STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911203	04/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avery's Home Care	134 West 23rd Street Jacksonville, FL 32206	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Revisit Corrected Tags:
0032-Resident Care - Elopement Standards-
0055-Medication - Storage And Disposal-04/16/2014
0057-Medication - Over The Counter (otc) Products-(
0078-Staffing Standards - Staff-04
0079-Staffing Standards - Levels-0
0081-Training - Staff
0084-Training - Assis Self-Admin Meds & Med Mgmt-04
0085-Training - Nutrition & Food Service-0
0152-Physical Plant - Safe Living

Revisit Repeat Tags:
0000-Initial Comments-
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac
0054-Medication - Records-58a-5.0185(5) Fac
0080-Training - Core & Competency Test-58a-5.0191(1) Fac
L243-Lmh - Training-58a-5.0191(8) Fac

Revisit New Tags:
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the licensure survey was conducted on .

Avery's Home Care 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 unlicensed staff did not provide assistance with self-administration of medication with as needed (PRN) medication in a situation where unlicensed staff would have to exercise independent judgment for 1 (Resident #2) of 3 sampled residents. In addition, the facility failed to follow procedures in assisting residents with self-administration of medication as specified in Florida Statute 429.256 by failing to remove a prescribed amount of medication from the medication container for 1 of 3 sampled residents (Resident #2).

The findings include:

1.) On at 9:23 AM an observation with the assistant administrator during assistance with self-administration of medication for Resident #2 revealed 25 milligram (mg) tablet was removed from the pill bottle and placed into the medication cup. The tablet was a partial tablet.

Record review of the label on the pill bottle for Resident #2 revealed 25 mg, take 1 tablet twice daily.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911203	04/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avery's Home Care	134 West 23rd Street Jacksonville, FL 32206	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

On at 10:50 AM an observation of pills remaining in the medication container of labeled with Resident #2 name, revealed pieces of pills, 1/4 tablet size and a few 1/2 tablets as well as 2 whole tablets. (photograpic evidence obtained)

On at 12:00 PM the assistant administrator confirmed the medication she gave Resident #2 had been broken in half and they were still using the same medication bottle. She said, " I gave her the wrong pill, it should have been a whole one " .

On at 11:54 AM a call was placed to Resident #2 primary physician ' s office. It was confirmed that 25 mg was to be given twice daily. It was further confirmed that the order changed back in 2013 from 12.5 mg, or ½ tablet, to a whole tablet of 25 mg.

2.) On at 9:23 AM during medication assistance with self-administration of medication for Resident #2 revealed the assistant administrator removed 1 mg from the medication package and placed it in the medication cup. Resident #2 did not request this medication nor did she show signs of or distress.

The label on the package for Resident #2 read, 1 mg, take 1 tablet two times a day as needed for

Record review of the 2014 MOR revealed 1 mg tablet 8:00 AM signed every day as given.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation of medication pass, resident record review and employee interview, the facility failed to ensure the Medication Observation Record (MOR) for 3 of 3 sampled residents (Resident #1 #2 and #3) was accurately recorded each time a resident received or missed a dose of medication. The facility failed to ensure that the MOR accurately reflected directions for use for 2 of 3 sampled residents, (Resident #1, #2 and #3).

The findings include:

1.) On at 9:23 AM during medication assistance with self-administration of medication for Resident #2 revealed the assistant administrator removed 1 mg from the medication package and placed it in the medication cup. Resident #2 did not request this medication nor did she show signs of or distress.

The label on the package for Resident #2 read, 1 mg, take 1 tablet two times a day as needed for

Record review of the 2014 MOR revealed 1 mg tablet to be given daily at 8:00 AM. The MOR did not reflect as needed (PRN). (photographic evidence obtained)

On at 10:20 AM An interview with the assistant administrator revealed she has been giving her the medication every day because the resident needs it. She confirmed she did not ask the resident if she needed it

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911203	04/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avery's Home Care	134 West 23rd Street Jacksonville, FL 32206	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

and that Resident #2 did not request the medication.

2.) Record review of Resident #3's 2014 MOR revealed 3 medications were not signed as given or refused at 5:00 PM. (photographic evidene obtained)

3.) Record review of Resident MOR revealed 3 medications were not signed as given or refused on at 5:00 PM. (photographic evidene obtained)

4.) Record review for Resident MOR revealed 2 medications were not signed as given or refused on at 5:00 PM. (photographic evidene obtained)

5.) Record review of Resident #2's 2014 MOR revealed Hydrochlorithiazide 25 mg has an X placed in the initial box at 8:00 AM on 9-11, which was written over with initials on those dates. The medication was signed as given on 12-15, 2014.

On at 10:10 AM an interview with the assistant administrator revealed, " I signed it, but the medication was not available, I did not give it, that was an accident " . She further revealed the medication had been out for about a week.

