STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966790	**06/23/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Patty's House Inc	**10637 Lithia Pinecrest Road Lithia, FL 33547**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014003350, was conducted on .

Patty's House Inc., assisted living facility, had deficiencies at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based upon interview & record review the facility failed to maintain a written record, updated as needed documenting significant changes, illnesses or other changes that result in the provision of additional services for 3 (#1, #3 & #5) of 5 residents reviewed.

Findings include:

1. During the visit of and staff interview at approximately 9:45am, it was learned that resident #1 had a resulting in a hip and subsequent hospitalization in 2013. A review of this residents record revealed there were no progress notes, no incident reports or any other documentation related to the details of this event other then hospital discharge records. During interview staff acknowledged that no progress notes detailing the event and medical interventions were documented.

2. A review of the record for resident #3 revealed he was on Hospice Care had several documented , and from his wheelchair on & causing additional . Although staff stated that Hospice was contacted as a result of these incidents, there was no documentation on file indicating who was contacted & the intervention provided.

3. A review of the record for resident #5 revealed no progress notes or any other documentation related to the resident passing away at the facility on . According to interview at approximately 1:30pm with staff, the resident had been hospitalized several times in the preceding month for acute distress (per hospital records of), had been weak & tired. Staff stated the resident was assisted to bed at about 8:30pm and when checked on by staff at 9:00-9:15pm the resident was not breathing, 911 & the residents family was called.

The only progress note on file for the day of the resident's was "resident " dated .

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966790	06/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Patty's House Inc	10637 Lithia Pinecrest Road Lithia, FL 33547	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based upon a review of facility medication cart, the facility was storing and passing medications that were not legally label & dispensed for 1 (#9) sampled resident.

Findings include:

A review of the facility medication cart on revealed there were 2 7-Day pill minders in the cart belonging to a resident who was a new admission (#9). Per staff interview at about 10:30 a.m., the pill minders were filled by the residents family and brought from home at the time of admission.

Staff further indicated that the pill minders were probably used to give the resident her medications since admission on Friday, . A review of these pill minders revealed each compartment contained 6 pills of varying shape, color & size.

A review of the resident's medication observation record reflected the resident was taking 100mg., Vesicare 5mg., Levothyroxin 50mcg., Spironohctz ., 10mg., Quetapine 25mg. The Medication record had been annotated that the resident received these medications on the evening of admission ( ) and & .

A review of the legally labeled & dispensed medication containers verified these medications were also in the cart.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based upon interview & record review the facility failed to file a Day 1 report for 1 (#1) of 5 residents reviewed.

Findings include:

During the visit of and staff interview at approximately 9:45 a.m., it was learned that resident #1 on and was sent to the hospital by emergency services for lower extremity pain. Tests revealed the resident had a hip.

A review of the facility record for this resident revealed that there were no progress notes concerning this incident, no in-house incident report and per interview with staff the facility did not filed a Day 1 and Day 15 report.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Patty's House Inc.
10637 Lithia Pinecrest Road
Lithia, FL 33547

RE: CCR# 2014003350

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014, by representative(s) 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida