STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964724	02/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lourdes Pavilion	311 South Flagler Drive West Palm Beach, FL 33401	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced abbreviated Relicensure with Limited Nursing Services survey was conducted on at Lourdes Pavilion. The facility had deficiencies found 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 ensure that 1 of 2 residents (Resident #4) observed for medication observation pass on the 5th floor was provided medications as ordered by the physician.

The findings include:

Observation during the morning medication observation pass on the 5th floor at 9:19 AM on revealed the Aide prepared medications for Resident #4. The Aide confirmed 11 pills were in the scuffle cup. She handed them to the resident who counted them and said there was one missing. The resident said I always take 12 pills. The Aide didn't take the medications, initiate looking at the medications that she had placed back in the cabinet or review the medication observation record (MOR). Before the resident starting taking the medications, the surveyor asked the resident if she & the Aide could review the pills with the record and actual pill bottles before she took them; the resident agreed. Review of the MOR & the actual medications revealed that one medication was not in the scuffle cup 2mg for which had been ordered daily with meals by the healthcare provider. The Aide agreed it was not in the cup and after surveyor intervention, the Aide put one in the cup for the resident to take. The MOR revealed the Aide had placed a 'dot' on the MOR and she had thought she had put the pill in the scuffle cup.

Review of the file for Resident #4 revealed a physician order on for 2mg twice daily. Review of the MOR revealed it was transcribed as 2mg twice daily with meals.

Further interview with the Aide at 9:45 AM revealed when the resident questioned the number of pills, she should have rechecked the medications with the MOR before the surveyor requested she get them from the closet to review.

This was reviewed with the Administrator, the director of nurses and the Wellness nurse (licensed practical nurse) of the ALF.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964724	02/26/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Lourdes Pavilion	311 South Flagler Drive West Palm Beach, FL 33401	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on observation, interview and record review, the facility failed to ensure that OTC (over the counter) products including those prescribed by the health care provider had a label that included the resident's name, for 1 of 2 residents observed during the morning medication observation pass (Resident #1).

The findings include:

During the medication observation pass on the 5th floor for Resident #1 at approximately 9:55 AM, revealed the Aide prepared medications for Resident #1 from bottles placing them into a scuffle cup. The Aide took a bottle with a manufacture label of 'PreserVision AREDS 2' (an Over The Counter (OTC) product) and put 1 tablet in the scuffle cup and provided it to the resident with other medications. Review of the bottle revealed it had no resident name on it and no physician instructions. It did have manufacturer's instructions on it.

During an interview with the Aide following the assistance with the medication to Resident #1, revealed she was not aware that OTC products required a resident name on the bottle. Review of the file for Resident #1 revealed a physician order of for PreserVision AREDS 2 with Lutein twice a day. This was reviewed with the Wellness nurse (Licensed Practical Nurse) who agreed any OTC required a resident name on it.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Lourdes Pavilion
311 South Flagler Drive
West Palm Beach, FL 33401

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a relicensure 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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