STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963853	11/17/2015
NAME OF PROVIDER OR SUPPLIER **EVERGREEN MANOR RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3297 S.R. 580** **SAFETY HARBOR, FL 34695**	

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

0000 Initial Comments

Assisted Living Facility Complaint

Two complaint investigations (CCR# 2015009144 and CCR# 2015011232) were conducted at Evergreen Manor Retirement Home on / / in conjunction with a revisit. Evergreen Manor Retirement Home, Assisted Living Facility, had deficiencies at the time of the investigation.

0008 Admissions - Health Assessment

Based on interview and record review, the facility failed to show proof of a medical examination, documented on AHCA Form 1823, completed within 60 days before or 30 days after admission to the facility, with a physician ' s statement indicating whether the individual ' s needs can be met in an assisted living facility, for 1 (Resident #3) of 4 records reviewed.

Findings included:

A record review was conducted on / /. A review of the facility ' s admission/discharge log shows that Resident #3 was admitted to the facility on / and discharged on / /.

A review of Resident #3 ' s record showed an absence of a required AHCA Form 1823, utilized to determine if the individual is appropriate for residency in the assisted living facility and what care is required.

An interview was conducted with the administrator at 3:00 PM on / /. The administrator was asked for Resident #3 ' s AHCA Form 1823 and she stated that it was not in the facility.

Class III

0025 Resident Care - Supervision

Based on interview and record review, the facility failed to show written proof of care and services provided, appropriate to the needs of residents accepted for admission, for 2 (Resident #1 and #3) of 4 records reviewed.

Findings included:

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An interview was conducted with the administrator on / . The administrator indicated that Resident #1 had a while residing at the facility.

Resident #1 ' s record was reviewed on / . Resident #1 ' s record showed no incident report or other notations documenting a , what steps were taken to assist the resident or what interventions were put in place to reduce possible occurrences of future .

A review of Resident #3 ' s record was conducted on / . The record revealed that only a demographic form with basic personal information was available. The record did not include the required AHCA Form 1823, signed by a health care provider. AHCA Form 1823 is utilized to determine if the individual is appropriate for residency in the assisted living facility and what care is required.

The administrator was interviewed and asked for a copy of Resident #1 ' s incident report documenting his and a copy of Resident #3 ' s AHCA Form 1823. The administrator stated that the 2 documents were not in the facility.

Class III

0054 Medication - Records

Based on interview and record review, the facility failed to appropriately maintain medication observation records (MORs) showing that daily assistance with self-administration occurred and document reasons for missed dosages for 2 (Resident #1 and #4) of 2 records reviewed.

Findings included:

A review of MORs was conducted on / .

According to the facility ' s Admission/Discharge Register, Resident #1 was admitted to the facility on . The MORs for Resident #1 for the month of 2015 showed the following medications:

1. Tab 10 MG- Take 1 tablet by mouth once daily (high)
2. Tab 10 MG- Take 1 tablet by mouth twice daily for muscle spasms. Hold for sedation.
3. Tab 75 MG- Take 1 tablet daily by mouth once daily ( )
4. Tab 10 Mg- Take ½ tablet by mouth once daily > 6 days then 1 tablet once daily thereafter for with
5. Cap 300 MG- Take 1 capsule by mouth every 8 hours (6AM, 2PM, 10PM) (Nerve Pain)
6. Hydroco/ Tab 5-352 MG- Take 1 tablet by mouth every 12 hours for pain **White, Oval V/3604

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SUMMARY STATEMENT OF DEFICIENCIES
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7. SOL 0.005%- Instill 1 drop in each eye every night at bedtime (Pressure)
8. Cap 0.4 MG- Take 1 capsule by mouth every 12 hours (Improve)
9. MAL SOL 0.25% OP- Instill 1 drop in each eye twice daily (Pressure)
10. Tab 100 MG- Take 1 tablet by mouth every night at bedtime ( )
11. Tab 1 MG- Take ½ tablet (0.5 MG) by mouth at 5PM every other day with 3 MG to total 3.5 MG ( )
12. Tab 3 MG- Take 1 tablet by mouth once daily at 5PM ( )
13. Neb 0.083%- Use 1 vial via every 6 hours as needed for / for 10 days
14. Tab 0.5 MG- Take 1 tablet by mouth every 8 hours as needed for

The MORs showed no indication that any of the medications were taken from / through . Additionally, there was no indication that medication #11 (Tab 1 MG) was taken on / .

A review of the Exceptions sheet for Resident #1 ' s MORs for 2015 showed no explanation as to why the medications were not taken.

