STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965867	03/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cunningham Elderly	2909 Courtland Blvd Deltona, FL 32738	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0051 - 58a-5.0185(2) Fac - Medication - Pill Organizers S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0079 - 58a-5.019(4) Fac - Staffing Standards - Levels S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR #2014001634, was conducted on , 2014. Cunningham Eldery had deficiencies found at the time of the visit.

0051-Medication - Pill Organizers 58A-5.0185(2) FAC
Based on observation, interview and record review, the facility failed to ensure a pill organizer was used for a resident that could self-administer medication for 1 out of 1 sampled resident (#3) who used a pill organizer.

The findings include:

During a medication observation on at 10:10 a.m., the Caregiver at the facility was observed taking pills out of a pill organizer, putting them in small silver container, handing them to Resident #3, and telling the Resident #3 "here are your pills." During an interview with the Caregiver at the time of observation, he stated the Resident #3's daughter had provided the pill organizer.

Record review for Resident #3 found a resident health assessment AHCA (Form 1823) signed by the resident's physician on Review of the form found the Resident #3 was diagnosed with . The form documented Resident #3 needs assistance with self-administration of medications, needs supervision with all activities of daily living with the exceptions of being independent with toileting.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, staff interview, and record review, the facility failed ensure medications provided to 2 of 3 residents were documented on the Medication Observation Record. (Resident #1, #2 and #3)

The findings include:

1. Record review of the Medication Observation Record (MOR) for Resident #1 found the only medication listed was 0.1 mg patch with directions to apply one patch to hairless area on upper arms every week. During an medication storage observation for Resident #1 the following over the counter medications were observed:

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capsule 99 milligrams (mg), Oragacillin multiple spice extract 450 mg, Natural Relief propriety blend 500 mg, two bottles of relief homeopathic, root 1 fluid ounce drops 1000 mg, Chestal honey homeopathic relief 8.45 fluid oz., Rescue remedy 20 milliliters drops, liquid 1 mg, cream 2 fluid ounces, B-6 100 mg, Publix children's pain relief 80 mg. Review of the resident health assessment AHCA (1823) for Resident #1 found orders for Natural Relief give two each day, caps 99 mg give one each day, 235 mg give one each day, relief give two tablets four times a day, Rescue Remedy 3 squirts four times a day, 1000 mg one at the hour of sleep, 160mg/5 ml without orders to give, Chestal 10 ml every 2 hours, Oregacillin 450 mg 1 cap twice a day as needed for . During an interview with the Administrator on at approximately 11:00 a.m. she stated the facility will sometimes give the resident the over the counter medications. She confirmed that they do not document them on the MOR.

Record review for Resident #3 found an AHCA 1823 signed by the resident's physician on . Review of the form found the resident was diagnosed with . The form documented Resident #3 needs assistance with self-administration of medications, needs supervision with all activities of daily living with the exceptions of being independent with toileting.

2. During a medication observation on at 10:20 a.m., the caregiver at the facility was observed giving Resident #2 one fish oil capsule 300 milligrams (mg), one Equate Complete multi , one caplet polycarbophil 625 mg), one 1000 micrograms, one D3 1000 tablet and one 81 mg tablet. Review of the Medication Observation Record (MOR) for Resident #2 found the medications where not listed on the MOR. During an interview with the caregiver at the time of observation the findings were confirmed. The caregiver stated he did not document the over the counter medications on the MOR. Record review of the resident health assessment ACHA form 1823 dated for Resident #2 found the D3, Omega 3, , and were listed as current prescribed medications.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to ensure that expired medication was disposed of within thirty days of expiration for 1 of 3 sampled residents. (Resident #1)

The findings include:

During an observation of Resident #1's medications, a bottle of 300 milligram capsules with orders to take 2 capsules by mouth one hour before dental appointment was observed with the residents other medications. The bottle had several pills inside. The medications had a date filled of and a discard after date of .

The findings were confirmed by the Administrator who removed the expired bottle on at approximately 11:00 a.m.

Class III

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0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, interview and record review, the facility failed to obtain physician orders for prescription medications stored for 1 of 2 residents and failed to administer or document physician ordered medication was discontinued 1 of 2 residents. (Resident #1)

The findings include:

During an observation of Resident #1's medications the following medications with prescription labels were observed with the patches. 0.4 milligrams (mg) tablet SL take 1 tablet as needed filled on 3% eye drops instill 1 drop into eyes every 4 hours filled

Review of the medication administration record (MOR) for Resident #1 found the only medication listed was 0.1 milligram (mg) patch administered every Saturday.

