STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967471	**11/12/2015**
NAME OF PROVIDER OR SUPPLIER **HYDE PARK ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3011 WEST DE LEON STREET** **TAMPA, FL 33609**	

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

0000 Initial Comments

Assisted Living Facility Complaint

Two complaint investigation (CCR# 2015009088 and CCR# 2015009126) were conducted at Hyde Park Assisted Living on / / . Hyde Park Assisted Living had deficiencies at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on interviews, observations, and record reviews, the facility failed to document in the file that when a resident is away from the facility his medications have been provided to him. (Resident #9).

Findings include:

On / / , the medication administration record for Resident #9 was reviewed with Staff B at 9:30 A.M. The 8:00 A.M. and noon medications were documented as given. When asked why the noon medications were already documented as given, Staff B stated that the resident went out of the facility and took them with him in a pill organizer. There was no documentation in the file or on the Medication Administration Record (MOR) that this was the reason for the noon medications already being given.

When asked what the facility policy is related to documenting that medications are given to a resident when they are away from the facility, Staff B did not know. Staff A was interviewed at 10:30 A.M. and stated that the policy is to document as given with the reason why on the reverse side of the MOR. The policy was not provided to the surveyor.

Class III

0054 Medication - Records

Based on interviews, observations and record reviews, the facility failed to update the medication administration record (MOR) each time the resident is offered his medications for 4 of 6 residents whose medications were reviewed. (Resident #1, 2, 3 and 8)

Findings include:

The MOR was reviewed with Staff B for Resident #1 at 12:30 P.M.. All of Resident #1's 8:00 A.M. medications were not given on / / . The reverse side of the MOR stated, "Resident refused

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medications" with no times and no further explanation. The resident takes and his sugars are supposed to be monitored. Staff B states That Resident #1 sometimes doesn ' t come for breakfast or refuses. Staff B also stated that Resident #1 does his own sugar monitoring and keeps track. When asked how the staff determined the amount of the dosage to be given she did not know. There are no parameters listed on the MOR to explain what dose to give based on the results of the sugar monitoring's/numbers.

Resident #1 appeared at the medication cart to receive his noon medications. He was waiting for his meter to take his sugar readings but Staff B could not find it. Staff B found a meter in the office and proceeded to give it to Resident #1 who stated "that's not mine". Staff A proceeded to the office and found Resident #1's meter. Staff A stated the meter should have been on the medication cart.

Resident #1's sugar reading was. 418. Staff B was ready to give the resident his to administer himself. The resident said he should not take his . Staff A stated that they should recheck his sugars in 1 hour.

The MOR does not list any parameters for sliding scale sugars. The discharge orders from the resident's most recent hospitalization on / do contain the parameters that say to call the physician if above 400.

The resident and the staff could not provide a log of the resident's sugar monitoring readings.
The reverse side of the MOR contained sporadic readings with amounts on / showing 401 and on 10/8 showing 431. There was no evidence that the physician was notified.

Resident #2's MOR was reviewed with Staff B at 9:30 A.M. on / / . The resident's 8 A.M. medications were not documented as given. Staff B stated that Resident #2 came to breakfast, ate, and left and did not get his medications. When asked if she had gone to his advise him that he needed to take his medications, she stated no, she thought he left the facility. There was no documentation in the MOR to state why the resident's A.M. medications were not given.

Resident #2 was observed in the dining ' approximately 12:45 P.M. drinking water. Staff B was asked if he had ever received his medications, she stated that he had gotten them around 11:00 or 11:30 P.M.

Interview with Resident #2 at 2:15 P.M. revealed that he had actually gotten his medications upon his return to the facility at 12:30 P.M.

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The MOR for Resident #3 was reviewed for the month of _____ 2015. She was in the hospital, according to facility documentation from 10/3- . Her medications were documented as given on those days. Staff A could not explain how that could be.

A review of the MOR for Resident #8 revealed that none of her 8:00 P.M. medications were given on / . There was no documentation in the MOR or the resident record to explain why.

Class III

0056 Medication - Labeling and Orders

Based on interviews, observations and record reviews, the facility failed to ensure that resident medications are refilled in a timely manner for 1 of 6 residents (Resident #10).

Findings include:

Staff B was observed assisting with self administration of medications for Resident #10 at 12:30 P.M. Staff B completed the medication assistance with Resident #10 and started to proceed to the next person. The surveyor pointed out that the resident was supposed to get voltaren 1% , 2 GM to be applied to both knees four times a day according to the MOR. Staff B looked through the medication cart and could not find the medication. She then went to office to look. She returned and stated that it appeared that none was available. When asked what happened during the 8 :00 A.M. medication pass she said he didn't get it then either. There was no evidence that the pharmacy or physician was called in order to refill this prescription.

Class III

0165 Risk Mgmt & QA: Adverse Incident Report

Based on interview and record reviews, the facility failed to submit a 1 day adverse incident report to the state agency as required.

Findings include:

It was reported to the surveyor on the day of the survey that Resident #4 has been missing since either / or / / . Interviews with Staff A and Staff B revealed that the staff is not quite sure as to when the resident left the facility. A missing person report was made to the police on / and as of / / there is no information as to his whereabouts.

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The resident was admitted to the facility on / from a hospital. He has diagnoses of , , , and Chronic Mental Illness and requires assistance with self-administration of medications. According to Staff A, the resident has a history of leaving facilities that he is admitted to and not returning.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Hyde Park Assisted Living Facility
3011 West De Leon Street
Tampa, FL 33609

RE: CCR# 2015009088 & CCR# 2015009126

Dear Administrator:

This letter reports the findings of two complaint surveys that were 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.

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Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid ufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547