STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965339	10/22/2015
NAME OF PROVIDER OR SUPPLIER **COURTYARD GARDENS OF JUPITER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1790 INDIAN CREEK DRIVE WEST** **JUPITER, FL 33458**	

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

0000 Initial Comments

On 21, 2015 through 22, 2015 a abbreviated relicensure survey was conducted at Courtyard Gardens of Jupiter. The facility had deficient practice found at the time of the visit.

0056 Medication - Labeling and Orders

Based on observations, interviews and record review, the facility failed to ensure unlicensed staff who assisted residents with self-administration of medications had medication-specific written Health Care Provider (HCP) orders to crush those medications, for 3 of 3 sampled Residents (#20, 21 and 22). This had the potential to effect the 14 residents who may need medications crushed to facilitate taking their medications.

The findings include:

Review of the facility's medication systems was conducted on / and . The following concerns were identified:

1. Review of Resident #20's records showed a written HCP order dated that read, " crush all crushable meds if resident unable to swallow meds whole". A written HCP order dated that read, " 20 [milligrams (MG) one tablet by mouth] daily". The resident's 2015 medication observation record (MOR) included an entry that read, " DR 20 MG *DNC* [do not crush] cap one capsule by mouth once daily". Review of his 2015 MOR documented unlicensed staff assisted him with self-administration of this medication. Further record review showed no written HCP order (with exact parameters) that this medication should not be crushed.

2. Review of Resident #22's records showed a written HCP order dated that read, " crush all crushable meds if resident unable to swallow meds whole ...". Review of her 2015 MOR documented unlicensed staff assisted her with self-administration of medications. Further record review revealed no written HCP order (with exact parameters) that the following medications should be crushed: and D3.

3. Review of Resident #21's records revealed a written HCP order dated that read, " crush all crushable meds if resident unable to swallow ...". Review of her 2015 documented unlicensed staff assisted her with self-administration of medications. Further record review showed no written HCP order (with exact parameters)that the following medications should be crushed: -S, and

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SUMMARY STATEMENT OF DEFICIENCIES
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During medication observation conducted 10/21/15 at 12:12 PM for Resident #8, Employee G, an unlicensed staff member who assists residents with self-administration of medications was asked what an acronym that appeared on his MOR, "DNC", meant. She stated she did not know. In an interview conducted [redacted] at 11:55 AM, Employee F, an unlicensed staff member who assists residents with self-administration of medications stated she crushed medications for Resident #22.

In an interview conducted [redacted] at 10:55 AM, the facility's Director of Nursing (DON) confirmed unlicensed staff assist residents by crushing medications as needed. She stated she believed the pharmacy added the Do Not Crush to the orders to the MORs. She acknowledged that the acronym could be confusing for unlicensed staff and should be spelled out. She further acknowledged the requirement for unlicensed staff to follow written HCP orders and that instructions for medications can only be changed with a written HCP order. This was discussed with the facility's Administrator on [redacted] at 12:10 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Courtyard Gardens of Jupiter
1790 Indian Creek Drive West
Jupiter, FL 33458

Dear Administrator:

This letter reports the findings of an abbreviated state licensure survey that was conducted on , 2015 by a 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 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 e-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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