AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966524	**06/04/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
PROVISION LIVING AT PANAMA CITY	**6012 MAGNOLIA BEACH ROAD PANAMA CITY, FL 32408**	

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

0000 - Initial Comments

On , 2015 a complaint investigation (CCR 2015005048) conducted at Provision Living at Panama City assisted living facility. There was deficient practice identified at the time of the visit.

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

Based on interviews and record reviews, the assisted living facility failed to update 3 of 4 resident's (Resident #1, #9, and #10) medication observation record (MOR) by documenting that the resident's medications were offered. Findings include:

1. A review of Resident #1's 2015 MOR revealed that on , 2015 the 8:00 AM medications 100 MG, Minocyclin 100 MG, Amlodopine- MG, and 160 MG lacked documentation indicating that the medications were offered to the resident.

2. A review of Resident #9's 2015 MOR revealed that on , 2015 the 8:00 AM medications CR 25 MG Tablet, Super , and Fish oil 1200 MG lacked documentation indicating that the medications were offered to the resident.

3. A review of Resident #10's 2015 revealed that on , 2015 the 8:00 AM medications , Tab-a-vite, D3, and Benazepil lacked documentation indicating that the medications were offered to the resident.

4. During an interview on , 2015 at 3:30 PM, Medication Technician B she confirmed that she provided Resident# 9 and Resident #10 with their medications on , 2015 at 8:00 AM. She reported that she felt very rushed in the mornings and it happens frequently that she is not able to sign the MOR's.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Provision Living At Panama City
6012 Magnolia Beach Road
Panama City, FL 32408

RE: CCR #2015005048

Dear Administrator:

This letter reports the findings of a state licensure 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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure
XG90

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