Record review for Resident #1 found no orders for the eye drops, and the 0.1% patch. Further record review for Resident #1 found the resident's health assessment AHCA form 1823 had orders for 5 mg each day and 0.25 mg as needed. The record did not contain evidence the medications were discontinued. The medications were not found with the residents other medications.

During an interview with the administrator on at approximately 11:00 a.m., she was asked about the medications. She stated the resident's daughter will just bring in medicine for the resident and let her know when to stop giving medicine. She could not provide a physician order for the or or documentation that the residents and where discontinued.

Class III

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation and staff interview the facility failed to ensure over the counter medication was labeled for 2 of 2 sampled residents. (Resident #1 and #2)

The findings include:

1. During an observation of the medication for Resident #1 the following the following medications were observed. capsule 99 milligrams (mg), Oragacillin multiple spice extract 450 mg, Natural Relief propriety blend 500 mg, two bottles of relief homeopathic, root 1 fluid ounce drops 1000 mg, Chestal honey homeopathic relief 8.45 fluid oz., Rescue remedy 20 milliliter drops, liquid 1 mg, cream 2 fluid ounces, B-6 100 mg, Publix children's pain relief 80 mg. The medications were not labeled with the resident ' s name.

2. During a medication observation for Resident #2 on at 10:20 a.m., the caregiver at the facility was observed giving Resident #2 one fish oil capsule 300 milligrams (mg), one Equate Complete multi , one caplet polycarbophil 625 mg), one 1000 micrograms, one D3 1000 individual units (iu) tablet and one 81 mg tablet, and one caplet polycarbophil 625 mg). Observation of the bottles found they were not labeled with the resident's name.

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Class III

0079-Staffing Standards - Levels 58A-5.019(4) FAC
Based on interview and record review, the facility failed to maintain a written staffing schedule.

The findings include:

During an interview with the Administrator on at approximately 9:15 a.m. she was asked to provide the staffing schedule for the facility. She could not provide a schedule for of 2014. She stated she and the caregiver take turns staying at the facility for 24 hours periods.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation the facility failed to maintain a safe and sanitary environment for 3 of 3 residents. (Resident #1, #2 and #3)

The findings include:

During a tour of the facility on at 8:40 a.m., a large square vent was observed on the wall in the living the television and the doorway to the kitchen. The vent was approximately two feet by two feet. The vent was covered with gray particles that appeared to be dust.

Further observation in the living the walls on both sides of the doorway leading to the two and a hall numerous black marks covering the area from the baseboards up approximately three feet. The floor baseboards surrounding the door way were also observed to be covered in a gray substance that appeared to be dust.

Observation in the hall the grout around the bottom of the toilet was cracked and missing. A black substance was observed in the area where the grout was missing.

Observation in the kitchen found the floor molding running the length of the wall to the left when entering and on the wall on both sides of the sliding glass doors were covered with a gray substance that appeared to be dust. The tract to the sliding glass door and the bottom of the glass door was observed to also be covered in the same substance.

Observation in the master the walls on both sides of the and the covered with black marks and the floor molding to the left of the bed to be covered with a gray substance that appeared to be dust.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on interview and record review, the facility failed to maintain an up to date admission discharge log for one of three residents (#3).

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The findings include:

During an interview with the caregiver at the facility on at 8:40 a.m., he stated the facility currently has three residents. Three male residents were observed in the facility.

During an interview with the Administrator on at approximately 9:15 a.m., she was asked to provide the facility Admission and Discharge log. Review of the Admission and Discharge log found the log showed two residents residing at the facility. Resident #3 was not listed on the log. During further interview with the Administrator she recently got a new resident and did not put him on the log. When asked when he was admitted she stated he was supposed to come in on but thought he ended up coming in on last Thursday. She stated she was not sure and asked the Caregiver at the facility when Resident #3 was admitted. He stated he came in the facility last Wednesday

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Cunningham Elderly
2909 Courtland Blvd.
Deltona, FL 32738

Re: CCR #2014001634

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014 by a representative 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 after **2014** 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. Should you have any questions please call this office at

Sincerely,

Jana Meyering

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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