STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966084	**06/09/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
TITUSVILLE TOWERS	**405 INDIAN RIVER AVENUE TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

A Complaint Investigation CCR#2015002459 was conducted on Titusville Towers Assisted Living Facility had deficiencies found at the time of the visit.

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

Based on observation and interview the facility failed to ensure expired medications were disposed of within 30 days of the expiration date for 3 of 3 sampled residents (#1, #2 & #3).

Findings:

Observation on at approximately 10 AM revealed there were medications stored in a file cabinet in the nurse's office. The following medications were expired and were not disposed of within 30 days of the expiration date:

Resident #1 (for pain) 5% patches expired in 2015.
Resident #2 ER (for pain) 650 milligrams (mg) expired on the card contained 30 tabs
Resident #3 expired a card of 24 tablets.
Interview with the nurse on at approximately 10:45 AM who stated she was not aware the medications had expired.
Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation and interview the facility failed to ensure that no prescription for self-administration, assistance with self-administration, or administration were stored unless it was properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C.

Findings:

Observation on at approximately 10 AM revealed there were medications stored in a file cabinet in the nurse's office. There were 23 packets of (for pain) patches 5% and a box of Vesicare (for overactive 10 milligrams (mg) with no label on the box.

In an interview with the nurse on at approximately 10:45 AM who stated she was not aware the medications were not labeled.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Titusville Towers
405 Indian River Avenue
Titusville, FL 32796

RE: CCR #2015002459

Dear Administrator:

This letter reports the findings of a state licensure complaint investigaton survey that was conducted on , 2015 by representative(s) 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. **Please forward documentation of correction to the Field Office.** 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 surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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