STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964729	07/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Village Place	18400 Cochran Blvd. Port Charlotte, FL 33948	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= E

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR# 2014005970 conducted at Village Place, an Assisted Living Facility (ALF) on [redacted] through [redacted].

There was one allegation in this complaint which was substantiated with a deficiency at A0052.

The following is a description of non-compliance:

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on a medication pass observation, interviews with administrative and other staff, and focused record reviews, the facility failed to ensure the Medication Observation Records (MOR) were accurate, and up to date for 4 (Residents #2, #5, #7 and #10) of the 10 residents reviewed.

The findings include:

1. Record review for Resident #2's record revealed the resident left the building on Easter vacation on [redacted]. The care notes stated the resident returned on [redacted] at 11:00 p.m. While on vacation, the resident required hospitalization due to [redacted], and had also [redacted] and bumped her head. The resident's daughter reported the resident had been [redacted] the past 3 days.
The resident returned with medication orders from the hospital where she had been during the hospitalization. Included among the new orders was [redacted] 10 mg, by mouth 2 times a day, with orders to stop on [redacted].
The resident did not receive any doses of this medication after her return from the hospital. There were two faxes to the doctor attempting to clarify whether this medication was to be continued. Both faxes were dated [redacted]. There was no evidence in the care notes indicating any further follow up with the physician to clarify this. [This medication is a [redacted] used to reduce [redacted] and to aide with breathing. The drug is usually given in decreasing doses and not stopped suddenly, as it can cause problems for the person taking this medication.]
There was no documentation indicating the staff clarified the resident's medications from the hospital out of state with the resident's local doctor.

Review of Resident #2's orders, signed by the physician on [redacted], indicated the pharmacy sent these orders to the physician on [redacted]. Review of the [redacted] MOR revealed the physician had ordered the following medications, in part: [redacted] 10 mg 1 tablet once a day; [redacted] 500 mg every 12 hours with no end date documented; and [redacted] 81 mg daily.
Further review of the resident's MOR's revealed the [redacted] started on [redacted], although it was ordered in [redacted]. The resident also did not receive the [redacted], ordered daily by the physician, until that date.

2. Resident #7 is on a dosage of [redacted] every other day. In the [redacted] MOR, there was a dosage of [redacted] to be given with the [redacted]. This was ordered on [redacted], and there were no apparent orders to discontinue this medication. It does not appear on the MOR for [redacted], and was not given.

3. Resident #5 had orders from the physician dated [redacted], for [redacted] 100 mg every 3 days (72 hours). A review of the MOR for this resident revealed the resident was being given the medications sometimes every other day and sometimes every third day as ordered.

Interview with the nurse on 12:45 p.m. on [redacted] indicated agreement the medication is not being given as

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ordered. She stated she thinks the pharmacy entered the medication as every Tuesday, Thursday and Saturday and as a result sometime the resident would get the medication correctly as from Thursday to Saturday. For the month of , the resident received 10 of the 13 doses incorrectly.

4. Resident #10 had physician's orders dated for Relafen 500 mg daily.
Review of the MOR revealed this medication was not on it.
Interview with the Wellness Director on at 1:15 p.m., revealed they had attempted to get this medication clarified by had been unable to do so. The resident is reportedly to some of the components of the medication and they needed clarification from the physician.
At this time, the resident is not taking this medication and the physician is unaware this is happening since

Furthermore, the resident has a change order for 50-300-40 ordered 3 times a day as needed. There is no parameter entered into this medication to ensure the medication is not given too close together.

5. Further review of the MOR's revealed very confusing documentation on the MOR about the times of day each medication was to be given. There were times indicating the medication would be given 1 hour apart instead of 2-3 times a day that was ordered. Observation during the medication pass revealed the computer brings up on to the screen only the medication to be passed during certain period of time, for example 8 a.m.-12 noon. The aide then documents each medication given.

When interview on at 8:10 a.m., during her medication pass Staff D stated if a medication was scheduled for 8:00 a.m. and 10:00 a.m. it would come up separately and she would pass both medications.

Interview with Staff E at 10:57 a.m. on indicated if there were 2 drugs alike scheduled at the same time, she would question the supervisor about the medication. She did state she knew of one resident who had 1 medication on the MOR 2 times, but could not remember the resident's name.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2014

Administrator
Village Place
18400 Cochran Blvd.
Port Charlotte, FL 33948

RE: CCR #2014005970

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 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 surveyor(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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