STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	06/18/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Robinsons Residential Care	11921 Caruso Drive Panama City, FL 32404	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced complaint survey was conducted in conjunction with a revisit survey on at Robinson's Residential Care Assisted Living Facility to review CCR #2014005177 and CCR #2014005309. Deficient practice was identified at the time of the surveys.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation of medication pass and staff interview, the facility failed to provide proper assistance with self-administered medications by not reading the label of the medication (to include the medication and dose) for 5 of 5 residents observed during medication observation pass. (resident # 1, 2, 3, 4 and 5)

The findings include:

An observation of medication assistance pass was conducted with employee A on beginning at approximately 11:52 AM. Employee A was observed to pop the medications into a cup for each of the 5 residents (1, 2, 3, 4 and 5) from the labeled medication package. Employee A did not read the medication and dose from the medication package to each resident during the process.

An interview was conducted with employee A on at approximately 2:14 PM. He confirmed he was supposed to read the medication label to each resident during medication assistance pass.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation of medication assistance pass, resident interviews and staff interview the facility failed to demonstrate reasonable efforts to ensure that prescriptions for residents who receive assistance with self-administration of medication are refilled in a timely manner. (resident # 1 and 6)

The findings include:

An observation of medication assistance pass was conducted with employee A on at approximately 11:52 AM. Employee A was assisting resident #1 with her medications. The Medication Observation Record was observed and indicated the resident was to have 325 mg 2 tablets by mouth. Employee A searched the medication cart and stated the resident was out of the medication and it should arrive tonight.

An interview was conducted with resident #1 on at approximately 2:55 PM. She stated she takes pain medications if she needs them and at times she runs out of medications and it may take a week to get them filled.

An interview was conducted with resident #6 on at approximately 2:45 PM. He stated at times he runs out of medications because the staff do not reorder them timely. He stated then he has to do without for a week or so.

Class III

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0162-Records - Resident 58A-5.024(3) FAC
Based on staff interview and record review, the facility failed to maintain resident contracts for 5 years for 1 of 3 sampled discharged residents. (Resident #11)

The Findings:

On a record review was conducted of Resident #11 medical record to review the contract in regards to the discharge policy. Resident #11 did not have a contract in the file to review.

On at approximately 3:09pm the Administrator and the Assistant Administrator searched in the facility for the resident's contract and could not find a contract for Resident 11. Neither the Administrator nor the Assistant Administrator was able to provide any information concerning the contract.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Robinsons Residential Care
11921 Caruso Drive
Panama City, FL 32404

RE: CCR #2014005177 and #2014005309

Dear Administrator:

This letter reports the findings of a state licensure survey 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 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,

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

DH/kb
Enclosure
XG90

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