STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964856	02/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Brookdale Tequesta	211 Village Blvd Tequesta, FL 33469	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
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 - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014011203 and CCR#2014011276 , was conducted on thru and at Brookdale Tequesta. The facility had deficiencies found at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interviews, it was determined that the facility failed to address and ensure resolution of grievances received on behalf of a resident in a timely manner, for 1 of 1 sampled resident (Resident# 1)

The findings include:

Upon entrance to the facility, the surveyor requested from the Administrator, proof of all grievances received and resolutions for the past year. The Administrator was able to provide a copy of the facility grievance policy; however, she was unable to provide evidence that any grievances had been received and/or reviewed by the facility (including resolution of the grievance) for the past year.

Review of the closed record for Resident # 1 reveals a Nurse Note dated as follows: Family member is asking for copy of resident accident report from past Request forwarded to Executive Director for paperwork needed by family. No further action taken.

An interview was conducted with the Administrator on at 3:36 PM, who confirmed that she was unaware that the family member made this request and/or could locate no evidence that the specific complaint/grievance of Resident # 1 ' s family member or any other grievances were addressed . She confirmed that the facility failed to ensure that a grievance by Resident # 1's family was addressed and that there was no evidence that any other grievance had been reviewed or addressed for the past year.

Class III

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0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and interview, the facility failed to ensure that medication administered to residents were documented on the Medication Administration Record, for 3 of 3 sampled residents (Resident # 1, #2 and #3)

Findings include:

A detailed review of controlled substance medication administration and documentation in their corresponding medical records was conducted for sample residents # 1, #2 and # 3 with the Regional Wellness Director on ..... through ..... Review of the three records revealed significant discrepancies between the amounts of controlled substance medications received by the facility, the amounts documented as administered and the amounts remaining in the controlled substance supply. Pharmacy delivery records were obtained and reviewed to verify any deliveries of for the identified residents.

a) Review of the record for Resident # 1 revealed the following discrepancies:

1) 350 pills of delivered from the Pharmacy between ... and .....
2) 23 pills documented by Nursing as being removed from the controlled substance supply
3) 29 pills documented by Nursing as being administered on the front of the Medication Administration record
4) 20 pills documented by Nursing as being administered on the back of the Medication Administration Record
5) Documentation of pills removed from the controlled substance supply, Medication Administration record and back of Medication Administration Record should match, but do not.
6) 50 pills documented as destroyed by one Nurse without required second nurse documentation
7) No documentation in the record of ... # 4146132, # 60 delivered on ..... # 4146701 #60 pills delivered on and ... # 4141355, # 60 delivered on ..... This confirms that 3 prescriptions of 60 pills each were delivered to the facility, signed as accepted by a facility nurse, but never included in the locked supply.
8) Documentation including signed delivery records from the Pharmacy, confirmed the delivery of 1 prescription of 50 and 5 deliveries of 60 pills Pharmacy confirmed delivering 6 prescriptions of 60 pills each.
9) 18 pills wasted on ..... as documented by 2 staff, and 50 documented as wasted by 2 staff on .....
10) 190 pills missing and unaccounted for Resident #1.

b) Review of the records for Resident # 2 revealed the following discrepancies :

1) 173 pills delivered and in the supply between ..... and .....
2) 53 pills documented as being removed on the controlled substance log

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3) 23 pills documented as being administered by Nursing on the Medication Administration Record
4) 48 pills documented as being administered by Nursing on the back of the Medication Administration Record
5) 1 pill documented and verified by second nurse as being wasted
6) 90 pills remaining in the supply on
7) Discrepancy of 10 pills unaccounted for as of

c) Review of the records for Resident # 3 revealed the following discrepancies:

1) 240 delivered between and
2) 75 pills documented as removed from the controlled substance supply
3) 64 pills documented as being administered by Nursing on the Medication Administration Record
4) 79 pills documented as being administered by Nursing on the back of the Medication Administration Record
5) 192 pills remaining in the controlled substance supply as of
6) 240 pills minus 75 removed equals 165 pills should be remaining in the supply; however the surveyor and Administrator counted 192 pills.

The above reviews were conducted with the Regional Wellness Director and the Administrator on 2/9 and The Regional Director and Administrator both confirmed the following :

a) Documentation of controlled substance medication (on residents # 1, # 2 and # 3 as being removed from the controlled substance supply did not correlate with the doses documented on the Medication Administration Record and/or the back of the Medication Administration Record as being administered.
b) Medications are to be destroyed and witnessed by two staff. On one Nurse documented the destruction of 50 pills.
c) Facility staff signed the receipt of prescriptions of 60 on 9.1 and There was no documentation in the record of Resident # 1 that these prescriptions were requested from the Physician and/or placed in the controlled substance supply.

The surveyor asked the Regional Director if they were aware that the apparent diversion of medication had occurred. She stated that she came to the facility on and conducted a thorough investigation. She concluded that 350 pills had been delivered, but only 23 pills were accounted for and 123 pills were unaccounted for. She was also concerned that Nurses were not counting each shift as required by facility policy. The missing pills did not have a physician order in Resident # 1 ' s chart or other evidence that they had been placed in the supply.