On at 10:12 AM an Interview with the administrator revealed, "We called Resident #2 son to ask him to get that medication, I don't have proof that we called , but we did call him " .

6.) On at 9:23 AM during medication assistance with self-administration of medication for Resident #2, the assistant administrator removed mg and placed it into the medication cup.

The label on the medication card for Resident #2 read, mg, take 1 tablet by mouth every 8 hours for pain.

Observation of the 2014 MOR for Resident #2 revealed mg is signed as given twice daily, at 8:00 AM and at 5:00 PM.

On at 10:20 AM An interview with the assistant administrator revealed Resident #2 only gets her mg twice a day, not three times a day as ordered. (every 8 hours)

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on observation, interview and record review, the facility failed to ensure that medication is ordered and filled timely to ensure medication is given as prescribed for 1 of 3 (Resident #3) sampled residents. The facility failed to contact the prescribing physician for revised instructions to include specific perameters for as needed medications for 1 of 3 sampled residents (Resident #2).

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911203	04/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avery's Home Care	134 West 23rd Street Jacksonville, FL 32206	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

1) On at 9:40 AM Observation of assistant administrator during assistance with self-medication for Resident #3 the Assistant Administrator handed the surveyor an empty package for Resident #3 of Hydrochlorithiazide 25 mg tablet, with a label to take 1 tablet every day.

On at 9:42 AM An interview with the Assistant Administrator revealed," I cannot give this medication for Resident #3 because it is out. Her son hasn't brought it, we are waiting on him to get it " .

Record review of Resident MOR revealed Hydrochlorithiazide 25 mg has an X placed in the initial box at 8:00 AM on 9-11, which was written over initials on those dates. The medication was signed as given on 12-15, 2014.

at 10:10 AM an interview with the assistant administrator revealed, " I signed it, but the medication was not available I did not give it, that was an accident " . She further revealed the medication had been out for "about a week".

at 10:12 AM an Interview with the administrator revealed, " We called Resident #2 son to ask him to get that medication, I don't have proof that we called him , but we did call him " .

2) On at 9:23 AM during medication assistance with self-administration of medication for Resident #2, the assistant administrator removed 1 mg from the medication package and placed it in the medication cup. Resident #2 did not request this medication nor did she show signs of or distress.

The label on the package for Resident #2 read, 1 mg, take 1 tablet two times a day as needed for

Record review of the 2014 MOR revealed 1 mg tablet 8:00 AM & 5 PM signed every day as given.

On at 10:20 AM, an interview with the assistant administrator revealed she has been giving her the medication every day because the resident needs it. She confirmed she did not ask the resident if she needed it and that Resident #2 did not request the medication. She confirmed she is not licensed and that the medication was an "as needed" medication.

Class III

0080-Training - Core & Competency Test 58A-5.0191(1) FAC
Based on record review and staff interview, the facility failed to ensure that the Administrator had retaken the Assisted Living Facility Core Training class and passed the competency test after failing to maintain the continuing education requirement.

The findings include:

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911203	04/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Avery's Home Care	134 West 23rd Street Jacksonville, FL 32206	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

On , the facility was cited for failing to have the Administrator receive the required 12 hours of continuing education. Florida Administrative Code 58A-5.0191 requires that a Core trained Administrator must receive 12 hours of continuing education every 2 years. If the Core trained administrator completed and passed the competency class, but failed to maintain the continuing education requirements, they must retake the Assisted Living Core training and retake and pass the competency test. Upon review of the personnel file of the Administrator on , it was revealed that there was no documentation of Core training or competency test. There was no documentation of registration for the class.

An interview with the administrator on at 1:15 pm revealed that she had not registered for an upcoming training in , 2014 for Core Training. She stated that this training was the first training available since the initial survey and she had not registered yet. She stated " I can ' t register until the money ' s in the bank. It ' s expensive. "

Class III

L243-LMH - Training 58A-5.0191(8) FAC
Based on record review and staff interview the facility failed to ensure that the Administrator and the two staff members had completed 3 hours of continuing education in topics related to limited mental health.

The findings include:

A revisit survey was conducted on at the facility. Upon review of the personnel file of the Administrator and the two employees, it was revealed that there was no documentation of the required 3 hours of continuing education for limited mental health every 2 years for direct care staff of an ALF. There was no documentation of registration for the training. This was previously cited on .

An interview with the administrator on at 1:15pm revealed that she had not registered for an upcoming training on , 2014 for limited mental health . She stated that this training was the first training available since the initial survey and they had not registered yet.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Avery's Home Care
134 West 23rd Street
Jacksonville, FL 32206

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiency identified during the revisit.

All deficiencies shall be corrected no later than , 2014.

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 (904) 798-4201.

Sincerely,

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

JM/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054