STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965554	09/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sandhill Gardens Retirement Center	24949 Sandhill Blvd Punta Gorda, FL 33983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey CCR#2014008653 was conducted on at Sandhill Gardens Retirement Center, an Assisted Living Facility in Punta Gorda, Florida.

There were 2 allegations which were not substantiated; however, the facility received citations as a result of this survey.

0054-Medication - Records 58A-5.0185(5) FAC
Based on a review of one of one resident's Medication Observation Record (MOR) and resident health assessment as well as staff interview, the facility failed to ensure Resident #1's MOR is accurate and up-to-date.

The findings include:

A review of the facility's "ALF INCIDENT REPORT" shows Resident #1 was sent to the hospital on because she could not move her right leg. She was discharged from the hospital on with a prescription of Silver to apply to her skin twice a week.

A review of Resident #1's health assessment dated shows she needs assistance with self-administration of medications.

An interview was conducted on with the administrator at 12:10 p.m. She stated this health assessment was done by the doctor from the hospital where Resident #1 went to after the incident.

A review of the MOR showed Silver cream and "self" is written where it is documented when the resident receives the medication.

Staff A was interviewed on at 11:20 a.m. She stated that she wrote "self" because she can't apply this medication to Resident #1 since she is not a nurse. Resident #1 applies this herself. She gives the bottle of medication to Resident #1 and Resident #1 takes the cream out of the bottle with her fingers and spreads in on her skin. Staff A was told she is able to apply this cream to Resident #1 if she had the medication training and she stated she has had this training.

Staff A provided Resident #1 with supervision of Self-administration of this medication by giving her the medication and telling her what to do with it. When a resident receives supervision of self-administration of medications staff are to document this on the resident's MOR each time the medication is given. There was no documentation on the MOR showing Resident #1 received this medication.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to ensure Resident #1's medication was secured.

The findings include:

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Observation at 11:20 a.m. on , showed two surveyors and Staff A entering Resident #1's . The front door to the propped open. This door opens to a corridor. Resident #1 was not in the this time. Staff A went into the took the Silver cream and presented this to both surveyors. Staff A said Resident #1 applies this to her skin twice a day. This medication was not secured in Resident #1's . Observations throughout the course of the survey showed several unattended residents walking up and down the corridor where Resident #1 lives.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, one of three resident records reviewed and staff interview, the facility failed to ensure Resident #1's prescribed medication was labeled correctly.

The findings include:

Observation at 11:20 a.m. on both surveyors and Staff A were in Resident #1's . Staff A showed both surveyors a container of Silver she got from Resident #1's . She stated this medication is for Resident #1. Further observation of this container of medication showed there was no prescription label on it and there was no resident name. Staff A confirmed to both surveyors there is no prescription label on this medication or Resident #1's name is not on this container. A review of Resident #1's record shows a prescription dated for Silver 1 % cream. This medication did not have a prescription label on the container or package.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sandhill Gardens Retirement Center
24949 Sandhill Blvd
Punta Gorda, FL 33983

RE: CCR #2014008653

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2014 by representatives 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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW: ar
Enclosure

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