STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965291	06/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Broadview Assisted Living	2110 Fleischmann Road Tallahassee, FL 32308	

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

List of Tags Cited:
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

0000-Initial Comments
An unannounced complaint survey (CCR 2014002776, 2014004843) was conducted in conjunction with an extended congregate care (ECC) monitoring visit at Broadview Assisted Living. Deficiencies were identified related to the complaint.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation of medication pass, record review and staff interview, the facility failed to ensure medications were filled or refilled in a timely manner for 1 of 25 residents observed during medication administration. (resident #1).
Findings:

Observation of the medication administration on at approximately 9 AM. for resident #1 revealed Lactinex oral tab, 1 tab by mouth daily, and 650 Mg, 1 tab by mouth daily were not available to give. Interview with the LPN at that time revealed, the 2 medications are not available, the family has not brought them in.

Review of the current 2014, and 2014 medication observation record (MOR) revealed the Lactinex and 650 mg were initialed by the nurse, and the initials were circled indicating the medications were not given since 2014. It was also noted, 20 mg 1 by mouth was also circled as not given since 2014.

During an interview with the DON at approximately 11:15 AM the DON was asked what was the expectation for documenting a medication was not given? Do circled nurse initials indicate a medication was refused, or not available. The DON stated, the nurses should document on the back of the MOR what he reason was for the medication not being given. they should also document in the nurse's notes. Review of the nurses notes for resident #1 did not reveal any documentation of why the medications were not given. The DON was asked what staff are to do if family members do not bring in med's. The DON stated they need to tell me so I can follow-up. Asked if she was aware the medications were not available? the DON stated no she was not.

Further interview with the DON at approximately 12 noon revealed the resident returned from a physician visit on with signed physician interventions/instructions which included a list of current medications and medication changes. Review of the medication list revealed the medications 20 mg start 1 tablet daily at bedtime. Pain 650 Mg, start 1 tablet daily and current med Lactinex. The DON stated the physician's office calls the prescriptions into the pharmacy. The DON could not explain why the medications were not available, or why staff did not follow-up with the pharmacy.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

Dear Administrator:

Re: CCR #2004002776, 2014004843

This letter reports the findings of a state licensure complaint survey and extended congregate care monitoring visit that was conducted on 2014 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McIntire, RNC

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

DH/pm

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