STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911219	12/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
King's Crown-Shell Point Village	3699 Kings Crown Court Fort Myers, FL 33908	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:
These are the results to an unannounced Biennial survey conducted on and at Kings Crown Retirement Community, an Assisted Living Facility (ALF) in Fort Myers, Florida. The census during the time of the survey was 94 residents.

The following is a description of non-compliance:

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, record review and interview, the facility failed to follow the health care provider's order for medication for 1 (Resident #6) out of 3 sampled residents.

The findings include:

1. During observation of Staff G's assistance with self-administration of medication on from 11:00 a.m. until 1:30 p.m., Resident #6's health care provider ordered for medication did not match the MOR (Medication Observation Record).

2. Resident #6's label on medication stated: S tablet- 1 tab every 12 hours for hold for loose stools. MOR stated: S tablet, 1 tab po (by mouth) every 12 hours for hold for loose stools. Scheduled on MOR 12 noon and 9:00 p.m. Health care provider order stated: 1 tab po q (every) 12 h (hours), hold for loose stools.

3. When asked why medication was not scheduled every 12 hours, Staff G on at 1:20 p.m. stated: "The resident likes to sleep late in the mornings, but he does get up to eat breakfast."

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, record review and interview the facility failed to have an accurate MOR (Medication Observation Record) for 2 (Residents #6 and #7) out of 3 residents sampled.

The findings include:

1. During observation of Staff G's assistance with self-administration of medication on from 11:00 a.m. until 1:30 p.m. on Resident #7, the MOR did not match the health care provider's order for Refresh Tears eye medication. For Resident #6, no route of administration was listed for Lantus medication.

2. Resident #7's label on medication stated: Refresh Tears Lube eye drops, instill 1 drop in each eye three times a day and prn (as needed). MOR stated: Refresh tears solution, 1 drop each eye for dryness, scheduled 8:00 a.m., 12:00 p.m. and 5:00 p.m. MOR stated PRN order for Refresh tears, instill 1 drop in each eye three times a day and prn for eyes. Health care provider's order stated: 1 drop to each eye (3 times daily) and prn as needed for eyes.

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3. Resident #6's label on Lantus medication stated: Lantus U-100, inject 8 units under the skin at bedtime, if sugars are over 250, inject 12 units. MOR stated: Lantus 100 units/ml 50 units daily. Health care provider order (dated Lantus 100 unit/ml soln Glargine) discontinue prior dose and increase to 50 units daily.

4. When asked why there is no route of administration listed for the Lantus Medication, Staff H replied on at 1:30 p.m.: "Oh."

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, record review and interview, the facility failed to place an alert label on medication that directs staff to examine the revised directions for use in the Medication Observation Record (MOR), or obtain a revised label from the pharmacist for 1 (#6) out of 3 sampled residents.

The findings include:

1. The label for Lantus medication for Resident #6 did not match the current health care provider order dated Label listed during observation of Staff G's assistance with self-administration of medication on from 11:30 a.m. until 1:30 p.m., a previous health care provider order for sliding scale.

2. Resident #6's label for Lantus medication stated: Lantus U-100, inject 8 units under the skin at bedtime, if sugars are over 250, inject 12 units. MOR stated: Lantus 100 units/ml 50 units daily. Health care provider order stated: (dated Lantus 100 units/ml soln Glargine) discontinue prior dose and increase to 50 units daily.

3. When asked why a medication alert label was not placed on Lantus medication reflecting the new order dated Staff G replied on at 12:30 p.m.: "I'll place a medication alert label on the medicine now."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
King's Crown-Shell Point Village
3699 Kings Crown Court
Fort Myers, FL 33908

Dear Administrator:

This letter reports the findings of a 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 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(s). Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Acting Field Office Manager

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Enclosure: State Form

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