AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Eastside Care, Inc.
152 Southeast Defender Drive
Lake City, Florida 32055

Dear Administrator:

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

Enclosed 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for
Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942918	**04/08/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Eastside Care, Inc.	**152 S East Defender Drive Lake City, FL 32055**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments

On 4-8, 2014 an unannounced Biennial and Limited Mental Health Licensure survey was conducted at Eastside Care Assisted Living Facility. There were deficiencies as a result of this survey. The facility was not in compliance at this time.

0054-Medication - Records 58A-5.0185(5) FAC
Based on observations and interview the facility failed to maintain a daily medication observation records (MOR) of as needed (PRN) medications for 1 (#10) of 6 residents reviewed during medication pass.

Finding:

During the reconciliation of resident #10 medication observations revealed that the resident has a prescription for ProAir 90 mg inhaler that is to be inhaled 1 to 2 puffs by mouth every 6 hour as needed (PRN) for or . Continued of the MOR revealed that there was a direction for staff to "write on green sheet".

Review of the green sheet revealed that staff was documenting the use of the PRN medication on a green sheet that was being kept with the MORS. The green sheets did not contain the name of the health care providers name, telephone number, the name, strength and directions for use of the medication.

During the interview with the manager on at 3:30 pm she stated that the resident's use of PRN medication is documented on colored paper, if the resident has one PN med it is written on a green paper, two PRN meds it is written on a white paper and if there is three PRN meds the documentation is written on an orange paper and neither paper has the required documentation that is required on the MOR.

Class III