STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942749	07/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Picket Fence Manor	**1662 9th Street South Saint Petersburg, FL 33701**	
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
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced limited nursing services (LNS) monitoring visit was conducted on .

The Picket Fence Manor, assisted living facility, had deficiencies at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on record reviews and interview, the facility failed to ensure that the medication observation records (MORs) were complete and accurate for 3 (Residents #1, #2, and #3) of 3 residents sampled for medication review.

Findings include:

Review of all 3 residents' MORs revealed that some of the spaces next to the medications were left blank. These spaces were to be filled in with the staff members' initials to indicate that the residents received their medications. Without the staff members' initials, it made it difficult to determine if the residents received the medications. There were also spaces that had been initialed by staff when the medication was not scheduled to be given yet. (The survey occurred from approximately 9:30am to approximately 1:20pm). Some examples include:
Review of Resident #1's MORs revealed that he had an order for XR 200mg tablet, take 1 tablet by mouth 3 times a day; scheduled at 8am, 12pm, and 8pm. The spaces next to this medication were left blank on / and at 12:00pm. The 8pm dose of this medication on had already been initialed next to the medication.
Review of Resident #2's MORs revealed that he had an order for 20-100, inhale 2 puffs by mouth every 6 hours; scheduled at 6am, 12pm, 6pm, 12am. The spaces next to this medication were left blank at 12pm, 6pm, and 12am on and .
Review of Resident #3's MORs revealed an order for ER 10mg tablet, take 1 tablet by mouth 3 times a day for sugar; scheduled at 8am, 12pm, 8pm. The space next to this medication on at 8pm had already been signed for the day even though it was not time yet to be given. He also had an order for D3 5,000 IU, take 1 tablet daily by mouth; scheduled at 8am. The spaces next to D3 on / through at 8am were left blank.
Interview with the administrator on at approximately 10:15am revealed that he had locked the medication records and his keys in the office. He had taken the medication records (MORs) out of the facility that same morning at 4:00am to work on the book. The surveyors had had to wait until he had the facility manager come to the facility to unlock the door to get the medication records. At approximately 10:30am, the administrator revealed that the last staff had not signed in the medication book. He stated that Staff B was signing what (medication) he gave that morning and then the surveyors would get it (MORs).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942749	07/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Picket Fence Manor	1662 9th Street South Saint Petersburg, FL 33701	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observations and interview, the facility failed to ensure that centrally stored medications were kept secured at all times for the residents in the facility.

Findings include:

Observations during a tour of the facility and interview with Staff B on at approximately 9:45am revealed that after Staff B opened the medications cart which was stored in the kitchen area. He was observed to close the medication cart but did not relock the cart. He walked into the front living area and left the cart unattended with two residents in close vicinity. He stated, "If you all need me, I am going out back to smoke a cigarette." He was then observed to exit the kitchen area where the open medication cart was observed. Photos of the open medication cart were taken at that time.
In the interview with the administrator on at approximately 1:05pm, he verbalized understanding that the cart should have been locked.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on record reviews and interviews, unqualified facility staff provided assistance with sugar testing and administration for 3 (Residents #1, #2, and #3) of 3 residents sampled for management.

Findings include:

Review of Resident #1's medication observation records (MORS) revealed that he had orders for ( ) 100 U/ML vial, inject 8 units (SQ) 3 times a day with meals (scheduled at 8am, 12pm, and 5pm) and ( ) 100, inject 14 units SQ at bedtime (scheduled at 8pm). The staff had initialed in the spaces beside the medications on / through .
Review of Resident #2's MORs revealed that he had an order for 100 U/ML vial, use per sliding scale as directed (0 - 150 = 0, 151 - 200 = 2 units (U), 201 - 250 = 4U, 251 - 300 = 6U, 301 - 350 =8U, 351 - 400 = 10U, and <70 or >400 call MD). This medication was listed to be given "as needed."
Review of Resident #3's MORs revealed that he had an order for R ( ) 100 U/ML vial, use per sliding scale (0 - 150 = 0 units (U), 151 - 200 = 2U, 201 - 250 = 4U, 251 - 300 = 6U, 301 - 350 =8U, 351 - 400 = 10U). He also had an order for True Track test strips, test sugar levels once daily; scheduled at 8am.
Review of the sugar sheets for Residents #1, #2, and #3 revealed that they had their sugar levels checked at 8am, 12pm, 4pm, and 8pm on / and . They also had their levels checked at 8am on .
In the interview with Staff B, a resident aide, on at approximately 9:50am he stated that he used gloves and does the (tests for sugar level) and gives the to the residents. He stated that there were 3 residents in the facility that receive . In a later interview on at approximately 11:00am, Staff B stated that Residents #1, #2, and #3 get . He stated that he used the pen thing (used to prick finger for sample) that he drew up for the . He also drew up for the residents. Resident #1 got 8 units of that he drew 4 times a day. The other residents he looked it up for the right amount (Resident #2 and #3 had orders for their on a sliding scale according to their sugar levels). The residents' came in vials.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942749	**07/03/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Picket Fence Manor	**1662 9th Street South Saint Petersburg, FL 33701**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with Resident #1 on at approximately 12:20pm revealed that the facility manager checks his sugar before lunch. She pricks his finger and then she puts it on the sugar level strip and then puts it in the sugar level box ( ). She gets a number and writes it down. He stated that he used to do his own , but now the facility manager and whoever works at the facility draws it up and then they put it in his arm.
In the interview with Resident #2 on at approximately 12:45pm, he confirmed that the staff check his sugar and give him his . When asked if he checked his sugar and did the himself? He stated that they (staff) had to do it for him.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Picket Fence Manor
1662 9th Street South
Saint Petersburg, FL 33701

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit 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,

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