's progress notes dated indicate that Resident #16 was admitted to the hospital for an elevated glucose level of over 600 due to nursing failure to provide routine glucose monitoring and administration as ordered by the physician.

A record review of the medication observation record (MOR) revealed that on , staff #E, a licensed LPN, failed to review Resident #16's MOR and failed to perform glucose monitoring at 11AM and 4PM and failed to administer Resident #16's sliding scale which is based upon the glucose monitoring result. In addition, staff #E failed to administer at 8AM and 4PM as ordered by the physician which resulted in Resident #16's elevated glucose level of over 600, which resulted in the resident being admitted to the hospital on for a diagnosis of . Resident #16 returned to the facility on .

On , an interview conducted with staff #E at 12:03PM confirmed that on , staff #E failed to perform glucose monitoring for Resident #16 at 11AM and 4PM, failed to administer sliding scale and failed to administer at 8AM and 4PM as ordered by the physician. Staff #E stated that she was unfamiliar with Resident #16 and was not familiar with this section of the facility. Staff #E stated that the medication in disarray and that other staff members began changing the medication carts around that led to staff #E's .

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A written statement made by staff #G, the facility risk manager and a licensed registered nurse, dated confirmed that staff #E was unfamiliar with Resident #16 and that, "There was a lot of as the med cart was being changed over and the meds were moved".

Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Inn on the Pond
2010 Greenbriar Blvd
Clearwater, FL 33763

Dear Administrator:

Re: Biennial with ECC & **CCR# 2013013439**

This letter reports the findings of a biennial state licensure survey that was conducted on , 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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 surveys.

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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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