STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963958	10/13/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bayside Terrace	**9381 U.S. Hwy 19 North Pinellas Park, FL 33782**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:

Assisted Living Facility

Two unannounced complaint surveys, CCR#2014007364 and CCR#2014007524, were conducted on . . in conjunction with a revisit to CCR#2014003248 and CCR#2014003548 of . . .

The Bayside Terrace assisted living facility had one deficiency found at the time of the visit regarding CCR#2014007524.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based upon record review, observation and interviews, the facility failed to follow physician ' s medication orders for 1 (#2) of 3 sampled residents by not starting and refilling in a timely manner and one medication was not administered at the correct time.

Findings Include:

The facility admitted the resident on . . . . with the diagnosis of . . . . with behavior disturbance, . . . vision d/t . . . . . According to the health assessment (1823) dated . . The health assessment indicates the resident required assistance with medication administration and assistance with all activities of daily living except ambulation which was independent and transferring which was supervision. The resident was placed in the memory care unit.

A review of the closed record medication observation record (MOR) for resident #2 on . for the month of 2014 revealed physician medication orders were not followed. The medications were not started and refilled in a timely manner and one medication was not administered at the correct time.

1) Physician orders dated . for . 500 mg . (Twice a day) x 10 days #20). A review of the MOR reveals . 500 mg tab. Take 1 tablet by mouth twice daily X 10 days. Dates medication not administered 7/4, 7/5, 7/6 7/7, 7/8, 8 a.m. dose, . 8:00 a.m. medication discontinued on . , 2014. Physician orders dated . . . . for . 500 mg . . # 25. A review of the MOR reveals . . . . 500 mg tab. Take 1 tab by mouth twice daily X 10 days the dates medication was not administered; . . . . . 8:00 a.m. dose. The following medications not administered; . . 20 mg tablet. Take 1 tablet by mouth once a daily order date . D/C date . missed dose . . . notes listed as medication not available with no documentation noted for . . . . . 25 mcg tablet Take one tablet by mouth daily order date . D/C date . . . . dose . . . . no documentation. . 30 mg tablet. Take 1 tablet by mouth once daily order date . D/C date . . . missed dose . . . . . notes listed as medication not available with no documentation noted for . . . . . 10 mg tablet. Take one tablet by mouth once daily at noon order date . . . . . D/C date . . . . .

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missed dose 7/1, 7/2, 7/3, 7/4, 7/5, 7/6, 7/7, 7/8, 7/9, with no documentation. 5 mg tablet. Take one tablet by mouth once daily at noon. Scheduled dose at 8:00 a.m. order date D/C date missed dose with no documentation. 20 mg tablet. Take 1 tablet by mouth once daily order date D/C date missed dose 7/3, 7/8, notes listed as medication not available with no documentation noted for Polyethylene 3350 powder. Mix 17 gms in 8 oz fluid of choice and give by mouth daily missed dose with no documentation. Cl ER 10 Meq capsule. Take 1 capsule by mouth once daily order date D/C date missed dose notes listed as medication not available with no documentation noted for 100 mg tablet. Take 1 tablet twice a day by mouth every morning at 8 am and 4 pm. orders date D/C date missed dose am dose with no documentation noted. 100 mg tablet Take 1 tablet by mouth at bedtime order date D/C date missed dose notes listed as medication not available.

2) Review of the MOR revealed medication not administered at correct time for 5 mg tablet.

Interview on at 2:00 p.m. with the Director of Nursing (DON) she stated the was ordered on 5, 2014 and put into the system on 2014 but was not approved by the nurse until three days later. The DON stated she was able to obtain more information regarding the medication delay. It is the policy of the facilities pharmacy not to send out medications to any other pharmacy or mail order pharmacy until they have received the POAs approval because it creates billing issues. It is their policy to obtain the POA ' s approval for every medication that is ordered including the so the end results was the residents went a week without any However, the was put in the system again on 2014 and approved on 2014. The DON stated the pharmacy enters the orders start and stop dates which resulted in an automatic stop of the She confirmed no documentation was in the chart for the delay of medication or to extend the order as over the 10 days as per physician ' s orders and the physician did not appear to have been notified. The DON confirmed all medications on 13 for 8:00 a.m. medications were not documented and stated the system should flag a medication when not administered so I do not know what happen but she forgot to sign off the medication on that shift. The DON also confirmed the physician ordered 500 mg x 10 days on 3 and it was not administered until 4 ½ days later and a stop date on does not comply with the physicians orders. The DON stated it is my responsibly to go into the system to approve medications, change orders as needed and review MORs. The DON also confirmed " Medication temporarily unavailable " as documented meant the medications were not in the facility due to the pharmacy policy and this causes delays.

Interview with Executive Director of Community (EDC) on at 3:12 p.m revealed she was not unaware that physician ' s medications orders were not being started and refilled on a timely basis or that physician's are not informed of any delays and she did not know there ws no missed medications documentation. She stated it is the responsibility of the DON and she is responsible for overseeing that area.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Bayside Terrace
9381 U.S. Hwy 19 North
Pinellas Park, FL 33782

RE: CCR #2014007524 & 2014007364 & a Revisit

Dear Administrator:

This letter reports the findings of two complaint surveys and a revisit that was conducted on [redacted] 13, 2014 by representative(s) 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 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(s). Should you have any questions please call **Paul Brown,** HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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