AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910846	09/03/2015
NAME OF PROVIDER OR SUPPLIER **DOGWOOD INN**	STREET ADDRESS, CITY, STATE, ZIP CODE **108 WAGNER ROAD** **BONIFAY, FL 32425**	

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

0000 Initial Comments

An unannounced Change of Ownership survey to include Limited Mental Health was conducted at Dogwood Inn Assisted Living Facility located in Bonifay, FL on 9/2- . Deficient practice was identified during the survey.

0052 Medication - Assistance with Self-Admin

Based on observation, record review, resident interviews and staff interviews the facility failed to follow the appropriate process in accordance with F.S. 429.256 for assistance with self-administration of medications for 4 of 5 sampled residents observed during the medication pass. (residents 6, 7, 9 and 10)

The findings include:

Observation of assistance with self-administration of medications was conducted on beginning at approximately 11:00 AM with employee A. Employee A was observed to assist resident #9 with her medications. Employee A removed the medication card from the storage cabinet, held the bubble pack card in front of resident #9 while resident #9 pressed the medication from the bubble pack into the cup provided by staff. The resident ingested the medication in front of employee A. Employee A did not read the label of the medication to the resident. At approximately 11:10 AM employee A assisted resident #6 with his medication by holding the bubble pack card in front of the resident while he pressed the medication into the cup provided by staff. Resident #6 ingested the medication in front of employee A. Employee A did not read the label of the medication to the resident. At approximately 11:12 AM employee A followed the same process with resident #10. Employee A did not read the label of the medication to resident #10. At approximately 11:13 AM employee A followed the same process again with resident #7 and did not read the label of the medication to resident #7.

Review of resident #6, 7, 9 and 10's records was conducted on . Resident #6's record revealed a health assessment (AHCA form 1823) signed by the physician dated // indicating the resident required assistance with self-administration of medications.

Resident #7's record revealed a health assessment (AHCA form 1823) signed by the physician dated // indicating the resident required assistance with self-administration of medications.

Resident #9's record revealed a health assessment (AHCA form 1823) signed by the nurse practitioner dated indicating the resident required assistance with self-administration of medications.

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Resident #10's record a health assessment (AHCA form 1823) signed by the physician dated / indicating the resident required assistance with self-administration of medications.

Resident #6,7, 8, and 9's record also contained a medication policy signed by the residents stating unlicensed trained staff could provide assistance with self-administration of medication as outlined in the regulations by:
1. Bring the medication to the resident
2. Read a prescription label and remove the prescribed amount of medication from the container
3. Place the medication in the resident's hand or in another container and helping the resident to lift it to their mouth.

An interview was conducted with employee A on at approximately 11:10 AM. She stated she had medication training last month. An interview was conducted with the facility owner on at approximately 11:45 AM. She stated staff are trained if the resident pushes the medication into the cup the staff do not have to read the label, but if the staff push the medication into the cup then they must read the label to the resident. She stated all of the pharmacist trainers are teaching the same.

An interview was conducted with resident #6 on at approximately 9:21 AM. He stated he does not always know what medications he is taking.

An interview was conducted with resident #10 on at approximately 11:10 AM. He stated he does not know what the pills are and the staff do not tell him what they are.

An interview was conducted with resident #7 on at approximately 9:20 AM. She stated she does not know what medications she is taking when she punches them out of the card.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Dogwood Inn
108 Wagner Road
Bonifay, FL 32425

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) and Limited Mental Health state licensure survey that was conducted on , 2015 and , 2015 by representative(s) 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

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

DH/kb

Enclosure XG90

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