State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967442	A. Building B. Wing	6/10/2015

Name of Facility	Street Address, City, State, Zip Code
GOLD CHOICE ORMOND BEACH	1410 HAND AVENUE ORMOND BEACH, FL 32174

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed	ID Prefix A0085 Reg. # 58A-5.0191(6) FAC LSC	Correction Completed 06/10/2015
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: [signature]	Date: 6/17/15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	R
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOLD CHOICE ORMOND BEACH	1410 HAND AVENUE ORMOND BEACH, FL 32174	

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

0000 - Initial Comments

An unannounced licensure follow-up survey to the complaint survey CCR # 2015000932 was conducted on 10, 20105. Gold Choice Ormond Beach had deficiencies found at the time of the visit.

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

Based on staff interview and Medication Administration Record review, the facility failed to accurately record physician orders for 1 of 3 sampled residents. (Resident #1)

The findings include:

Record review of the labels on the medication cards in the medication cart for Resident #1 found a card containing 0.5 milligrams (MG) tablets with directions for use to give 1 or 2 tablets by mouth three times a day as needed. Observation of the card found each plastic container had one tablet of

Record review of the Medication Administration Record for Resident # 1 found the only orders for as needed 0.5 MG were to give 2 tablets by mouth as needed for three times a day.

Record review of the physician orders for Resident #1 found the orders for the were to give 1 or 2 tablets three times a day as needed. Review of the MAR found did not find any directions to give 1 tablet as needed During an interview on at 2:15 PM with the Administrator the findings were confirmed. She stated the facility converted to the new online medication record system and will need to make a change in the system so the nurses can log if one tablet is given.

Class III

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

Based on record review and staff interview, the facility failed to ensure medication for 1 of 3 sampled residents was labeled with directions for use. (Resident #1)

The findings include:

Record review of the labels of the medications in the medication cart for Resident #1 revealed a bottle of 10 milligram tablets was found with instructions on the label to "use as directed." There were no other labels or stickers on the bottle.

Record review for Resident #1 found a prescription dated for 10 milligrams tabs #55 "see

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SUMMARY STATEMENT OF DEFICIENCIES
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0056 Continued From page 1

instructions."

During an interview with the Administrator/Executive Director on at 1:43 PM she stated the order came from the hospital and it said "see instructions." She stated the facility obtained physician orders and put them in the computer medication administration record. She stated she did not have written orders with the new directions or telephone orders to provide.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Gold Choice Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

CCR #2015000932

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2015.

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 (904) 798-4201.

Sincerely,

a Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

BBT7

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com