STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	02/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Midtown Manor	2001 Polk Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
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

Specific Tag Findings:

0000-Initial Comments
An unannounced Limited Nursing Services (LNS) survey was conducted on [redacted] at Midtown Manor. The facility had deficiencies found at the time of the visit.

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

Based on observation, interviews and record review, the facility failed to ensure proper storage of medication, for 1 of 1 sampled residents (Resident#1).

The findings include:

In an observation on [redacted] at 11:30 AM of Resident #1's [redacted] a bottle of eye drop prescription medication [redacted] 0.5%, a bottle of [redacted] PM and a bottle of [redacted] C tablets located on the resident's bureau.

Review of Resident #1's health assessment dated on [redacted] indicated that Resident #1 required assistance with self-administration for all medications. During an interview with the Floor Manager on [redacted] at 12:30pm, she stated Resident #1 has a physician order for staff to assistance with self administration of medication. She stated for residents requiring assistance with self-administration of medications, the medication must be locked in the medication [redacted] all times according to the facility's policy.

During an interview on [redacted] at 12:45pm with the Administrator, she confirmed that Resident #1 required assistance with self-administration of medications and medication should have been locked and stored in the medication [redacted]

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	02/09/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Midtown Manor	2001 Polk Street Hollywood, FL 33020	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

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

Based on observation, record review and interviews, the facility failed to ensure the physician orders were followed for assistance with self -administration of medication, for 1 of 1 residents (Resident #1).

The findings include:

In an observation on at 11:30 AM of Resident #1's a bottle of eye drops, prescription medication 0.5%, a bottle of PM and a bottle of C tablets located on the resident's bureau. During an interview with Resident #1 on at 11:30 AM, she stated that she had requested staff to purchase the Pm and C supplement for her. Resident #1 stated that she was never informed by the facility staff that she could not store the medication in her require a physician order to purchase the items.

Review of Resident #1's health assessment dated on revealed Resident #1 requires assistance with self- administration for all medications. Review of the physician order indicated the resident was to receive 0.5%, 1 drop in both eyes every 12 hours and there were no orders for AdvilPM or C supplement. Review of the medication observation record (MOR) for indicated there was no documentation of administration for the prescribed eye medications. The MOR indicated no physician order for the PM or C supplement.

During an interview with the Floor Manager on at 12:30 PM, she stated that she was unaware that the medications were in Resident #1's available for Resident #1 to self administer at will. The Floor Manager confirmed that Resident #1 had physician orders for assistance with self -administration of medication and the medication should have been stored and locked in the medication to facility's policy.

During an interview with Administrator on at 12:45 PM, she stated that Resident #1 does not have the required physician order to allow the resident to have medications stored in her to self administer her medications without assistance from staff. The Administrator stated that the medication should have been locked and stored in the medication staff should have not purchased medication for Resident#1.

Class III

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Midtown Manor	**2001 Polk Street Hollywood, FL 33020**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Midtown Manor
2001 Polk Street
Hollywood, FL 33020

RE: Monitoring Survey

Dear Administrator:

This letter reports the findings of a monitoring survey that was conducted on , 2015 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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