STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965967	12/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Patrick Manor	896 73rd Ave North Saint Petersburg, FL 33702	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0086 - 58a-5.0191(9) Fac - Training - Adrd S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial licensure survey was conducted at Patrick Manor Assisted Living Facility on . Patrick Manor Assisted Living Facility had deficiencies at the time of the survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on Record review and interview, the Administrator failed to obtain information omitted from the medical examination report within 30 days of admission.

Findings include:

1. Review of Health Assessment Form for Resident #6 revealed there was no documentation as to what level of assistance the resident required, for medications (Needs medication Administration, Assistance with Self-Administration, or Able to administer without assistance). There was no other documentation found in the Resident #6 record to indicate that the information was obtained from the Health Care Practitioner.

2. Interview on at 2:02 PM Interview with Assistant Administrator, confirms there is no documentation of type of medication assistance Resident #6 needs on Health Assessment form from the Veteran's Administration (VA). When asked if they placed a call to the physician to clarify this information, Assistant Administrator States " Well, since it says residents needs can be met by and ALF, we assume he needs assistance with medications " . Administrator was then consulted and she confirmed they have not contacted the health care provider for clarification.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observation and interview, the facility failed to keep centrally stored medication locked at all times and failed to practice proper control protocols with 3 out of 3 residents observed (Residents #5, #16 and #17).

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Findings include:

1. Observation on at approximately 9:15 AM of medication assistance with Staff B. When approaching area where Staff B was assisting with medications, Staff B says she had just completed giving medications for another resident. Staff B was noted to already have on gloves while pushing cart towards the next resident ' s . . . . Staff B then retrieved medication pack from cart and dispensed medications into paper medication cup. Staff B walked into Resident #5's the medication cart unlocked, with key in the lock, outside of the resident's . Medication list was read to resident, medications were handed to resident. Resident #5 then took the medication. Gloves remained on Staff B's hands and Staff B pushed the cart down the hall to next resident. There was no sanitizing of hands or change of gloves. Observed Staff B retrieved medications from unlocked cart, medications were then taken out of bubble pack and dispensed into medication cup. Medications were taken over to Resident #16 leaving medication cart unlocked with key in lock. Medication list was read off to resident. Resident took the medications. Staff B was observed placing hands near resident's face to guide hands with nasal medications and giving resident back rub over clothing. Staff B removed gloves and walked away from medication cart to retrievec unrelated item, again leaving cart unlocked with key in lock. No hand washing or sanitizing observed, clean gloves were placed on. Medication pack was retrieved from the cart. Medication was taken over to Resident #17 and list read off. Medication was dispensed into medication cup and handed to resident. Resident then took the medication.

2. Interview on at 4:30 PM, Administrator states that the facility policy is to keep medication cart locked at all times and the key usually remains in the staff ' s pocket during use. Administrator also says that their policy is for staff to wash or sanitize hands in between residents.

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

Based on Record Review and Interview, the facility failed to properly label medications according to written medication order signed by resident's health care provider for 3 of 3 residents sampled during medication pass (Resident #13, Resident #14 and Resident #15). If directions for use are "as needed", the health care provider must be contacted and and requested to provide revised instructions.

Fndings include:

1. During observation of Staff B's assistance with self administration of medications on from 12:00 p.m. until 12:35 p.m., on Resident's # 13, #14 and #15, the medication label and medication observation record (MOR) did not match the resident's health care provider's written order.

2. Resident #13 - Label on medication states : 100/ipratro,1 puff by mouth 4 times daily.
Substitute with .20 mcg/100 mcg.

MOR states: 90, inhale 1 puff 4 times daily. Scheduled: 8 am, 12 PM, 5 PM, PM

Physician Order states: 90/ipratrop, 2 puffs 4 times daily.

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Resident # 14 -Label on eye medication states: | 400 0.4% prop [illegible] | 0.3% [illegible] solution 1 drop 4 times daily as needed

MOR states: | 400 4% instill 1 drop in each eye 4 times daily as needed for dry eyes. Scheduled 8 am, 12 PM, 4 PM, 8 PM.

Physician written order states : | 400 0.4% prop [illegible] | 0.3% oph solution, instill 1 drop in each eye 4 times a day as needed for dry eyes.

Label on | medication states: | 100/ipratro 20 mcg, substitute for , inhale 1 puff by mouth 4 times daily.

MOR states: | 90 mcg , inhale 1 puff 4 times daily.

Physician written order states: | 100/ipratrop 20 mcg po inh, inhale 1 puff 4 times a day for breathing.

Resident # 15 - Label on | medication states: 90 mcg , 2 puffs by mouth 4 times daily as needed.

MOR states: | 90 mcg inhaler, inhale 2 puffs by mouth 4 times a day for breathing.

Physician written order states: | 90 mcg 4 times daily po.

2. Interview with Administrator on [illegible] at 2:30 p.m.: " All 3 of those residents use the VA (Veterans Administration) pharmacy. That pharmacy is difficult to work with."

Class III

0086-Training - ADRD 58A-5.0191(9) FAC

Based on Record Review and interview, the facility failed to ensure one of three employees (Staff A), received 4 hour training for [illegible] and Related [illegible] Level 1 and 2 within required timeframe of employment date.

Findings include:

1. Record review on [illegible] of Staff A employee file revealed a hire date of [illegible]. There was no evidence that Staff A received 4 hours of training for [illegible] and Related [illegible] Level 1 or Level 2, totaling 8 hours addressing subject areas outlined in the regulations. On file were certificates from RN.org titled: [illegible] - 3.0 Online Contact Hours, completed on [illegible] & repeated [illegible] and [illegible] : Managing Fluids, Nutrition & Incontinence - 3.0 Online Contact Hours completed on [illegible] & repeated

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2. Interview on at 2:24 PM, Administrator says she was under the impression that the online training was acceptable. Administrator confirms there is no other ' s training available for Staff A addressing subject areas outlined in the regulations.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Patrick Manor
896 73rd Ave North
Saint Petersburg, FL 33702

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 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/kpr

Enclosure: State (5000-3547) Form

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