STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911156	02/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Visionary Living, Inc	923 North 77th Avenue Pensacola, FL 32506	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

A revisit survey to a previous complaint survey (CCR# 2013013310) was conducted in conjunction with a biennial survey on 20-21, 2014 at Visionary Living, Inc Assisted Living Facility. There were uncorrected deficiencies found at the time of the survey.

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

Based on interviews, record reviews, and observations, the Assisted Living Facility (ALF) failed to follow the assistance with self-administration of medications process for 5 of 7 residents (Resident #6, #7,#10, #11, and #12). Specifically the ALF staff failed to provide medications at the correct time as ordered for resident # 12 and failed to read the medication labels in the presence of the resident as required in Florida Statute 429.256.

Findings include:

1) The Assisted Living Facility was issued a Directive Plan of Correction on / . The facility was required to employ the consultant services of a licensed pharmacist or a registered nurse (RN) to provide onsite quarterly consultation and medication pass observation. Instead, the facility consulted with an Licensed Practical Nurse (LPN) to provide consultation and medication pass observation.

2) On _ _/_ _ at 7:20 AM a medication pass observation was conducted. Residents #6, #7, #10, #11, and #12 were observed receiving their morning medications from staff member C. During the medication pass observations of each resident, staff member C was observed moving very quickly popping the medications into a soufflé cup. Staff member C failed to follow the assistance with self-administration of medication process by not reading the labels of the medication in the presence of the residents.

3) On _ _/_ _ at 7:46 AM staff member C was observed handing resident #12 his medication, HandiHaler (tiotropium inhalation powder). is a prescription medicine used once each day (a maintenance medicine) to control symptoms of ( ). Staff member C did not read the medication label. The resident then inhaled the medication and Staff member C stated "You were actually supposed to take that at 8:00 tonight." As she realized her medication timing error.

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4) On / at 7:46 AM an interview was conducted with staff member C. Staff member C stated "I know for sure I wasn't supposed to give him that because he was supposed to take it at 8:00 PM." Staff member C confirmed she does not read the medications in the presence of the residents and stated she knows she should read read the labels but she does not do it. She stated she realize she is moving fast and has to slow down.

5) A review of resident C's Medication Observation Record (MOR) revealed HandiHaler inhale content of 1 capsule orally via handihaler once daily at 8:00 PM.

6) On / at 9:39 AM and interview was conducted with the Administrator. The Administrator stated the staff members think they can get away with not reading the labels of the medications. The Administrator stated she would work with the staff until she is comfortable that her staff can follow the correct process for Assistance with Self- Administration of Medication.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Visionary Living, Inc
923 North 77th Avenue
Pensacola, FL 32506

Dear Administrator:

This letter reports the findings of a biennial licensure survey and a Licensure Revisit Survey (CCR# 2013013310) conducted on 20, 2014 and 21, 2014 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.

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.**

Please be advised that the Directed Plan of Correction (DPOC) sent to you facility on , 2014 remains in effect.

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 me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

YOSF

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