STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966112	03/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orange Blossoms Villa	10331 Pippin Lane Royal Palm Beach, FL 33411	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Relicensure survey was conducted on [redacted] at Orange Blossoms Villa. The facility had deficiencies found at the time of the visit.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on observation, interview, and record review, it was determined the facility failed to ensure 5 of 5 sampled residents (Residents #1 - #5) was provided with their medications in a timely manner. In addition, based on observation, interview, and record review, it was determined the facility failed to ensure that each resident was informed of what medication they were being provided at the time they were being provided the medication, for 5 of 5 sampled residents (Residents #1 - #5).

The findings include:

During observation of medications and interview with Staff C on [redacted] beginning at approximately 9:40 AM, she was asked why Resident #4's [redacted] 30mg (for [redacted] was not provided at 6:00 AM as per MOR (Medication Observation Record for [redacted] 2015) schedule. Staff C stated because the resident was not up at that time and that Resident #4 is usually not up at that time. Staff C was asked if Resident #4's physician had been contacted about changing the dosage schedule for this medication. She replied, "No". The Administrator joined this conversation at this time. They were asked why the 5 residents that were observed for medications received their medications after 9:00 AM this morning and all were scheduled for 8:00 AM (besides Resident #4's medication noted above that was scheduled for 6:00 AM). They could not provide an explanation as to why all medications were provided late this morning.

Further observations of the medication pass revealed the following.

1) Resident #1 received the following medications on [redacted] beginning at approximately 9:22 AM and all were scheduled for 8:00 AM as documented on the MOR for [redacted] 2015:

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a) Quietapine 50mg

b) 2.5mg

c) 81mg

d) Duc-Q-Lace

e) 20mg

2) Resident #2 received the following medications on beginning at approximately 9:26 AM and all were scheduled for 8:00 AM as documented on the MOR for 2015:

a) Acidophilus cap

b) 600mg X 2 tablets

3) Resident #3 received the following medications on beginning at approximately 9:32 AM and all were scheduled for 8:00 AM as documented on the MOR for 2015 :

a) Acidophilus caps

b) Cranberry tablet

c) 200mg

4) Resident #4 received the following medications on beginning at approximately 9:40 AM and all but the 30mg was scheduled for 8:00 AM as documented on the MOR for 2015:

a) 30mg (scheduled for 6:00 AM)

b) 2 puffs twice daily at 8AM & 8PM

c) 2.5mg/8ml solution inhale contents of 1 vial via twice daily at 8AM and 8PM

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5) Resident #5 received the following medications on beginning at approximately 9:50 AM and all were scheduled at 8:00 AM as documented on the MOR for 2015:

a) Clopidrogel 75mg daily

b) 10mg twice daily

c) 40mg every morning

d) 0.25mg twice daily

e) tears 1 drop in each eye four times daily

f) Tramadol 50mg

During observation of medications and interview with Staff C on beginning at approximately 9:40 AM she was asked why she did not read the labels of the medications to each resident noted above when providing the medications to each resident. Staff C stated she was not aware of the requirement to read the label of each medication to the residents.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC

Based on interview and record review, it was determined the facility failed to ensure that each staff member that provides assistance with the self-administration of medications received an initial 4 hour course that included demonstrations of proper techniques and provided opportunities for hands-on learning through practice exercises provided by a Registered Nurse or Licensed Pharmacist, for 1 of 3 sampled employee files reviewed (Staff A).

The findings include:

During interview with the Administrator conducted on beginning at approximately 11:30 AM, she was provided the opportunity to locate the required 4 hour initial Assistance with Self Administration of Medication documentation for Staff A (date of hire noted as She located a

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copy of a certificate that indicated on that Staff A participated in a training entitled "Assistance with Self Medications". The Administrator was informed that this documentation did not reflect that a Registered Nurse or a Pharmacist taught this course. She acknowledged that this certificate was not signed by a Registered Nurse or a Pharmacist, but an Education Coordinator. She contacted the CE (Continuing Education) Broker (and placed him on speaker phone) and he was not aware credentials needed to be on on certificate and he stated that the course was taught by video. He was asked if there was a Registered Nurse or Pharmacist that provided "hands-on" training and return demonstration of skills for this course. He replied that this course is a video course and that there is no "hands-on" training and that he was not aware that this was a requirement. The Administrator acknowledged that she had not noticed this certificate was not issued by a Registered Nurse or Pharmacist and that she was not aware that this course was video only, until conversation with the CE Broker. The Administrator also acknowledged that Staff A is a live-in caregiver and does provide assistance with the self-administration of medications to the residents of this facility.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Orange Blossoms Villa
10331 Pippin Lane
Royal Palm Beach, FL 33411

Dear Administrator:

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

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: 5000-3547
XG90

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