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0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation, record review and interview, the facility failed to ensure that medications were secure when unattended and that controlled substance medications were secure and accounted, for 3 of 3 sampled residents (Resident #1, #2 & #3)

Findings include :

An interview was conducted with the Regional Wellness Director on ... at approximately 11:00 AM. She was asked to describe the procedure for controlled substance medications. She stated that if the Resident requires a renewal of a prescribed controlled substance medication, the Nurse will fill out a Pharmacy request, documenting the medication requested and FAX this to the Physician. The Physician will then, FAX a copy of the prescription to the facility and a hard copy sent directly to the Pharmacy. Upon receipt of the required hard copy prescription, the pharmacy will deliver the medication to the facility along with a Controlled Substance record form for that medication. The Nurse who accepts the medication from the Pharmacy courier signs his/her name to the delivery invoice. The Nurse who receives the medication, documents her name at the top of the Controlled substance records verifying that she took possession of the medication from the Pharmacy and places the medication in the locked ... supply cabinet and the form in the Controlled Substance book. When a nurse needs to administer a dose of the medication, she removes the pill from the ... card and documents the name of the patient, the time the dose is removed and affixes her signature. This procedure is to ensure that each dose removed from the supply is accounted for. The nurse then documents the administration of that dose on the front of the Medication Administration Record (MAR) and again on the back of the Medication Administration Record. The documentation on the front of the MAR is only the nurse ' s initials. The documentation on the back of the MAR includes the date, time, name of the drug, dose and the reason it was given such as pain. The documentation of the administration of the medication should match in all three places. If a prescription is changed, the medications should be destroyed and witnessed by two staff. Under no circumstances should controlled substance medications be wasted and/or destroyed by only one staff person.

A detailed review of controlled substance medication administration and documentation in their corresponding medical records was conducted for sample residents # 1, #2 and # 3 with the Regional Wellness Director on ... through ... Review of the three records revealed significant discrepancies between the amounts of controlled substance medications received by the facility, the amounts documented as administered and the amounts remaining in the controlled substance supply. Pharmacy delivery records were obtained and reviewed to verify any deliveries of for the identified residents.

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5) Documentation of pills removed from the controlled substance supply, Medication Administration record and back of Medication Administration Record should match, but do not.
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a) Documentation of controlled substance medication (on residents # 1, # 2 and # 3 as being

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b) Medications are to be destroyed and witnessed by two staff. On one Nurse documented the destruction of 50 pills.

c) Facility staff signed the receipt of prescriptions of 60 on 9.1 and . There was no documentation in the record of Resident # 1 that these prescriptions were requested from the Physician and/or placed in the controlled substance supply.

The surveyor asked the Wellness Director if any follow-up had been conducted to determine if staff was complying with the facility policy for the documentation of controlled substance medications after they received training on 11/6, 11/4 and . She confirmed that the facility had not done any follow up and or audits to verify that staff was following facility policy. When asked why, the Wellness Director stated that they were waiting for follow-up from Law Enforcement.

Review of the controlled substance count sheets was conducted with the Wellness Director at that time. Review of the records from through revealed 13 instances where the count was not completed by the evening shift and night shift as follows: and . The same nurse was involved on all of the identified days. The Wellness Director confirmed that facility staff were not conducting mandatory counts as instructed in their retraining in and 2014.

Based upon observation, record review and interviews, medications were not secured as evidenced by the observation of this surveyor, the facility conducted training, but failed to follow up to ensure that facility staff were following facility policy regarding medication storage and documentation. Documentation of removed from the supply of Residents #1, # 2 and # 3 from to present does not correlate with the doses administered as documented on the Medication Administration Record for those residents. The facility has not implemented or ensured any ongoing monitoring is being conducted to ensure that diversion does not occur.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC

Based on record review and interview, it was determined the facility failed to notify the State Agency by completing the adverse report (1 day and 15 day report) regarding an event that is reported to law enforcement for investigation. As evidence of the facility failure to report an incident identified in which a diversion was identified, for 1 out of 1 incident.

Findings include:

1) On , at 3:30 PM., the surveyor asked the Administrator and Wellness Director if the facility had informed the Agency for Healthcare Administration (AHCA) of the identified diversion (refer to A

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0055). She stated that the Administrator who was present at the time, resigned from the facility in ..... 2014. She was informed by the Administrator that she was unable to enter the report online and instead FAXED them to the State Agency. A new Administrator began at the facility on 2015. The Wellness Director recalled that a 1 day and 5 day report was faxed to the state agency but could not produce a copy of the report for this surveyor. She was unable to provide evidence that any report had been submitted to the State Agency regarding the ..... diversion. This surveyor was unable to locate any reports from the State Agency archives at the time of the survey.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Brookdale Tequesta
211 Village Blvd
Tequesta, FL 33469

RE: CCR ##2014011203 and #2014011276

Dear Administrator:

This letter reports the findings of a State Licensure Complaint Survey that was conducted on , 2015 thru 2015 and , 2015 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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