STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968535	03/31/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ARBOR TERRACE ORTEGA	5760 TIMUQUANA RD JACKSONVILLE, FL 32210	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR # 2015001525 , was conducted on .
Arbor Terrace Ortega had deficiencies found at the time of the visit.

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on interview and record review, the facility failed to ensure medication was given in accordance with doctors ' order for 1 of 3 sampled residents. (Resident #1)

The findings include:
Review of Resident #1 physician order dated to change eye ointment to right eye from twice daily to three times daily.
Record review of Resident Medication Observation Record (MOR) revealed eye ointment; apply to right eye three times a day. The MOR was signed at 9:00 am and 5:00 pm as given from through The time the medication was given on the MOR was not updated to reflect the increase to three times daily, it continued to be given twice daily.
On at 12:12 pm the Resident Care Director stated this was a medication error. She said the order for Resident #1 reads correctly on the MOR but it didn't add another time to give it, it remained twice a day, not 3 times a day.
Class III

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

Based on observation, staff interview and facility policy, the facility failed to safely store and lock medication for 1 of 2 medication carts on 1 of 2 units.
The findings include:
Review of facility Policy and Procedure for Medication Management-Florida dated stated storage of medication carts should be used for all medications managed by the community. When not in use, the medication cart should be locked and stored in the Wellness Center.
On at 9:32 am an observation of a medication cart at the hall corner revealed a medication on top of the medication cart. The medication cart was unlocked and unattended. eye ointment for Resident #1 was on the medication cart with a label that read, " Apply to right eye twice daily " . (photographic evidence)
On at 9:35 am an interview with Employee A, Medication Technician (as she returned to the medication cart). She stated she was not to leave the medication cart unattended or leave medication on the cart. She said she was in the door. She said she was done passing medication.
On at 12:45 pm an interview with Resident Care Director stated medication technicians cannot leave a medication cart unlocked, or leave medication on top of the medication cart, unattended. She said they have been educated on this.

Class III

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

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Arbor Terrace Ortega
5760 Timuquana Road
Jacksonville, FL 32210

RE: CCR #2015001525

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 **05/20/2015** 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 surveyor. Should you have any questions please call this office at .

Sincerely,

Jana Meyering

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

MB/JM/sm
Enclosure

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