STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966524	12/30/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Provision Living At Panama City	6012 Magnolia Beach Road Panama City, FL 32408	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced biennial relicensure survey was conducted 29 - 30, 2014, at Provision Living Assisted Living Facility in Panama City Beach, Florida. At the time of the survey deficiencies were identified.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on resident interview, staff interview and record review, the facility failed to make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner for 1 of 10 residents interviewed (Resident #1).

The findings:

On , 2014 at 10:55am an interview was conducted with Resident 1. When asked if she had ever run out of medications she replied , "Yes, just last week I ran out of my medicine." When asked how long she went without her medication for her , the resident stated it was about 5 or 6 days. Resident 1 stated that after the 5th day without it, she told the head nurse who immediately got the medication refilled.

Record review of the Medication Observation Record (MOR) for Resident 1 for 2014 revealed 112mcg tablet, give 1 tablet by mouth every morning at 6:30am. On the staff's initials were circled a nd on the reverse side of the MOR it was noted "Med not available." On the staff's initials were circled and on the reverse side of the MOR it was noted "out of med." On / the staff's initials were circled and on the reverse side of the MOR it was noted "out of med." On the staff's initials were circled circled but nothing was noted on the reverse side of the MOR for this date.

Record review of physician order dated / for Resident 1 revealed 112mcg every day at 6am.

Record review of the physician order dated revealed 112mcg tablet give 1 tablet every morning.

Record review of the nursing progress notes in the medical chart for Resident #1 revealed no notes related to the resident going without her medications in 2014.

On at 11:44am an interview was conducted with the Director of Wellness who is a Registered Nurse. She stated Resident 1 came to her on and told her that she had not had her medication for several days. She stated that her staff faxed the reorder to the pharmacy a week prior to her running out. The pharmacy did not deliver the medications. When Resident 1 told her she had not had her medication, she called the pharmacy. The pharmacy told her that the prescription had run out and they had faxed the Physician. The staff giving her medications had been circling the medication on the MOR indicating it was not given because it had run out, but they never came to her personally and let her know the resident still had not had her medications. She stated on she then contacted the pharmacy and the pharmacy (after telling her the medication had

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run out) told her they never received the first fax from the Assisted Living Facility. She stated this is a medication that is on automatic reorder. The pharmacy failed to inform her the medication prescription needed to be renewed. At this time, she acknowledged there was a breakdown in the facility process in that the Medication Technicians never told her they still had not received Resident #1's medication and the resident had to come to her to let her know she had not received her medication.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on employee record review and staff interview, the facility failed to provide evidence that 1 of 3 staff (Staff B) was free of signs and symptoms of a communicable and had a screening ( ) at least annually.

The findings:

A review of Staff B's record revealed that this employee had been hired since . Further review of the record revealed that the employee's last ( ) screening was completed on . There was no additional evidence to confirm that the employee had been screened for since that date. Nor was there a written statement from a health care provider documenting that the employee had any signs of symptoms of communicable .

On at approximately 12:34pm an interview with the Executive Director confirmed that Staff B's status was expired. He also confirmed that there was no documentation in Staff B's record to indicate that the employee had a written statement documenting that the employee was free from signs or symptoms of communicable . The Executive Director revealed that the facility's process is for the employees to go to an Outpatient Clinic used by the facility and have their screening completed annually. The form includes the screening and a section from the health care provider to indicate whether the employee is free of communicable . The Executive Director could not provide the facility's process for ensuring that employees were screened annually.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on employee record review and staff interview, the facility failed to provide evidence that 1 of 3 employees (Staff A) had received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility at least annually.

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The findings:

A review of Staff A's record revealed that this employee last received 2 hours of training on assistance with self-administered medications on . There was no evidence to indicate that Staff A had received any training since this date on medications in the facility's paper record or computer records.

On at approximately 12:40pm, an interview conducted with the Executive Director revealed that he could not locate evidence of training on assistance with self-administered medications for Staff A in her file. He revealed that facility uses a consultant company to come in and conduct Medication training at least quarterly for those staff that are approaching their timeframe for updates.

On at approximately 1:11pm, Interview with the Wellness Director revealed that Staff A did not have a certificate indicating a medication training update for the current year. She confirmed that this employee was a med tech and assisted residents with medications daily as a part of her job duty.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on record review and staff interview, the facility failed to ensure resident contracts had provisions for a refund policy, bed hold policy and 45 day notice of discharge for 3 of 4 resident contracts reviewed (Residents #1, #2 and #17).

The findings:

Record review of the contract for Resident 1 revealed the resident entered into contract with the Assisted Living Facility on . Further review of the contract revealed there was no refund policy, no bed hold policy, no 30 day notice of rate increase and no 45 day notice of discharge in the contract.

Record review of the contract for Resident 2 revealed the resident entered into contract with the Assisted Living Facility on . Further review of the contract revealed there was no refund policy, no bed hold policy, no 30 day notice of rate increase and no 45 day notice of discharge in the contract

Record review of the contract for Resident 17 revealed the resident entered into contract with the Assisted Living Facility on . Further review of the contract revealed there was no refund policy, no bed hold policy, no 30 day notice of rate increase and no 45 day notice of discharge in the contract

On at about 4:33pm an interview was conducted with the Administrator. At this time he acknowledged that the required components of the contract were not included in the resident contracts that were signed after the current company took over and that all resident contracts executed since that time do not contain the required components.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Provision Living At Panama City
6012 Magnolia Beach Road
Panama City, FL 32408

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 and , 2014 by representatives 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 surveyors. Should you have any questions please call me at (850) 412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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