STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967022	09/17/2015
NAME OF PROVIDER OR SUPPLIER **ALMARK HEALTH SERVICES #3**	STREET ADDRESS, CITY, STATE, ZIP CODE **4019 WENDY DRIVE** **ORLANDO, FL 32808**	

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

0000 Initial Comments

The abbreviated re-licensure survey including Limited Mental Health (LMH) was conducted on / . Almark Health Services #3 had deficiencies found at the time of the visit.

0054 Medication - Records

Based on Medication Observation Record (MOR) review, record review and interview, the facility failed to maintain accurate MORs for 2 of 2 sampled residents (#1 and #2).

Findings:

Review of the and and MORs for resident #1 and #2 revealed the following:

Resident #1
1. 5 mg 3 times daily-on / at 8 PM-left blank, at 6 AM and 2 PM on / was left blank and on 9/2 at 10 PM.
10 Milligrams (mg) 1 daily at 5 PM left blank / , 7/ 18 and / , 15 mg 1 at bed time left blank at 8 PM on 7/1, 7/2 and 7/3. Left blank at 5 PM on .
100 mg 1/2 daily left blank on , / and / ; at 8 AM on 9/3 through there were lines drawn through the spaces and was left blank on 9/2. 25 mg left blank at 8 AM on and ;
1000 mg 1 2x's daily at 8 AM on / and and at PM on and / -all had lines drawn through the spaces.
80 mg 1 at bedtime Lines were drawn through the spaces on / through and was left blank on .
The MOR for noted Wafarin Take 5 mg- 1/2 tab daily and Take 1 tablet on Weds, Thursday, Saturday and Sunday. The MOR was marked as given daily 5 mg every day.
The MOR for / noted Wafarin 1/2- (no milligram noted) on Monday and Friday was given on which was Saturday. The MOR for / also noted the Wafarin was to be given on Tuesday, Wednesday, Thursday, Saturday and Sunday 10 mg at 5 PM on 10 mg was marked as given and that was a Friday.
Review of the Medication bottle revealed it noted Wafarin 5 mg take one tablet by mouth every evening except take one-half tablet on Monday, Friday to prevent clots. The prescription label was dated / / .
Record review revealed an order dated / noted Wafarin 5 mg take one tablet by mouth every evening except take one-half tablet on Monday, Friday to prevent clots.

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Resident #2
2. 10 mg 1 twice daily at 8 AM and 5 PM on / was left blank. 1 at bed time had a line drawn through on through and was left blank on through /; Ramitidone take 1/2 tablet 75 mg at 8 AM and 5 PM had a line drawn through on / through /; 1 daily at 8 AM had a line drawn through the spaces on through /; one twice daily at 8 AM and 5 PM had a line drawn through on Through I at 5 PM and through / at 8 AM.
Divalporex 500 mg 1 twice daily-the spaces were left blank at 8 PM on 8/4 and 8/5;
10 mg 1 three times daily at 8 AM on 8/5 and 8/6 was left blank and also at 2 PM and 8 PM on 8/4, 8/5 and 8/6; 2 mg- 2 times daily on 8/6 at 8 AM and at 5 PM on 8/4 and 8/5 were left blank.

Further review of the MORs revealed there was no explanations as to why the spaces on the MORs were left blank or why there were lines drawn through some of the spaces where the staff were to initial when the resident's received their medications.

During an interview with the Assistant Administrator on at approximately 1:30 PM she reviewed the MORs and did not know why there were blank spaces. She stated the staff did not update the MOR when they gave medications and did not have the medications written correctly on the MOR.

During a telephone interview with Staff D on / at approximately 2:15 PM she stated on / she mistakenly wrote that the 1/2 milligrams of Wafarin was given on a Saturday when it was not. She gave only 5 mg. She stated she always gave the medications as ordered and that 5 mg of the Wafarin was given not 10 mg as the MOR for noted.

Class III

0056 Medication - Labeling and Orders

Based on Medication Observation Record (MOR) review and interview the facility had no documentation to determine that reasonable efforts were made to ensure that prescriptions were filled or refilled in a timely manner for 1 of 2 (#1) sampled residents who received assistance with self-administration of medications.

Findings:

During an interview with resident #1 on at approximately 9:30 AM he stated there were times he did not have his medications and he would not have them available at the facility.

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Review of the MOR for revealed that 100 mg 1/2 tablet daily at 8 AM on 9/3 through , there were lines drawn through the spaces and was left blank on 9/2. 1000 mg 1- 2 times daily at 8 AM on and / and at 8 PM on / and / -all had lines drawn through the spaces. There was no explanation on the MORs or in the record that noted why the medications were not marked as given.

During an Interview with the Assistant Administrator on / at approximately 11:45 PM she stated the , 100 mg and 1000 mg was not available at the facility, she explained the resident received his medications through the VA, she stated the staff did called for refills.

The facility staff called the Veterans Administration (VA) regarding the refill on / / at 12:30 PM. The staff placed the call on the speaker telephone, the pharmacy representative was heard stating there was no refill request made for the .
During an interview with the representative from the VA on at approximately 2:15 PM who was visiting Resident #1, she stated that the was on order, she stated that the staff had requested the refills about 2 weeks ago and she checked on it and they were waiting on the health care provider.

Further record review revealed that there was no documentation found in the record to confirm that the facility had made reasonable efforts to contact health care provider regarding the resident not having his medications nor was their documentation of the outcome or response from the health care provider.

Class III

0078 Staffing Standards - Staff

Based on personnel record review and interview the facility failed to ensure that 1 of 3 staff (C) had an annual statement from their health care provider documenting freedom from ( ).

Findings:

Personnel record review for staff C revealed the last documentation to confirm she was free from was a chest x-ray that was dated / . Evidence of a negative examination was due on .

During an interview with the Assistant Administrator on at approximately 2:45 PM, she stated she had the documentation at the main office, she was given the opportunity to send it via email it to the agency.

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During a telephone interview with the Assistant administrator on / / at approximately 9:30 AM, she stated that Staff C did not have the annual examination.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on personnel record review, observations and interview the facility failed to ensure that 1 of 3 sampled unlicensed staff (C), who provided assistance with the resident's medications received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF).

Findings:

During a telephone interview with Staff C on at approximately 1:15 PM, she stated she assisted the residents with their medication.

Personnel record review for Staff B, revealed there was no documentation to confirm she had received 2 hours of continuing education training each year in providing assistance with self-administered medications and safe medication practices in an Assisted Living Facility (ALF). The 4 hour Medication Training was received on / .

During an interview with the Assistant Administrator on at approximately 2:45 PM, She stated Staff C did provide assistance with the resident's medications and she confirmed there was no documentation in her record for the 2 hour update. She stated she thought she had received the 2 hours of continuing education.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Almark Health Services #3
4019 Wendy Drive
Orlando, FL 32808

RE: Relicensure w/LMH

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 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(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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