| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11910382 | 04/07/2015 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| ATRIA MERIDIAN | 3061 DONNELLY DRIVE LANTANA, FL 33462 | |

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

**0000 - Initial Comments**

An unannounced Relicensure survey was conducted on and at Atria Meridian. The facility had a deficiency found at the time of the visit.

**0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC**

Based on observations, interviews and record review, the facility failed to centrally store medications for residents who require assistance with self-administration of medications for 2 of 4 sampled Residents (#13 and #16), medications were observed in resident that should have been centrally stored; and, the facility failed to ensure unlicensed staff properly stored resident medications for 1 of 2 sampled medication carts (cart A) evidenced by loose pills observed in the medication cart.

The findings include:

1. On at 10:52 AM, observation of Resident #13 ' s apartment revealed the following medications on an open shelf located above the toilet in the
a. A partially used tube of prescription Voltaren gel 100 milligrams (MG) which expired
b. A partially used container of prescription 0.05%
c. A partially used tube of 10 1% cream which expired 2010
d. A partially used tube of ointment
Review of her medical examination (AHCA Form 1823) dated documented she requires assistance with self-administration of medications. Review of her records revealed no Health Care Provider (HCP) orders calling for these medications. This was brought to the attention of the Resident Service Director, a Licensed Practical Nurse, on at 1:55 PM, and discussed with the Administrator on at 2:40 PM.

2. On at 1:50 PM, observation of Resident #16 ' s apartment revealed the following medications stored on his kitchen counter and in an open plastic container on the kitchen counter:
a. A partially used container of with #3 which expired
b. A partially used container of 90 micrograms
c. A partially used Proair IBH puffer
d. A partially used container of Bayer low dose 81 MG
e. A partially used container of 1200 MG ER
f. A partially used container of Probiotic Pearls 15 MG acidophilus and bifidobacterium longum
g. A partially used container of
Review of his medical examination (AHCA Form 1823) dated documented he requires assistance with self-administration of medications. Review of his records revealed no HCP orders calling for these medications. This was brought to the attention of the Resident Service Director on at 2:04 PM, and discussed with the Administrator on at 2:40 PM.

3. Observation of the facility ' s medication cart A was conducted on at 10:49 AM with Employee G, a

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SUMMARY STATEMENT OF DEFICIENCIES
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**0055** Continued From page 1

Resident Medication Assistant, present. Two loose pills were observed, a pink round scored pill in left drawer #2 and a white round pill in left drawer #3. The medication assistant stated they were and , respectively. The pills were collected and brought to the Resident Service Director ' s attention at that time. The presence of these loose pills showed facility staff did not ensure resident medications were properly stored, closed or sealed and kept separate from other medications. This concern was discussed with the Administrator on at 1:10 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Atria Meridian
3061 Donnelly Drive
Lantana, FL 33462

Dear Administrator:

This letter reports the findings of a State Relicensure Survey that was conducted on , 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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