STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	02/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angels Senior Living At New Tampa, LLC	14712 N 42nd St Tampa, FL 33613	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0052-Medication - Assistance With Self-Admin-02/05/2015
0084-Training - Assis Self-Admin Meds & Med Mgmt-02/05/2015

Revisit Repeat Tags:

0000-Initial Comments-
0054-Medication - Records-58a-5.0185(5) Fac
0056-Medication - Labeling And Orders-58a-5.0185(7) Fac

Specific Tag Findings:

Assisted Living Facility

A revisit was conducted on 2/5/15 for deficiencies cited during a complaint survey, CCR #2014011863, which was conducted on .

Angels Senior Living at New Tampa, Inc., Assisted Living Facility had continued noncompliance and deficiencies cited at the time of the revisit.

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

Based on observation, interview and record review the Assisted Living Facility failed to maintain accurate and up to date medication observation records (MOR) for 1 of 2 sampled residents (Resident #1).

Findings Include:

On . 2015 at 10:19 a.m. a medication cart audit was conducted.

A comparison of Resident #1's medications stored in the medication cart to Resident #1's MOR revealed two pharmacy labeled medications in the medication cart, 1 mg dated . A blue removable sticky note was observed at the top of the . pack that reads PRN (as needed). (Pictures obtained).

1 mg dated . A blue removable sticky note was observed at the top of the . pack that reads PM (at bedtime). (Pictures obtained).

15 mg capsule dated . Review of the Medication pack label order reveals 30 mg capsule with a sticker covering the instructions reads, "Directions change refer to chart ." (Pictures obtained).

During the cart audit at 10:19 a.m., the DON (Director of Nursing) confirmed the medication MORs, labels and dose did not match and a blue removable note observed on two of the medication cards. 1 mg reads PRN (as needed) and 1 mg (PM) at bed time.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	02/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angels Senior Living At New Tampa, LLC	14712 N 42nd St Tampa, FL 33613	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Interview with the Administrator on at 3:30 p.m. stated the pharmacy will reconcile the medications on the 21st of each month and removes all of the everyday medications. She confirmed the MORs, orders and medications labels do not match and stated she knew this was an issue and has arranged a meeting with corporate and the pharmacy on at 11:30 a.m. to review and determine a plan of action to remedy the issue.

The Administrator provided documentation of a meeting scheduled for

A review of the documentation reveals; "Jet Pharmacy has been working with us on some concerns we have with our MORs. We are not satisfied with the job they are doing. We have sent them an email and are documenting concerns so we can go forward and improve the process. The request we made are as follows;

1) All times to be changed according to my corrections - there should be NO 7 a.m. medications.

2) All will be at 6 a.m.

3) The times should go in chronological order from earliest to latest: 6 am, 8 am, noon, 8 am & 5pm, 8am & 8 pm and 8 pm medications. This ensures easiest med pass for the med techs - less chance for medication error.

4) MD name should be removed from under each medication. (I know this will occur in

5) ointments will be scheduled at different times than the meds.

6) Many duplicate orders were noted.

Just want to make med pass as easy as it can get for med techs, we want very much minimal error. We have met with two other pharmacies to see what our options are. Due to the deficiencies we are experiencing with Jet I think we need to make a change."

Class III

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

Based on observation, interview and record review, the Assisted Living Facility failed to ensure the stored medication being used for assistance with self-administration was stored in properly labeled medication packages pursuant to F.A.C. 64B16-28.108 and F.S. 465 and 499. The Assisted Living Facility also failed to ensure changes in direction to prescriptions for residents who received assistance with self-administration of medication, recorded on the residents MOR for 1 of 2 sampled residents (Resident #1).

Findings Include:

On , 2015 at 10:19 a.m. a medication cart audit was conducted in the Memory Care Unit of the Assisted Living Facility. A review of the MOR revealed, 1mg, take 1 tablet by mouth every 4 hours as needed for stlessness dated . Review of the Medication pack label order reveals 1 mg take 1 tablet by mouth two times a day for stlessness. A blue removable sticky note was observed at the top of the pack that reads PRN (as needed). Pictures obtained.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	02/05/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angels Senior Living At New Tampa, LLC	14712 N 42nd St Tampa, FL 33613	

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

Review of the MOR reveals 1 mg take 1 tablet by mouth at bedtime dated on Review of the Medication pack label order reveals 1 mg take 1 mg by mouth 2 times a day for tlessness. A blue removable sticky note was observed at the top of the pack that reads PM (at bedtime). Pictures obtained.

