STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910326	**06/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L'ARCHE HARBOR HOUSE, INC. III	**700 ARLINGTON ROAD JACKSONVILLE, FL 32211**	

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

0000 - Initial Comments

A biennial abbreviated licensure survey was conducted on . . . . . L'Arche Harbor House, Inc. III had Licensure deficiencies found at the time of the visit.

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

Based on record review and staff interview the facility failed to administer one medication to one resident (#4) out of five sampled residents.

The findings include:

Review of the Medication Observation Record (MOR) for Resident #4 dated through revealed the resident was to receive: n/Solution Albuter . Give 1 unit dose vial via . . . . . once daily. The MOR was initialed by staff on and . The back of the MOR had no explanation of why the resident did not receive the medication on the days that were not initialed. Photographic evidence was obtained.

Review of the Physician's Orders dated . . . . . revealed Resident #4 is ordered n/Solution Albuter . . . . . Give 1 unit dose vial via . . . . . once daily. The original start date was

Review of the MOR for Resident #4 dated through revealed the resident was to receive n/Solution Albuter . Give 1 unit dose vial via . . . . . once daily. The MOR was initialed by staff on and . (Photographic evidence taken).

Review of the MOR for Resident #4 for the months of 2015, 2015 and 2015 revealed the resident did not receive the medication every day as ordered. (Photographic evidence taken).

Interview with the facility manager on . . . . . at 10:50 am revealed she was unaware that Resident #4 was supposed to be getting a . . . . . treatment every day. She read the MOR and then read the physician's orders and stated "I didn't know she was supposed to be getting it every day. We can't give it to her-only a nurse can?" Then she stated that the nurse that works for the facility is not on site everyday and cannot give it to her everyday. She then telephoned the nurse and spoke to her briefly. When she hung up the phone she stated that the nurse told her she was not aware that the treatment was ordered for every day but she would call the physician to clarify the order.

Class III

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

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910326	**06/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
L'ARCHE HARBOR HOUSE, INC. III	**700 ARLINGTON ROAD JACKSONVILLE, FL 32211**	

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

0055 Continued From page 1

Based on record review, observation and staff interview, the facility failed to store medication in a secure location for one resident (#4) out of five sampled residents.

The findings include:

Review of the medication record for Resident #4 revealed the Physician's Orders dated for the month listed m/Solution Albuter , give 1 unit dose vial via once daily. Review of the Medication Observation Record for Resident #4 for the month of revealed the nurse had not initialed the MOR everyday. Observation of the back of the MOR revealed no explanation as to why.

Observation of the resident's the machine was stored in a box on top of an armoire where the resident's clothes were stored.

Interview with the facility manager on at 10:50 am revealed she was unaware that Resident #4 was supposed to be getting a treatment every day. She read the Medication Observation Record (MOR) and then read the physician's orders and stated "I didn't know she was supposed to be getting it every day. We can't give it to her-only a nurse can"

The facility manager then left the interview and returned a few minutes later with the box the machine was stored in. She started to unpack the box and removed a previously opened packet of ium/Sol Albuter vials. There were four vials left in the opened packet. The packet did not have a label on it from the pharmacy. The facility manager was asked where the label was for the opened packet of four vials. She again left the interview and returned a few minutes with a plastic bag with the appropriate label on it for ium/Sol Albuter The plastic bag contained several unopened packets of ium/Sol Albuter vials. She stated that the opened packet that had been stored with the machine should have been stored in the plastic bag that was labeled and stored in the locked drawer with the resident's other medications. She stated that the nurse stored the opened packet of vials in with the machine in the resident's

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
L'Arche Harbor House, Inc. III
700 Arlington Road
Jacksonville, FL 32211

Dear Administrator:

This letter reports the findings of a state abbreviated licensure 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. **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. Should you have any questions please call this office at .

Sincerely,

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

JD/JM/sm
Enclosure
XG90

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