A review of the MORs for Resident #1 for the month of 2015 showed the following medications:

1. Escitaloptam Tab 10 MG- Take 1 tablet by mouth once daily for
2. Cap 300 MG- Take 1 capsule by mouth every 8 hours (6AM, 2PM, 10PM) (Nerve Pain)
3. Hydroco/ Tab 5-352 MG- Take 1 tablet by mouth every 12 hours for pain **White, Oval V/36043.
4. SOL 0.005%- Instill 1 drop in each eye every night at bedtime (Pressure)
8. Cap 0.4 MG- Take 1 capsule by mouth every 12 hours (Improve)
9. MAL SOL 0.25% OP- Instill 1 drop in each eye twice daily (Pressure)
10. Tab 100 MG- Take 1 tablet by mouth every night at bedtime ( )
11. Tab 1 MG- Take ½ tablet (0.5 MG) by mouth at 5PM every other day with 3 MG to total 3.5 MG ( )
12. Tab 3 MG- Take 1 tablet by mouth once daily at 5PM ( )
13. Neb 0.083%- Use 1 vial via every 6 hours as needed for / for 10 days
14. Tab 0.5 MG- Take 1 tablet by mouth every 8 hours as needed for

The MORs showed that medication #2 (Cap 300 MG) had no notation for the 2PM dosage on or the 10PM dosage on . A review of the Exceptions sheet for Resident #1 ' s MORs

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for 2015 showed no explanation as to why the medication was not taken on those dates.

A review of the MORs for Resident #4 for the month of 2015 showed the following medications:

1. 325 MG Tab- Take 2 tablets (650 MG) by mouth three times daily for pain
2. Tears SOL- Instill 1 drop in both eyes every 6 hours while awake (8AM, 2PM, 8PM) for dry eyes
3. Tab 15 MG- Take 1 tablet by mouth at bedtime for .
4. Tab 0.5 MG- Take 1 tablet by mouth three times daily for .
5. Tab 150 MG- Take 1 tablet by mouth every night at bedtime for sleep.

The MORs for Resident #4 showed that medication #2 (Tears SOL) was not taken on / at 2PM or at 2PM. The Exceptions sheet showed no explanation as to why the medications were not taken.

A review of the MORs for Resident #4 for the month of 2015 showed the following medications:

1. 325 MG Tab- Take 2 tablets (650 MG) by mouth three times daily for pain
2. Blink Tears DRO 0.25% OP- Instill 1 drop in both eyes three times daily until further notice for dry eyes.
3. OIN 0.3% OP- Apply ¼ inch strip inside lower eyelids at bedtime until further notice for
4. Tab 15 MG- Take 1 tablet by mouth at bedtime for .
5. Tab 50 MG- Take 1 tablet by mouth every night at bedtime for
6. Tab 0.5 MG- Take 1 tablet by mouth three times daily for .
7. Tab 150 MG- Take 1 tablet by mouth at bedtime for sleep.

The MORs for Resident #4 for the month of 2015 showed missed dosages as follows:
- Medication #2 (Blink Tears DRO 0.25% OP) missed on / at 8PM, / at 8PM, and at 8PM.
- Medication #3 (OIN 0.3% OP) missed on / at 8PM, / at 8PM and / at 8PM.
- Medication #4 (Tab 15 MG) missed on / at 8PM, / at 8PM and / / at 8PM.
- Medication #5 (Tab 50 MG) missed on / at 8PM, / / at 8PM and / at 8PM.
- Medication #6 (Tab 0.5 MG) missed on / at 5PM.

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· Medication #7 (Tab 150 MG) missed on / at 8PM, / / at 8PM, and / / at 8PM.

Interviews were conducted with the administrator concerning the lack of documentation of missed dosages on Resident #1 ' s and Resident #4 ' s MORs. The administrator stated that she was unable to find additional documentation for Resident #1 ' s MORS for 2015 when the facility transitioned to an electronic MORs system (E-MORs). The administrator stated that she was unable to provide additional documentation for Resident #1 ' s and Resident #4 ' s MORS. She stated that she was dissatisfied with the E-MORs and was going to go back to a handwritten system.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Evergreen Manor Retirement Home
3297 S.R. 580
Safety Harbor, FL 34695

RE: Revisit & **CCR# 2015009144** & **2015011232**

Dear Administrator:

This letter reports the findings of a state licensure survey revisit and a complaint survey that were conducted on , 2015, by representative(s) of this office.

Attached are the provider's copy of the Revisit Report, which indicates the deficiency was corrected relative to the revisit, and the State (5000-3547) Form, which indicates the deficiencies that were identified relative to the complaint survey. 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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 Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 5000-3547