STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910711	**09/25/2015**
NAME OF PROVIDER OR SUPPLIER **MIDTOWN MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **2001 POLK STREET HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2015006413, was conducted on 9/23/2015, 9/24/2015 and 9/25/2015 at Midtown Manor. The facility had deficiencies found at the time of the visit.

0056 Medication - Labeling and Orders

Based on observation, interview and record review, the facility failed to ensure prescriptions are refilled in a timely manner and maintain an accurate Medication Observation Record (MOR) for a resident (Resident # 1) in which the facility's staff provided assistance with self-administered medications, for 1 out 3 sampled residents observed during the medication pass.
The findings include:
a) On , a record review of Resident # 1 found an admission date of . Resident # 1 has a diagnosis of - and controlled . Resident # 1 requires assistance with self- administration of medication.

A review of Resident # 1's Physician orders dated for revealed an order for Sildenafil 20 mg 1 tablet by mouth three times a day. A review of Resident # 1's Medication Observation Records (MOR) for the month of 2015 and 2015 revealed that the medication is scheduled to be given at 8 am, 12 PM, and 5 PM. Further observations and record review on at 12 PM during assistance with self- administration of medications revealed Resident # 1 was not given her medication Sildenafil 20 mg at 12 noon as indicated on the MOR and the physician order (Copy obtained).

On at 12pm, a record review of the Resident # 1's MOR revealed the Medication Technician's (Staff B) signature indicating that he gave Resident # 1 the medication Sildenfil 20 mg every day at 8 am and 12 PM from / through and every day at 12 PM from / / through (copy obtained). In an interview with Staff B on at 12 PM, he stated he assists residents with self - administration of medications in the mornings and afternoons. Staff B revealed that he has been signing the MOR for Resident # 1's medication Sildenafil 20 mg at 8 am and 12 PM, but the medication has not been available since / / . Staff stated he has not contacted the pharmacy to refill the medication Sildenfil 20 mg. During the interview on at 12 PM with Staff B, he was asked, "Why were you signing Resident # 1's MOR for the medication Sildenfil 20 mg as given?" Staff B stated, "Oh, I forgot." Further observations on at 12 PM revealed Staff B did not review Resident # 1's MOR before assisting Resident # 1 with her medications.

b) Further review of Resident # 1' MOR found a physician order dated for / for 325 mg, 1 tablet twice a day. The physician's order revealed the medication 325 mg scheduled to be given at 8 am and 5pm (Copy Obtained). On , observations at 11:50 am

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revealed Staff B unlocked the medication cart and obtained the medication " 325 mg". A review of Resident # 1's prescription label for 325 mg states 12 pm. Record review revealed a discrepancy in the medication times documented on Resident # 1's prescription label and MOR for the month of , 2015 indicates " 325 mg twice a day at 8 am and 5pm" (copy obtained).

In an interview on , Staff B revealed he has been giving Resident # 1 the medication 325 mg at 12 pm every day because that is time stated on the medication label. Staff B revealed that Resident # 1 is given the medication 325 mg every day at 12 PM only. Staff B acknowledged the error of not reviewing Resident # 1's MOR to ensure accuracy of scheduled medication times.

In an interview with Resident # 1 on at 12:35 PM, Resident # 1 was unable to state the names of the medications she has been taking. Resident # 1 stated she thinks staff gives her the same medications each day, but she has never asked about them.

On at 12:45 PM, an interview was conducted with the Administrator, the Assisted Living Facility Manager, and Staff B. The Administrator stated Staff B is responsible for accurately documenting the MORs during assistance with medication administration and calling the pharmacy to ensure that prescriptions are refilled and received in a timely manner. During the interview, Staff B stated he does not document the days and times that he contacts that pharmacy for prescription refills or corrections. Staff B stated he did not contact the pharmacy for clarification of scheduled medication times for Resident # 1's 325 mg. Staff B stated he did not ensure that Resident # 1's medication Sidenfil 20 mg was refilled and Staff B stated he could not recall the last time Resident # 1 ' s medication Sidenfil 20 mg was refilled and the information has not been documented.

At 12:50 PM, Staff B and the Administrator acknowledged the error accurately documenting Resident # 1's MOR, not contacting Resident # 1's pharmacist or physician for clarification of medication times or refills and staff not reviewing Resident # 1's MOR prior to assistance with self - administration of medication. At 12:50 PM, they stated no further information is available.

Class III

0084 Trainina - Assis Self-Admin Meds & Med Mamt

Based on record review, observations and interview, the facility failed to ensure that 1 out of 2 staff members (Staff B) received the annual 2 hour update training on Assistance with Self-Administered Medication and Medication Management.

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The Findings Include:

A record review of the Staff B's personnel file on 9/23/2015 revealed a hire date of 11/4/2013 as a Medication Technician. On at 12 PM, Staff B was observed assisting residents with self-administration of medications.

Further review of Staff B's file found his initial 4 hour training on Assistance with Self-Administered Medication and Medication Management completed on and a 2 hour update in Medication training completed on . Record review found no documentation of a current annual 2 hour update in medication training since .

During an interview conducted on at 3 PM, the Administrator acknowledged the finding and stated no further information was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Midtown Manor
2001 Polk Street
Hollywood, FL 33020

RE: CCR #2015006413

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2015 through , 2015 by a 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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure
XG90

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