STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	08/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Renaissance Retirement Center	300 West Airport Blvd. Sanford, FL 32771	
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= G
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0163 - 429.49 Fs - Records - Resident, Penalties For Alteration S-S= G

Specific Tag Findings:
0000-Initial Comments
Complaint inspection CCR#2014004285 was conducted on and Renaissance Retirement Center Assisted Living Facility had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview, the facility failed to ensure physician's orders were followed for 1 of 10 sampled residents (#1).

Findings:

1. In an interview with the administrator on at 3:30 PM, she stated staff D had falsified resident #1's Medication Observation Record (MOR). The resident was not given to the resident and charted it was given.

Review of the Assisted Living Facility Health Assessment Form (1823) dated revealed diagnosis of The resident needed assistance with self-administration of medications.

Review of the Medication Incident and Error Reports dated at 8 PM revealed when reviewing the medication cart; discrepancies with the MOR and the medication pack were noticed on an medication, 100 milligrams (mg) one tablet by mouth once a day for 7 days was ordered by the physician. Staff D acknowledged she assisted resident #1 with medications. Her initials were on the MOR. Staff D stated she gave the medication. The regional nurse noticed the medication was fully packaged and none of the medication was given. The pack was copied on at 1:15 PM, written on the copy was, "no pills given" on and The date the medication was filled on the label revealed was restarted. Type of error revealed, "Falsifying documents, med error."

Review of physician's orders dated revealed 100 mg one daily for 7 days.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	08/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Renaissance Retirement Center	300 West Airport Blvd. Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of the 2014 MOR revealed 100 mg one daily for 7 days was charted as given on and at 8 PM. The facility's investigation revealed the medication was not given on those dates. The facility failed to follow physician orders to give the

2. Review of physician order dated revealed a hormone, one tab at 6 AM and 2 PM, but a dosage was not documented.

Review of the 2014 MOR revealed duplicate documentation for Liothyronine, a hormone/generic for , 25 micrograms (mcg) twice a day ordered on was discontinued. There were no initials on the MOR for 2014.

Review of physician's orders dated revealed 25 mg, 1/2 tablet twice a day.

Review of the 2014, 2014 and 2014 MORs revealed 25 mg (sic) by mouth twice a day was given at 6 AM and 2 PM on , 26, 27, 28, 29, through through through revealed the was charted as given, there were initials in the box.

In a phone interview on at 10:10 AM, the pharmacy manager stated the pharmacy received a faxed order on that was dated for 25 mg (sic) twice a day at 6 AM and 2 PM. The pharmacy faxed the order back to the facility as the order stated mg instead of micrograms (mcg). The pharmacy requested clarification of the orders and did not get a response back from the facility.

The facility did not clarify the physician order for othyronine or provide clarification of the order by the physician to the pharmacy, and continued to give 25 mg (sic) twice a day through to the resident after the order was changed on to 1/2 tablet twice a day.

3. Review of the 2014 MOR revealed a muscle relaxant, 10 mg. three times a day. There were 2 entries on the MOR with different times for the medication to be given.

The medication was charted as given; initials were in the box on:
at 6 AM, 9 AM, 1 PM, 2 PM and 10 PM
at 6 AM, 9 AM, 1 PM, 2 PM and 5 PM
at 6 AM, 9 AM, 1 PM, 2 PM and 10 AM
discontinued per order received by the pharmacy
at 6 AM and 10 PM

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	08/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Renaissance Retirement Center	300 West Airport Blvd. Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

at 6 AM and 2 PM
at 6 AM and 10 PM
at 10 PM
at 2 PM and 10 PM
at 6 AM and 2 PM
at 2 PM and 10 PM

The MOR exceptions read on at 6:07 AM that the resident refused the medication that the physician had discontinued the medication, and on at 1:44 PM, was discontinued.

In a phone interview on at 10:10 AM, the pharmacy manager stated the pharmacy got an order on for 10 mg three times a day at 6 AM, 2 PM and 10 PM and filled the prescription one time with 15 caplets. The order was discontinued on . She was not aware of the supply of the the facility had.

4. Review of the and 2014 MOR revealed supplement) 25 milliequivalents (mEq) was charted as given. Initials were in the box on:

Review of the and 2014 MOR revealed 25 mEq packet one by mouth three times a day, was charted as given, initials were in the box on:
through at 7 AM/8 AM and 2 PM
and at 8 AM and 2 PM
at 8 AM and was charted as given twice at 5 PM, by different staff
through at 8 AM and 5 PM
through at 8 AM and 5 PM
through at 8 AM and 6 PM

Review of physician order dated revealed 25 meq packet one talbet three times a day.

In a phone interview with the pharmacy manager on at 10:00 AM who stated they received a fax order for the 25 mEq on They faxed the facility back to get clarification for the frequency of the medications. The pharmacy did not receive a response from the facility

5. Review of the MOR revealed is used to treat and other conditions involving excess stomach (WWW.DRUGS.COM) 40 mg once a day was given on at 6 AM, initials were in the box. The order was dated on MOR

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	08/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Renaissance Retirement Center	300 West Airport Blvd. Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Review of the 2014 MOR revealed 40 mg twice a day was charted as given, initial in the on at 8 AM and 5 PM. The order on the MOR was . The was given three times on at 6 AM, 8 AM and 5 PM.

In a phone interview on at 10:10 AM, the pharmacy manager stated they received a fax order for the 25 mEq on . They faxed the facility back to get clarification for the frequency of the medications. The pharmacy did not get a response from the facility.

In a phone interview with the administrator on at 1:20 PM, she stated she was not aware of the extent of the medication errors.

Class II

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview the facility failed to ensure that when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident, in the presence of the resident; read the label for 1 of 10 sampled residents (#1).

