STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966444	08/21/2014
NAME OF PROVIDER OR SUPPLIER **Langdon Hall, Inc Independent & Assisted Living**	STREET ADDRESS, CITY, STATE, ZIP CODE **1120 33 Avenue West Bradenton, FL 34205**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tag Cited:

St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

Three complaint surveys, CCR# 2014005373, CCR# 2014006075 and CCR# 2014006442, were conducted on and in conjunction with a revisit to CCR# 2014003558 of .

The Langdon Hall, Inc. Independent & assisted living facility had a deficiency cited relative to CCR# 2014005373: A 052.

No deficiencies were cited relative to CCR# 2014006075 and CCR# 2014006442.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, interviews, and record review, the facility failed to provide accurate assistance with self-Administration of medication for one (Resident #1) of three resident ' s during one of three observations of assistance with self-administration of medication. Resident #1 ' s medications that were scheduled for 6:00 a.m. and 11:00 a.m. were provided to the resident at 12:33 p.m.

Findings include:

Review of Resident #1 medical record revealed that the resident is an female admitted to the facility . The 1823 revealed that the resident needs assistance with Self-Administration of Medications.

On at 12:15 p.m. an interview with Staff A revealed that Resident #1 still had not received her 11:00 a.m. medications. She stated that she was going to look for the resident.

Interview with the facility Licensed Practical Nurse (LPN) on at 12:16 p.m. she confirmed that she is responsible for ensuring that the Med Techs provide the residents their medications appropriately. She states that she watches who comes in and checks the sign in books daily.

On at 12:20 p.m. Resident #1 was observed to come into the medication office and sit down. Staff A was observed to take the medications with the following labels out of the medication cart and prepare the medications, placing the medication in a medication cup: D 1 tab by mouth once daily; 1 tab by mouth once daily; Fludrocotisone 1 tab by mouth once daily; 1 tab by mouth once daily; CL 1 tab by mouth once daily; and 1 tab by mouth once daily. Review of the MOR dated at that time revealed that the resident was scheduled to take the following medications at 11:00 a.m.: D 1 tab; 1 tab; Fludrocotisone 1 tab; CL 1 tab; and 1 tab. Review of the MOR dated at that time revealed that the resident was scheduled to take the following medication at 6:00 a.m.: 1 tab.

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Staff A was observed to place all the pills in the medication cup. She then was observed to give Resident #1 the pill cup to take the medications. She was asked by this surveyor to stop at that time and retrieve the pills before the resident had taken the pills. She was asked about the which was signed as being given at 6 a.m. she stated that the resident will sometimes refuse to take her medications. She stated that she was going to talk with the nurse about her not tasking her meds. She stated that the resident daughter will get mad if they don't give her the medications that she refuses. She was asked if she had signed that the resident had taken the pill this morning and she confirmed that she had signed that the resident had taken the medications at 6:00 a.m. The resident was observed to refuse the medications at that time and the nurse LPN was observed to assist with cueing the resident to take her medications.

During an interview with the LPN on at 12:33 p.m. she stated that the med techs have a hour window before and after the scheduled time to provide the residents with their medications. She stated that if the staff does not provide the medication within that time frame (window period), she stated, " I will have to call the doctor or they will not get that med. " She stated, " That never happens. " She was informed of the observation that the resident did not receive the schedule 11:00 a.m. medication until 12:33 p.m. which is not within the hour time frame. She confirmed that she was not aware that this had occurred and stated, " I don't know why that happened but I will find out. " She was asked what the expectation is related to resident refusal of assistance with self-administration of medication and she stated, " They (the Med Tech) should mark it as refused " . She confirmed that it would not be okay to mark the med as given at 6:00 a.m. and give the medication at 12:33 p.m.

Review of the policy (no date) for General Guidelines For Assistance With Medications and Treatments noted the following:
Policy: The Community Staff will provide safe and accurate assistance with medication to the residents.
Procedure: (1) The community will assist resident to obtain pharmaceutical services in accordance with their physician orders and with each residents Service Plan or Health Service Plan. (11) If the medication or treatment is refused, withheld, or omitted will be: (a) Initialed and circled on the MOR with an explanation on the reverse side. (b) Wait 15 minutes and repeat to give the resident medication. (c) Report to the Director of Health Care Services, immediately. (12) If a medication error occurs: (a) It will be reported to the health Care Director immediately. (b) A medication error form will be completed. (c) The Health Care Director will notify the physician and pharmacist and document the error and notifications in the resident ' s record. (13) The Medication error occurs when: (c) The resident ' s medication is omitted. (g) The resident receives medications at the wrong time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Langdon Hall, Inc Independent & Assisted Living
1120 33 Avenue West
Bradenton, FL 34205

RE: Revisit to a CCR, CCR# 2014005373, CCR# 2014006075, and CCR# 2014006442

Dear Administrator:

This letter reports the findings of a state survey revisit and three complaint surveys that were conducted on 20-21, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate the deficiency that was corrected relative to the revisit and the deficiency that was identified relative to CCR# 2014003558. 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 deficiency 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
for Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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