STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968041	01/27/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Troy & Greg Corp	12260 Sw 184th St Miami, FL 33177	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records 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 - 0189 - Fs 429.905 (2); 58a-6.013 (2-3) Fac - Adccs In Alf S-S= D

Specific Tag Findings:

0000-Initial Comments

Medicaid Program Integrity (MPI) and Health Quality Assurance (HQA) conducted a monitoring visit On Troy & Greg Corp had deficient practice identified during the monitoring visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on interview and record review the assisted living facility failed to ensure the medication observation record (MOR) reflected the accurate dosages given to 1 of 3 (Resident #1) sampled residents.

Findings included:

On a review of the facility residents medication packs conducted by Medicaid Program Integrity (MPI) revealed an inconsistency between Resident #1's pack Cap Soft Gel medication and Resident #1 ' s MOR. The pack medication originally contained 31 soft gel capsules. At the time of the survey 21 soft gel capsules were dispensed from the .

A review of Resident #1 ' s MOR revealed instructions for 3 Cap Soft Gels to be taken 3 times a day. The MOR contained staff signatures indicating the medication was given 3 times a day for 27 days with the last dosage given on at 7:00 AM. No documentation observed on the opposite of the MOR sheet.

On at 10:21 AM an interview was conducted with Employee A. Employee A stated Resident #1 ' s doctor ordered for the resident to stop taking the medication 3 times a day and Resident #1 refused to take the medication 3 times a day. Employee A stated she gives Resident #1 the medication 1 time a day per the resident ' s doctor ' s order. Employee A stated she was unable to produce the doctor ' s order for the medication changes. Employee A admitted to failing to document the resident ' s refusal on the MOR sheet.

Class III

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

Based on observation and interview the assisted living facility failed to ensure centrally stored medications for 5 of 5 residents (#4, #5, #6, #7, and #8) and 3 of 3 adult day care participants (#1, #2 and #3) were secured in a lock storage unit.

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Findings included:

On at 10:51 AM unlocked medication storage units located in the facility dining area and kitchen were observed containing residents and adult day care client ' s pharmacy labeled medications and syringes (photos obtained).

On at 12:31 PM an interview was conducted with the Administrator. The Administrator acknowledged unlocked medication storage units and stated he would correct.

Class III

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

Based on interview and record review the assisted living facility failed ensure a resident received assistance with self-administration of medication per physician orders for 1 of 3 (resident #1) sampled residents.

Findings included:

On a review of the facility residents medication packs conducted by Medicaid Program Integrity (MPI) revealed an inconsistency between Resident #1 ' s packed Cap Soft Gel medication and Resident #1 ' s MOR. The pack pharmacy label noted that the medication is to be taken 3 times a day. The packed medication originally contained 31 soft gel capsules. At the time of the survey 21 soft gel capsules were dispensed from the .

A review of Resident #1 ' s MOR revealed instructions for 3 Cap Soft Gels to be taken 3 times a day. The MOR contained staff signatures indicating the medication was given 3 times a day for 27 days with the last dosage given on at 7:00 AM. No documentation observed on the opposite of the MOR sheet indicating resident refusal or why medication was not given.

On at 10:21 AM an interview was conducted with Employee A. Employee A stated Resident #1 ' s doctor changed Cap Soft Gel order from 3 times a day to 1 time a day. Employee A stated she was unable to produce the doctor ' s order for the medication changes.

Class III

0189-ADCCs in ALF FS 429.905 (2); 58A-6.013 (2-3) FAC

Based on observation and interview the assisted living facility failed to ensure adequate space is available to adult day care center (ADCC) participants.

Findings included:

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On at 9:30 AM a tour of the assisted living facility revealed a sleeping cot located in # along with 2 sized beds. (Photos Obtained)

On at 10:30 AM an interview was conducted with the facility's Administrator. The Administrator stated the cot observed in # is provided for ADCC participant #2. The Administrator stated ADCC participant #2 uses the cot to lay down if she is tired.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Troy & Greg Corp
12260 Sw 184th St
Miami, FL 33177

Dear Administrator:

This letter reports the findings of a Monitoring survey that was conducted on , 2015 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 Verlande Exil, Health Facility Evaluator Supervisor at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD:ve
Enclosure
XG90

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