STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964912	08/12/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Southpoint	6895 Belfort Oaks Place Jacksonville, FL 32216	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures
0093-Food Service - Dietary Standards
0152-Physical Plant - Safe Living
N277-Lns - Resident Care Standards

Revisit Repeat Tags:
0000-Initial Comments
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Revisit New Tags:
0054-Medication - Records-58a-5.0185(5) Fac
0055-Medication - Storage And Disposal-58a-5.0185(6) Fac

Specific Tag Findings:

0000-Initial Comments
A follow-up relicensure survey was conducted on 12, 2014.
Emeritus at Southpoint had Licensure deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the facility failed to ensure that the Medication Observation Record (MOR) was updated accurately after a medication was offered or administered for 1 of 8 sampled residents (Resident #4).

The findings include:

On at 9 a.m., Employee C, a Medication Technician was finishing her morning medication pass. She was asked if she had all of the medications to give her residents this morning. She stated no. She stated she ran out of 75 mg yesterday for Resident #4. Review of the 2014 MOR for Resident #4 revealed an order for 75 mg and it was signed that it was given this morning. Employee C stated that she did sign it as given and confirmed the medication was not available during medication pass this morning. She reported that she will ask the pharmacy to send it over right away and then she will give the medication to Resident #4. She confirmed that she should have documented that it was not given and only sign the MOR that the medication was given when she actually gives the medication to Resident #4.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to ensure that medications were locked at all times.

The findings include:

On at 8:50 am, an unannounced visit was made to the facility. There was no staff in the front lobby. Down the side hall was a Medication It was not locked and the surveyor was able to enter. In this , there was an unlocked refrigerator. In this refrigerator, there were unsecured medications in there including and suppositories.
On at 8:51 a.m., Employee A, a Licensed Practical Nurse walked up the hallway and came into the

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Medication . . . . . She stated she was the only one in the facility now that had a key to this . She must have left it unlocked.

On at 2:40 p.m. in the Memory Care Unit, there was an unlocked medication cart in the hallway and no staff was present. In the adjacent living , there were 12 residents sitting there unsupervised. The Resident Care Coordinator (RCD) confirmed this at 2:41 p.m. and found Employee D (responsible for the medication cart) and asked her to come lock her cart. The RCD stated it should be locked at all times.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on review of the Medication Observation Records(MORS) and staff interview, the facility failed to ensure that medications were refilled in a timely manner for 1 of 8 sampled residents, Residents # 4. This was previously cited on .

The findings include:

On at 9 a.m., Employee C, a Medication Technician was finishing her morning medication pass. She was asked if she had all of the medications to give her residents this morning. She stated no. She stated she ran out of 75 mg yesterday for Resident #4. Review of the 2014 MOR for Resident #4 revealed an order for . . . . . 75 mg and it was signed that it was given this morning. Employee C stated that she did sign it as given and confirmed the medication was not available during medication pass this morning. She reported that she will ask the pharmacy to send it over right away and then she will give the medication to Resident #4. She confirmed that she should have documented that it was not given and only sign the MOR that the medication was given when she actually gives the medication to Resident #4. . She stated that the reorder sticker was not pulled from the resident's medication card and it should have been reordered when 8 pills were left. Employee C stated that the medication should already have been at the facility.

Resident #4 on at 9:11 am confirmed they ran out of one of her pills this morning because she usually has 8 in the mornings and today she only had seven. She stated the facility runs out all the time but could not give specific amount of times.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Emeritus At Southpoint
6895 Belfort Oaks Place
Jacksonville, FL 32216

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2014 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than 2014.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering

Jana Meyering, QHDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

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