STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910371	08/12/2015
NAME OF PROVIDER OR SUPPLIER **OAKBRIDGE TERRACE ASSISTED LIV**	STREET ADDRESS, CITY, STATE, ZIP CODE **23305 BLUE WATER CIRCLE BOCA RATON, FL 33433**	

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

0000 Initial Comments

An unannounced Biennial Abbreviated Relicensure survey was conducted on 8/11/15 and 8/12/15 at Oakbridge Terrace Assisted Living Residence at Edgewater Pointe Estates. The facility had deficiencies found at the time of the visit.

0054 Medication - Records

Based on observations, interviews and record review, the facility failed to ensure staff updated medication administration records (MAR's) after medication was administered, for 2 of 4 sampled Residents (#11 and #13).

The findings include:

Medication systems review was conducted on / and /, the following concerns were identified:

1. Observation of Employee E, a Licensed Practical Nurse, conducted / at 9:29 AM revealed she initialed doses of , , , and Tabavite to Resident #11 prior to actually administering them to the resident.

2. Observation of Employee E conducted / at 10:08 AM revealed she initialed a dose of -Evodopa to Resident #13 prior to actually administering them to the resident.

This was discussed with Employee E on / at 10:30 AM and with the Director of Resident Nursing, a Registered Nurse, on / at 11:00 AM.

Class III

0055 Medication - Storage and Disposal

Based on observations, interviews and record review, the facility failed to ensure staff did not leave medications unattended, resident medications were properly stored, and staff properly disposed of wasted medications for 3 of 7 sampled Residents (#11, 13 and 14).

The findings include:

Medication systems review was conducted on / and , the following concerns were

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identified:

1. Observation of Employee E, a Licensed Practical Nurse, conducted 8/11/15 at 9:29 AM revealed she pulled and handed doses of , , , , and Tabavite in a small paper cup to Resident #11 while the resident was sitting at a dining with two other residents, and left the medications with the resident unattended while she retrieved a cup of water for the resident to take the medications with. This was discussed with Employee E on / at 10:30 AM.

2. Review of Resident #13's AHCA Form 1823 (medical examination) dated / revealed she required assistance with self-administration of medications, her records also contained Health Care Provider (HCP) orders to self-administer eye drops and Refresh Optive eye drops. During an interview conducted / at 2:55 PM, Resident #13 stated she had medicine in her apartment and gave this writer permission to look in her . The following medications were observed in the cabinets: 3 milligrams (MG), relief 10 MG expired , Alegra 180 MG, 10 MG expired , 500 MG, Fleet Sof-Lax stool softener expired , Prunelax 15 MG, Papaya , expired / , 500 MG expired , suppressant, and expired . Further review of her records revealed no HCP orders allowing for self-administration of these medications. This was discussed with the Director of Resident Nursing, a Registered Nurse, on / at 3:10 PM and at 11:15 AM.

3. Review of Resident #14's most current AHCA Form 1823 (medical examination) revealed she required assistance with self-administration of medications. She also had HCP orders to self-administer numerous medications. During an interview conducted / 10:18 AM, Resident #14 stated she self-administered several medications and had them stored in a drawer in her apartment and gave this writer permission to look in the drawer to review the medications with the Director of Resident Nursing. The following medications were present but not listed on her medication administration record nor were there any HCP orders for these medications: Wobenzym, , Probiotic x4 and . This was discussed with the Director of Resident Nursing on at 1:05 PM.

4. Employee E was observed to prepare and administer for Resident #11 on / at 9:28 AM. She cut a 1 MG pill into quarters in order to obtain 0.25 MG of per the HCP order. After administering the medication to the resident, she stated she would now dispose of the remaining quarter-pill of in the medication . She further stated because the was not a , it was not necessary to document the disposal or have a witness to it's disposal. Review of the facility's written policy relating to disposal of medications included the following.

a. Facility should destroy non-controlled medications in the presence of a registered nurse and witnessed by one other staff member, in accordance with Facility policy or Applicable Law.

b. Facility should enter the following information on the drug destruction form when medications are destroyed: 6.1 Resident's name; 6.2 Name and strength of medication; 6.3 Prescription number; 6.4

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Amount of medication (dosage units) destroyed; 6.5 Date of destruction; 6.6 signature of witnesses; and, 6.7 Method of disposition, including donation as permitted by Applicable Law."

This was discussed with the Director of Resident Nursing, on / at 11:00 AM.

Class III

0056 Medication - Labeling and Orders

Based on interviews and record review, the facility failed to ensure medication orders taken by telephone by licensed nurses were signed by the Health Care Providers (HCP's) within ten working days for 2 of 7 sampled Residents (#14 and 16).

The findings include:

Medication systems review was conducted on / and / / , the following concerns were identified:

1. Review of Resident #16's records revealed a Physician Order Sheet (POS) for which the HCP signed for the resident's current medication orders on / . Further review revealed the following telephone orders taken by licensed nurses subsequent to that date that were not signed by the HCP:
a. / for 5 milligrams (MG) by mouth today and recheck /INR (laboratory test) in the morning
b. / for 5 MG one tablet by mouth today, recheck INR in the morning
c. 5 MG by mouth today and recheck /INR in the morning
d. / 5 MG by mouth daily, repeat /INR on Monday
e. / Hold 5 MG by mouth today, repeat /INR tomorrow /
f. / 2.5 MG on Monday/Wednesday/Friday, alternate with 5 MG on Tuesday/Thursday/Saturday/Sunday. Recheck /INR on Thursday

2. Review of Resident #14's records revealed a Physician Order Sheet (POS) for which the HCP signed for the resident's current medication orders on . Further review revealed a telephone order dated / for 2 MG take one by mouth four times daily "as needed" for loose stools which was taken by licensed nurses and was not yet signed by the HCP.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Oakbridge Terrace Assisted Liv
23305 Blue Water Circle
Boca Raton, FL 33433

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 by 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 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 representative. Should you have any questions please call this office at 561381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/sf
Enclosure

XG90

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