Findings:

Observation of the Medication Pass on at 2:20 PM revealed the unlicensed, Med Tech, came into resident #1's 4 medication cards with pills in them. She stated here is your pain pill. The resident refused to take 2 and the resident was given another pill in the medication cup. Review of the pharmacy labels revealed the unlicensed staff administered MAPAP (for pain) 7.5/ milligrams (mg) and hormone) 5 micrograms to the resident. The unlicensed staff did not follow proper procedure to take the medication, in its dispensed, properly labeled container to the resident and in the presence of the resident, read the label.

Review of the Assisted Living Facility Health Assessment Form (1823) dated revealed diagnosis of The resident needed assistance with self-administration of medications.

Interview with the administrator on at approximately 4:45 PM who was not aware the unlicensed staff was not following the proper procedure when assisting the resident with medications.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	08/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Renaissance Retirement Center	300 West Airport Blvd. Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview the facility failed to ensure staff maintained an accurate, daily Medication Observation Record (MOR) for 2 of 10 sampled residents (#1 and 33).

Findings:

1. In an interview with the administrator on at 3:30 PM she stated staff D had falsified resident #1's Medication Observation Record (MOR) and did not give to the resident and charted it was given.

Review of the Assisted Living Facility Health Assessment Form (1823) dated revealed diagnosis of The resident needed assistance with self-administration of medications.

Review of the Medication Incident and Error Reports dated at 8 PM revealed when reviewing the med cart it was noticed on the discrepancies with the MOR and the med pack. 100 milligrams (mg) one tablet by mouth once a day for 7 days was ordered. Staff D acknowledged she assisted resident #1 with medications; her initials were on the MOR. Staff D stated she gave the medication. The regional nurse noticed the medication was fully packaged and none of the medication was given. The pack was copied on at 1:15 PM, written on the copy was, "no pills given" and The date the medication was filled on the label revealed The was restarted. Type of error revealed, "Falsifying documents, med error."

Review of physician order dated revealed 100 mg one daily for 7 days.

Review of the 2014 MOR revealed 100 mg one daily for 7 days was charted as given on and at 8 PM.

2. Review of the 2014 MOR for resident #3 revealed muscle relaxant) 5 mg take 3 1/2 tablets three times a day and MPAP ER (for pain) 625 mg 2 tablets every 8 hours was not charted as given on at 10 PM.

In an interview with the administrator on at 3:30 PM who was not aware the MOR for resident #3 was not up to date.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	08/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Renaissance Retirement Center	300 West Airport Blvd. Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and interview they facility failed to ensure for an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations were not specified for 1 of 10 sampled residents (#1).

Findings:

Review of the Assisted Living Facility Health Assessment Form (1823) dated [redacted] revealed diagnosis of [redacted] The resident needed assistance with self-administration of medications.

Review of the medications labels for resident #1 revealed the following "as needed" medications did not have the circumstances documented on the prescription labels or the physician orders that indicated when it was appropriate for the resident to request the medication:

1. Review of physician order dated [redacted] and the pharmacy label revealed [redacted] 100 milligrams (mg) every 8 hours as needed. The directions for as needed for [redacted] were not indicated on label or order.

2. Review of physician order dated [redacted] and the pharmacy label revealed MAPAP 325 mg every four hours as needed. The directions for as needed for pain was not indicated on label or order.

3. Review of physician order dated [redacted] and the pharmacy label revealed [redacted] (muscle relaxant) 800 mg three times a day as needed. The directions for as needed for muscle relaxation were not indicated on label or order.

4. Review of physician order dated [redacted] and the pharmacy label revealed [redacted] 20 mg once a day as needed. The directions for as needed for [redacted] were not indicated on label or order.

5. Review of physician order dated [redacted] and the pharmacy label revealed [redacted] (for [redacted] 25 mg one tablet, then 1 or 2 every 2 hours, maximum 12 tablets per day. The directions for as needed for [redacted] were not indicated on label or order.

Phone interview with the pharmacy manager on [redacted] at 10:10 AM who stated the physician orders did not state the directions for the as needed medications.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922141	08/01/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Renaissance Retirement Center	300 West Airport Blvd. Sanford, FL 32771	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Phone interview with the administrator on at 1:15 PM who stated she was not aware the as needed medications did not have the directions for their use on the order or the label.

Class III

0163-Records - Resident, Penalties for Alteration 429.49 FS

Based on record review and interview, the facility failed to ensure staff did not falsify Medication Observation Records for 1 of 10 sampled residents (#1).

Findings:

In an interview with the administrator on at 3:30 PM, she stated Staff D had falsified resident #1's Medication Observation Record (MOR), and did not give an to the resident, but charted it was given.

Review of the Assisted Living Facility Health Assessment Form (1823) dated revealed diagnosis of The resident needed assistance with self-administration of medications.

Review of the Medication Incident and Error Reports dated at 8 PM revealed when reviewing the medication cart, discrepancies with the MOR and the med pack were noticed on 100 milligrams (mg) one tablet by mouth once a day for 7 days was ordered. Staff D acknowledged she assisted resident #1 with medications. Her initials were on the MOR. Staff D stated she gave the medication. The regional nurse noticed the medication was fully packaged and none of the medication was given. The pack was copied on at 1:15 PM, written on the copy was, "no pills given" and . The date the medication was filled on the label revealed was restarted. Type of error revealed, "Falsifying documents, med error."

Review of physician's order dated revealed 100 mg one daily for 7 days.

Review of the 2014 MOR revealed 100 mg one daily for 7 days was charted as given on and at 8 PM. The facility's investigation revealed the medication was not given on those dates.

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Renaissance Retirement Center
300 West Airport Blvd.
Sanford, FL 32771

RE: CCR #2014004285

Dear Administrator:

This letter reports the findings of a state licensure 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 Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com