STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911081	02/17/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cities Pavilion	1053 John Sims Parkway Niceville, FL 32578	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
An unannounced biennial survey with an Extended Congregated Care monitoring visit was conducted on and . Deficiencies were found at the time of the survey.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observations and staff interview, the facility's unlicensed staff failed to appropriately provide assistance with self administration of medication for 4 of 6 sampled residents observed during medication pass. (#2, 3, 4, and 5).

The findings are:

On at approximately 10:05AM, a medication pass observation was done with sampled staff G, a resident aide/ medication assistant, an unlicensed staff. Observation revealed the staff took sampled resident #2's medication, , from the medication cart; she did not read the label to the resident. She donned gloves, dispensed the pill into a medication cup, broke it in half for the resident, informed the resident it was , again did not show the resident the medication pack, and did not read the medication label to the resident.

Observation on at approximately 11:14AM with sampled staff G, revealed she removed a pack containing the medication, , from the locked medication cart for sampled resident #2. The staff used hand sanitizer, then donned gloves. She stated to the resident she was going to break the pill for the resident. She dispensed the pill into the medication cup and gave it to the resident. At no time did the staff read the medication label to the resident or show the resident the medication label to the resident.

Observation on at approximately 11:16AM, with staff G revealed she dispensed three different oral medications out of their pack into the medication cup for resident #3. The staff informed the resident what she was getting; did not show her the medication or read the medication label to the resident.

Observation on at approximately 11:21AM, revealed staff G, informing resident #4 the medication he was going to get. She dispensed the pill from the medication bottle, Oscal, into the medication cup. The staff did not show the resident the medication bottle or read the label to him. He took the medication.

On at appropriately 11:30AM, a medication pass observation was done with sampled staff G, a resident aide/medication assistant, an unlicensed staff. Observation revealed sampled staff G obtained sample resident #5's medication from the locked medication cart. The medication, , was in a pack. She dispensed the medication from the pack into the medication cup, with her back to the resident. The resident was sitting in a wheelchair behind the staff

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and was unable to see what the staff was doing. She turned around and told him to take his medication, , and he did. The staff did not show the resident the medication packet or read the label to him. She did not inform him of the strength of the medication. The surveyor asked the resident what he just took and he stated "I don't know but she does" indicating the staff who just gave him his medications.

Interview with the facility director on at approximately 3:00PM revealed that sampled staff G is an unlicensed staff who provides residents with assistance with self administration of medications. The surveyor revealed the above observations to the facility director. She stated the staff should have followed the procedures for assisting with self administration of medication as she has been taught, to include in the presence of the resident take the medication and read the label, opening the container, and remove the prescribed amount of medication from the container.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview, the facility failed to include on the Medication Observation Record (MOR) known for 1 of 6 sampled residents observed during medication pass. (#7)

The findings are:

Record review of the health assessment dated indicated resident #7 is to . The current MOR (2015) indicated resident #7 had no know . Review of past 3 months of MOR's indicated no known . Review of Hospice plan of care indicated resident is to .

Interview with Facility Director on at approximately 2:10 PM confirmed the findings.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to ensure centrally stored medications were maintained safe and secure and locked at all times for 1 of 1 medication .

The findings are:

The surveyor team entered the facility on at approximately 9:30AM. As the surveyors passed by the medication , the door to the completely open, no facility staff were present in the medication . The medication carts were locked. The maintenance man entered the medication

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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

did something to the telephone in the then left. Observation revealed sampled staff G was observed sitting at a desk in an office located slightly down from the hall across from the medication , not allowing her sight of the medication . She was on the telephone. The surveyors entered the medication found the following medications unattended: one opened bottle of Milk of Magnesia and one opened bottle of Acidophilus were located in the refrigerator. Observation revealed one pack of 30 pills of 40mg and 2 packs of 50mg for a total of 60 pills in a blue bin sitting on the floor.

Sampled staff H, who was not within sight of the medication , arrived from down the hall. We presented our business cards and she stated the Director was not in the facility, but they would call her. We were then escorted to the chapel where we were instructed to set up our computers for the day.

On at approximately 10:05AM, again entered the medication do a medication pass observation with staff. The blue box which contained the packs was now locked with two yellow ties. Interview with sampled staff G at this time revealed these are discontinued medications.

Interview was done with the facility director on at approximately 3:10PM; she was informed of the above observations. She stated she was very disappointed that this occurred as they have inserviced the staff a number of times concerning maintaining the medication . She stated they would have to re-inservice again.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Cities Pavilion
1053 John Sims Parkway
Niceville, FL 32578

Dear Administrator:

This letter reports the findings of a state licensure and an extended congregate care monitoring survey that was conducted on , 2015 and , 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 surveyors. Should you have any questions please call me 850-412-4540.

Sincerely,

Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure
XG90

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