During the medication cart audit 10:19 a.m. with the DON (Director of Nursing) confirmed the medication MORs, labels and dose did not match the MOR and the blue removable note observed on two medication cards.

The DON and Administrator on at 10:25 a.m. confirmed the blue sticky post it notes found on two different medications should not have been placed on the medication. The Administrator stated she has been having a lot of issues with the current pharmacy and has been interviewing new ones. She further added she has been meeting with the current pharmacy regarding the labeling issues and they have not been resolved as of today's date.

Review of the MOR reveals 15 mg capsule take 1 capsule by mouth at bed time as needed for sleep dated on Review of the Medication pack label order reveals 30 mg capsule with a sticker covering the instructions. The sticker reads "Directions changes refer to chart." Pictures obtained.

The DON verified and confirmed the medication was a 30 mg capsule and could not be scored (cut in half) per the MOR order dated for 15 mg capsule.

The DON and Administrator on at 10:25 a.m. confirmed the blue sticky post it notes found on two different medications should not have been placed on the medication. The Administrator stated she has been having a lot of issues with the current pharmacy and has been interviewing new ones. She further added she has been meeting with the current pharmacy regarding the labeling issues and they have not been resolved as of today's date.

An interview with the DON was conducted on at 12:08 p.m. She confirmed the Hospital discharge orders and stated the hospital discharge medications were noted by the previous Interview with the DON at 12:08 p.m. She stated they follow the most recent Hospice orders of for 30 mg capsule at bedtime as needed and also confirmed the MOR order for Temazepm 15 mg capsule 1 time at bedtime as needed is not at the prescribed dosage. She stated that she has called the Hospice nurse to verify and get the correct medication order.

In an interview conducted with the DON at 1 p.m., she stated that she will need to track down the current orders for Resident #1. She provided a modified order dated for Resident #1 that reveals; Start on new medication: Take 1mg of (1mg tablet) by mouth every 4 hours as needed for restlessness. Start on new medication; Take 15 mg of temazepam capsule by mouth at bed time as directed.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	**02/05/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Angels Senior Living At New Tampa, LLC	**14712 N 42nd St Tampa, FL 33613**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview conducted with the DON at 1:10 p.m., stated she was a little to the correct order for this medication. She stated she called the Hospice nurse on the phone and verified the current dose is Temazepan 15 mg. The DON confirmed that she was the only one who can make changes to the MORs.

During an interview with the Administrator on at 3:30 p.m., she stated the pharmacy will reconcile the medications on the 21st of each month and remove all of the everyday medications. She confirmed the MORs, orders and medications labels do not match and stated she knew this was an issue and has arranged a meeting with corporate and the pharmacy on at 11:30 a.m. to review and determine a plan of action to remedy the issue.

In an interview with Hospice Nurse Coordinator with Life Path Hospice on at 4:35 p.m., she confirmed Resident #1 was originally admitted to Hospice care on , 2014 and discharged on 2014. The Resident was readmitted to Hospice care on

She stated while the Resident is admitted to hospice they provide the medications and will visit, per physician's orders. But added it is about every other week and medications are reviewed and any changes are submitted to the Hospice physician to review and approve while under Hospice care. Then the medication changes are submitted to the facility and the facility will submit the new orders to the pharmacy to fill. The facilities pharmacy enters and prints the MOR (Medication Order Record).

The nurse confirmed the medication for Resident #1's MOR and medications did not match orders. She further confirmed the medication order for 15 mg and the dose in the medication cart was 30 mg, but added the order was prescribed as PRN (as needed order) and has not been used so the Hospice physician discontinued the medication after the audit date during survey. She confirmed seeing the blue stickers on the two medication cards and stated Hospice does not remove and audit the medications. She restated when changes are made the orders are submitted at the time of the change.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Angels Senior Living At New Tampa, LLC
14712 N 42nd Street
Tampa, FL 33613

RE: Revisit CCR #2014011863

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on 5, 2015 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than thirty days from the date of this letter.

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. Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

Paul J Brown

FOR Patricia Reid Caufman
Field Office Manager

PRC/src
Enclosure: State Form 5000-3547

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida