STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910538	10/20/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Robinsons Residential Care	11921 Caruso Drive Panama City, FL 32404	
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

0000-Initial Comments
An unannounced complaint survey was conducted at Robinson's Residential Care Assisted Living Facility located in Panama City, FL on to review the allegations of CCR 2014010117. The survey was conducted in conjunction with revisit surveys. Deficient practice was identified related to the complaint survey.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, staff interview and record reviews the facility failed to demonstrate reasonable efforts to obtain refills of prescription medications in a timely manner for 2 of 5 sampled residents receiving assistance with self-administration of medications. (residents # 1 and 4)

The findings include:

An observation of the Administrator providing assistance with self-administered medications was conducted on . The Administrator was observed to assist resident #1 with medication at approximately 12:34 PM. Resident #1's current Medication Observation Record (MOR) indicated she was to receive ProAir HFA 90 mcg inhaler 2 puffs at 12 noon daily. The Administrator was not able to locate the medication for the resident. On at approximately 2:47 PM the Administrator confirmed she was not able to locate the medication and had called the pharmacy to provide the medication.

An observation to compare resident #4's physician ordered medications with the medications available in the facility for resident #4 was conducted on at approximately 1:23 PM in the presence of employee A. Resident #4's current MOR indicated the resident was to receive 1 mg tablet 1 by mouth every day at 7 AM. The MOR revealed a documented zero with a line through it for the dose on . There was no documented explanation of the zero with a line through it. Observation of the medications available in the facility for resident #4 was conducted at this time. No 1 mg was available in the facility for this resident. This was confirmed by employee A and she stated employee B provided medication assistance to the residents this morning. The refill request fax list was provided by the Administrator and the was not listed. This was confirmed by the Administrator. A telephone interview was conducted with employee B on at approximately 2:23 PM. Employee B stated if she documented a zero with a line through it this meant she did not have the medication to provide to the resident. She stated she thought she wrote the on the refill request fax list but must not have done so.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Robinsons Residential Care
11921 Caruso Drive
Panama City, FL 32404

RE: CCR #2014010117

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 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 me at 850-412-4540.

Sincerely,

for Patricia McFatter, RN C
Dsnah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida