| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964825 | 09/16/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Sunset Lake Village | 1121 Jacaranda Blvd Venice, FL 34292 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

**Specific Tag Findings:**
An unannounced Complaint Survey, CCR #2014008180, was conducted on . . at Sunset Lake Village, an Assisted Living Facility (ALF) in Venice, Florida.

The complaint contained 3 Allegations of which 1 was substantiated with a deficiency.

The following is a description of non-compliance:

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review, and interview the facility failed to ensure 1(Resident #1) of 4 resident records reviewed, received prescribed medications as ordered by the Physician.

The findings include:

A Progress note dated , 11:30 a.m. indicated, "Resident returned from physician's office with order to change to 25 mg, 1 PO (by mouth) at QHS (at bedtime). Daughter also handed . . script for . . . . . 200mg 1 PO . . . (twice daily) x 5 days then, 1 PO daily. Both orders faxed to Pharmacy."

A Progress note dated , 7:00 m. indicated that both doctors were notified and the daughter was aware the resident's . 25 mg at HS was just increased this evening and not done on .

According to the Medication Observation Record (MOR) for 2014, Resident #1 continued to receive 12.5 mg of PO at QHS until error discovered on . . . . . Resident missed 7 doses of 25 mg PO at QHS.

A physician's order dated . . stated . . 0.25 mg tablet. Take 1 tablet by mouth once daily for

A notice was sent to the attending physician on "On 2 separate occasions resident was given . . . twice in a 24 hour period. Dates as follows: 2014 (8:44 a.m. and 6:03 p.m.) and , 2014 (11:14 a.m. and 5:44 p.m.). No ill side effects. Med techs informed and reminded it is only ordered to take 1 tab by mouth once daily. Resident is using daily as levels have increased."

Medication Error Report dated was given twice in a 24 hour period. Counseled Med Techs to read order threw and threw. Reviewed Right Med, Right dose, Right time, Right Route, Right patient, Right documentation, Patient Right to refuse. Reviewed Quick MAR class online. Shadowed Med Pass."

According to the "PRNs given Report" and the MOR, the resident also received 2 doses of 0.25 mg on . . . . . (11:00 a.m. and 6:33 p.m.). There is no indication facility was aware of this medication error."

According to the PRNs given report for the Months of . (start date . and The Resident received 7 doses of . . . . 0.25 mg in . 5 doses on 3-11 shift, 28 doses of . . 0.25 mg. in . 23 doses were given on the 3-11 shifts. 5 doses of . . . . . 0.25 mg in . 4 doses given on 3-11 shift.

Review of the resident's Medical record revealed no communication between the facility and the resident physician

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SUMMARY STATEMENT OF DEFICIENCIES
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related to increased use of in or 2014. There was no documentation of pharmacy review or recommendations for the increased use of 0.25mg.

A Progress note dated stated, "Called to observe resident, very , grabbing, and trying to stand. MT instructed to try to re-direct Resident but to give if resident remains 1 hour from now. If after MT instructed to call Hospice."

A Progress note dated stated that at 10:00 p.m., resident was agitated at dinner, Called Hospice. Hospice came and observed resident trying to get out of his wheelchair numerous times. Gritting his talking about getting his car keys and leaving. The nurse said to give him a The Home Health nurse asked if he was this agitated every day and I said yes, especially from dinnertime on. Resident was grabbing at right chest area, where his is and said he was trying to take his glasses off. Resident got out of bed 3 times after 9:00 p.m. trying to go to his car.

During an interview on at 4:30 p.m. the Director of Nursing (DON) said, "The order for the 25 mg was faxed to the pharmacy by me. It was on back order, but I didn't realize that until it was brought to my attention. The physicians were notified and the daughter. The new order was started as soon as we received it."

The DON stated, "I did retraining with the Med Techs on Resident Rights, because the Resident received 2 doses of on the same day. The order is for 0.25 mg once daily by mouth. " Emphasized the importance of reviewing the MOR and the 5 Rights, before giving medications. Especially PRNs."

An attempt was made to interview Resident #1 on at 1:40 p.m., related to his need for medication, but he could not answer appropriately. He stated, "I don't need any medicine, I don't take any medicine, no."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Sunset Lake Village
1121 Jacaranda Blvd
Venice, FL 34292

**RE: CCR #2014008180**

Dear Administrator:

This letter reports the findings of a state licensure 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 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. 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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