STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967694	**03/30/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
SHARING FACILITY	**2897 HARSON WY FORT PIERCE, FL 34946**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted at Sharing Facility on . The facility had a deficiency identified at the time of the survey.

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

Based on record review, interviews and observations, the facility failed to ensure that the Medication Observation Record accurately documented the doses administered to one of 3 sampled residents (Resident #3)

Findings include:
1) A Medication Pass Observation was conducted on starting at 9:09 AM. The Administrator poured medications for Resident # 3 including 1 mg. A review of the Medication Observation Record (MOR) dated 3/1 to revealed the order for 100 mg to be administered twice daily. Review of the Medication Observation Record for the month of 2015 revealed that only one dose was documented as being administered from 3/1 to The surveyor asked the Administrator how frequently the resident was to receive She stated that he gets it twice a day. The surveyor then asked the staff person how often the resident receives The staff person also confirmed that the resident receives twice daily. When asked why the MOR was blank for the PM dose for the entire month, neither the Administrator or Staff person could state why the evening doses were not being documented. Observation of the medication packaging system confirmed that a dose of 100 mg was included in the multipack dosage system.

2) Review of the MOR for Resident # 3 revealed physician orders for 40 mg/ml, 200 mg by mouth three times daily. Review of the MOR dated revealed that the resident was documented as receiving the twice daily from 3/1 to three times daily from 3/5 to and four times daily from to . The Administrator was asked how often the resident was to receive the and she replied three times daily. The surveyor then asked the employee how often the resident received and she also confirmed it was to be given 3 times daily. When asked to explain the discrepancy on the MOR, the employee stated she did not know why it was only documented twice for the first five days of the month and that there was an error by another staff when it was documented four times a day. The employee and Administrator both confirmed that the documentation of the and the was not accurate and that the facility failed to ensure accurate documentation on the MOR.

Class III

SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Sharing Facility
2897 Harson Wy
Fort Pierce, FL 34946

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,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure
XG90

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