STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953368	08/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harbor Memory Care Of North Collier	101 Cypress Way East Naples, FL 34110	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:
These are the results of an unannounced Extended Congregate Care (ECC) survey conducted on ... through ... at Harbor Memory Care of North Collier, an Assisted Living Facility (ALF) located in Naples, Florida.

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review the facility failed to ensure 3 (Residents #1, #2, and # 5) residents of 12 residents reviewed rights to to adequate and appropriate health care consistent with established and recognized standards within the community were protected by not following physicians' orders.

The findings include:

1. Resident #1 had a physician's order dated ... for Futuro knee high stockings L 8-15mm. Put on every morning and remove every evening. The Medication Observation Record (MOR) showed Resident #1 did not have her knee high stockings from ... thru ... .

Resident #1 had a physician's order dated ... for arm sleeves Geri 2/pack. Use as directed, on in the morning and off at bedtime. The MOR showed Resident #1 did not have her arm sleeves from ... thru ... .

Resident #1 had a physician's order dated ... for ... 5-325mg Tab. Take 1 tablet by mouth twice a day. The MOR showed the resident did not receive her 8:00 p.m. dose on ... , ... and ... .

Resident #1 had a physician's order dated ... for ... C 500 mg tab. Take 1 tablet by mouth twice daily. The MOR showed the resident did not receive her 5:00 p.m. dose on ... and ... .

2. Resident #2 had a physician's order dated ... for ... 0.5 mg ... 0.5 mg). Take 1 tab PO (by mouth) every 12 hours. The MOR showed the resident did not receive his 8:00 p.m. dose on ... and ... . A Review of the Controlled Drug Record indicates the missed medications were available. There was no indication on Resident #2's MOR notating the reason the medication was not given.

3. Resident #5 had a physician's order for Jobst knee high stockings SM 8-15mmHg. Put on in the morning and remove every evening. The MOR was circled as not available on ... and ... . The MOR was signed as the stockings were removed in the evening.

Resident #5 had a physician's order for ... 15 mg tab. Take 1 by mouth every night for sleep at 8:00 p.m. The ... dose was not given. The MOR was signed as given. The 15 mg tab remained on the medication card.

Resident #5 had an order for Lumigan 0.01%, 2.5 mg. Opth. Instill 1 drop into each eye at bedtime. The MOR was

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documented as not given on , , , and . . . . . No explanation was given for missed medication.

Class III

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

Based on observation, record review, and interview the facility failed to ensure the proper disposal of expired medications found in the medication .

The findings include:

On . . . . . at approximately 3:30 p.m.,fifteen expired doses of the prescription medication . . . . 0.5 mg/0.5ml gel was found in the medication . . . . Ten doses expired on . . . . . and five doses expired on . . . . . .

During an interview on . . . . . at 3:40 p.m., the Medication Aide (Staff D) stated that she was unable to dispose of the medication without the Director of Nursing (DON) present. Staff D stated, "It's a . . . . and I can't do that be myself. She hasn't had time to come help me do it."

An interview with the DON on . . . . . at 8:30 a.m. revealed she had disposed of the medications on . . . . stating, "I took care of that last night, all the expired meds. have been destroyed."

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review, and interview, the facility failed to make every reasonable effort to ensure that prescriptions were filled or refilled in a timely manner for 4 (Residents #1, #2, #4, and #5) residents of 12 residents reviewed.

The findings include:

1. Resident #1 had a physician's order for Megestrol 40 mg/ml (Megase) oral suspension by mouth once daily. The Medication Observation Record (MOR) showed the resident did not receive her 8:00 a.m. dose from . . . . . thru . . . . . A notation on the MOR indicated the pharmacy was notified on , , and . . . . that a refill was needed.

2. Resident #2 had a physician's order for Megestrol 40mg/ml (Megase 40mg/ml) oral suspension. Take 5ml (200mg) by mouth twice daily. The MOR showed the resident did not receive his 08:00 a.m. dose on , , and . . . . . The MOR indicated the medication was unavailable.

Resident #2 had a physician's order dated . . . . for . . . . . : 50 mg tab. Take 1 50mg by mouth at bedtime. The MOR documented the . . . . . dose was not available.

3. Resident #4 had a physician's order dated . . . . for . . . . 0.5mg tab. Take ½ tab. (0.25 mg by mouth

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twice daily. The 5:00 p.m. dose was documented as not available on , , , and . The 8:00 a.m. dose on was documented as not available.

4. Resident #5 has a physician's order dated for Opth. Drops, 5ml. Instill 1 drop in both eyes twice daily. The MOR documented the medication not available on , , , and .

5. During an interview with the DON on at 10:30 a.m. she stated that she was not aware the staff was having difficulty receiving medications from the pharmacy. The DON stated, "I would expect the staff to let me know when this happens so I can look into it. I received the same paper work you did last night, and I will be doing an audit."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Harbor Memory Care Of North Collier
101 Cypress Way East
Naples, FL 34110

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) survey that was conducted on , 2014 by a representative 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. 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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