AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967604	**06/18/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
GOOD HOPE OF PINELLAS	**7575 65TH WAY PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

Three unannounced complaint surveys, CCR# 2015003306, CCR# 2015003347, CCR# 2015003911, were conducted in conjunction with a revisit to CCR# 20150011971, on .

Good Hope of Pinellas, assisted living facility, had a deficiency at the time of the visit.

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

Based on interview and record review, the facility failed to ensure any changes in direction for use of a medication for which the facility is providing assistance with self-administration was accompanied by a written medication order issued and signed by the resident's health care provider and that new directions were promptly recorded in the resident's medications records for 1 out 4 (resident # 2) reviewed for medication observation.

Findings include:

A record review of the resident # 2 medication observation records on revealed current medications for 5 MG -325 mg ORAL tablet. Order reads, "take 1 tablet by mouth twice daily as needed for pain. " Documentation on resident #2 medication observation record for 2015 do not reflect current changes to orders dated for medications as per physician orders.

During an interview with staff C on at 1:23 P.M. Staff C confirms resident #2 was given new physician orders dated for medications such as 5 MG-325 MG ORAL tablet to be administered 5 MG -325 mg ORAL tablet, to be administrated 1 tablet by mouth twice daily as needed for pain. However, she confirms resident #2 was administered 5 MG -325 mg ORAL tablet three times daily on Staff C, confirms physician orders for 5 MG -325 mg ORAL tablet written on to be administered twice daily was not implemented until although the order was written for start date of .

During an interview with the facility administrator on 2:45 P.M. regarding current physician orders for resident #2 records. The administrator states he rarely had anything to do with the resident medication records or orders. The administrator states " I can't help you on that, sorry I don't handle that." The administrator could not provide any information or documentation at this time.

The facility provided evidence of medications orders dated for medications for 5 MG -325 mg ORAL tablet, order reads take 1 tablet by mouth twice daily as needed for pain.

A review of resident #2 current medication observation record revealed documentation that the resident was administered 5 MG -325 mg ORAL tablet three times a day on which did not reflect

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0056 Continued From page 1

current physician orders for 5 MG -325 mg which were signed and dated by resident medical physician on which reads " 5 MG -325 mg ORAL tablet, order reads take 1 tablet by mouth twice daily as needed for pain."

The facility could not provide any documentation of a current physician orders for medications for one/APAP 5 MG -325 mg ORAL tablet to reflect current medication observation records of administered medication of three times a day for 5 MG -325 mg ORAL tablet for dates through However, on the facility provided a medication order for mg order reads one tab my mouth three times a day. Order signed and dated by physician on No further documentation was provided at this time.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Good Hope of Pinellas
7575 65th Way
Pinellas Park, FL 33781

RE: Revisit & **CCR# 2015003306, 2015003347, & 2015003911**

Dear Administrator:

This letter reports the findings of a state licensure revisit survey and three complaint surveys that were conducted on : 18, 2015, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the uncorrected deficiency that was identified relative to the revisit and the deficiency 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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