STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910565	08/17/2015
NAME OF PROVIDER OR SUPPLIER **LISENBY ON LAKE CAROLINE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1400 WEST ELEVENTH STREET** **PANAMA CITY, FL 32401**	

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

0000 Initial Comments

bienniel with ECC
An unannounced abbreviated biennial with specialty license for extended congregate care survey was conducted at Lisenby On Lake Caroline Assisted Living Facility on . At the time of survey there was deficient practice identified.

0053 Medication - Administration

Based on observation, record review and staff interview the staff failed to follow physician orders during medication administration for 1 of 5 sampled residents observed during medication pass. (#11)

The findings include:

An observation of medication pass with employee D (Licensed Practical Nurse) was conducted on at approximately 11:38 AM. Employee D was observed to administer Norco 7. mg 1tablet by mouth to resident #11. Resident #11 was not observed to request this medication.

Review of resident #11's record was conducted on . The record revealed a current physician order dated and renewed on for Norco 7. mg 1tablet by mouth three times per day as needed. The Medication Administration Record (MAR) for 2015 revealed the resident had received the Norco medication three times a day every day except for . There was no documentation that would indicate the resident requested the medication during the month of 2015.

An interview was conducted with employee D on at approximately 11:50 AM. Employee D confirmed resident #11 had not requested the Norco and that the MAR indicated the medication should be given as needed instead of three times per day routinely. An interview was conducted with the Director of Nursing (DON) on at approximately 3:30 PM. The DON confirmed the medication was ordered as needed and there was no documentation to indicate the resident had requested the medication.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lisenby On Lake Caroline
1400 West Eleventh Street
Panama City, FL 32401

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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 me at 850-412-4540.

Sincerely,

FOR Donah Heiberg, M.S.W.
Field Office Manager

DH/kc

Tallahassee Field Office
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