STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911434	07/16/2015
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 BARRS STREET JACKSONVILLE, FL 32204	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015004583, was conducted on Autumn Village had deficiencies found at the time of the visit.

0054 Medication - Records

Based on medication pass observation, record review and staff interview, the facility failed to maintain an updated Medication Observation Record (MOR) for one resident (#2) out of 5 sampled residents.

The findings include:

During medication pass observation for Resident #2 on at 9:45 am the MOR dated 2015 through 2015 was compared to the label on the medication for 5mg tablet which read take 2 tablets by mouth every morning. The MOR had been transcribed by hand and was not a printed copy from the pharmacy. Review of the label revealed read: Tab 5mg. Substitute for Take 1 tablet by mouth every morning.

Interview with Employee A on at 9:55 am during medication pass revealed she was not aware that the MOR had a number 2 on the sheet for the She stated that she knows Resident #2 is only supposed to get one pill. She reviewed the label for the medication and stated, "The label is correct. I know he is only supposed to get one pill." Employee A popped one pill out of the medication card into the medication cup, and read the label on the medication card again. She stated that she will call to get clarification for this medication.

Review of the physician's orders for Resident #2 dated for the month of 2015 revealed the order read: Tab 5mg. Substitute for Take 1 tablet by mouth every morning.

Interview with Employee A, on at 11:15 am revealed she looked at the MOR again for this resident and stated that it was her handwriting on the MOR, and that she was the one that transcribed the MOR incorrectly. She stated she will write it correctly on the last page of the MOR and then put a note on the first page so it shows that it has been corrected. She stated she understood that by initialing the MOR every day she was, indeed, stating that she had given the resident 2 pills.
Class III

0056 Medication - Labeling and Orders

A-0056 Medication Labeling and Orders not being filled in a timely manner.

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	AL11911434	07/16/2015
NAME OF PROVIDER OR SUPPLIER **AUTUMN VILLAGE INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1103 BARRS STREET** **JACKSONVILLE, FL 32204**	

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

Based on medical record review and staff interview, the facility failed to ensure medication refills were made in a timely manner for one resident (#1) out of 5 sampled residents.
The findings include:
Review of the medical record for Resident #1 revealed the MOR dated through revealed it read: Sol 10mg/15 (Need to fill) Take 2 tablespoonsful (30ml) by mouth twice a day. On and the MOR revealed the resident did not receive this medication as ordered. The back of the MOR read "no stock on hand" and "waiting for delivery." Review of the MOR dated through revealed the resident did not receive on The back of the MOR indicated the facility did not have the medication in stock.
Interview with Employee A, and the Assistant Facility Manager on at 3:30pm revealed when the facility staff realizes a medication will be running out they order it as many as five days in advance of the medication running out. Employee A stated, she is responsible for ordering refills of medications. She was recently hired and cannot account for medication errors prior to her hire date, but she looked at Resident #1's MOR and physician's orders and stated that he was out of the for one day in and two days in She stated, sometimes it is the pharmacy not being willing to refill without payment and the residents don't have any extra money. She stated, sometimes it costs them $25.00 just to get a couple of days of medication to hold them over until their next prescription date for refill. The Administrator and her son joined the interview and stated that they try to pay for prescription refills out of their own pockets so that the residents have their medications every day, but sometimes they can't afford it because the medication might be very expensive. They all stated they understood that the facility is responsible for making sure the residents don't run out of medication.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and staff interview, the facility failed to ensure a safe living environment free of hazards for all 57 residents currently residing in the facility.

The findings include:

On WHILE ENTERING the facility through the front door, it swung back and hit three tanks stored behind the door. The tanks were not secured in any way. (Photo obtained)

An interview with the Assistant Facility Manager on at 10:35 am revealed she was unaware that the tanks were being stored behind the door in the living the main house of the facility. She stated the resident that was using no longer resides at the facility and she doesn't know why the provider has not come to pick them up yet. She stated they should be stored in a closet not out

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

in the open.

An interview with the Administrator and the Director of Operations on [redacted] at 11:50 am, revealed that they were both unaware of the [redacted] tanks being stored behind the front door in the living [redacted] the main house. They both indicated that the [redacted] tanks needed to be stored in a secure manner.

Class III

0160 Records - Facilitv

Based on record review and staff interview, the facility failed to maintain an up-to-date Admission and Discharge log.

The findings include:

Review of the facility Admission and Discharge log revealed no information regarding location of facility or home address where the residents were discharged.

Interview with the Administrator, the Director of Operations, the Assistant Facility Manager and Employee A on [redacted] at 4:15pm revealed they were unaware that the Admission and Discharge log needed to have this information on it.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Autumn Village, Inc.
1103 Barrs Street
Jacksonville, FL 32204

RE: CCR #2015004583

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 16, 2015 by representatives 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 attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 surveyors. Should you have any questions please call this office at .

Sincerely,

for Jana Meyering, QIDP
Health Facility Evaluator Supervisor

JD/JM/sm
Enclosure

XG90

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