STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910473	11/23/2015
NAME OF PROVIDER OR SUPPLIER FOREST GLEN LODGES, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 7435 PLATHE ROAD NEW PORT RICHEY, FL 34653	

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

0000 Initial Comments

Assisted Living Facility

An unannounced Complaint survey (CCR#2015010023) was conducted at the facility on /

The Forest Glen Lodges Inc., Assisted Living Facility, had deficiencies at the time of this visit.

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review, the facility failed to provide assistance with self-administered medications in accordance with procedures described in Section 429.256, F.S. The facility failed to follow physician orders for 7 of 7 residents observed and failed to provide 7 of 7 residents with assistance with self-administration of medications.

Findings included:
On /../ beginning at 11:00 am., AHCA Surveyor observed Staff A providing medications for 7 residents (Residents #2, 3, 4, 5, 6, 7, & 9) of the facility ' s in-house census of 59 residents. Per record reviews physicians indicated on all 7 Resident Health Assessments the need for the facility to provide these residents assistance with self-administered medications. Surveyor observations of medication provision on / included the following:
Surveyor observed Staff A provide Resident #2's 12pm medications: Staff A popped 2 medications from a pack into a cup, filled another cup with water from a drinking fountain, handed cup to resident and stated: "Here's your meds." Staff A did not inform Resident #2 of the medication that was being provided.
Surveyor observed Staff A provide Resident #3 ' s 12 p.m. medication: Staff A removed container from med cart, poured meds into her bare hand to find 1/2 tab, then poured meds back into container, put 1/2 tab into small cup with pudding, brought the cup to Resident #3, and spooned the mixture into the resident's mouth. Staff A administered the medication; Staff A did not provide Resident #3 with assistance with self-administration of medication.
Surveyor observed Staff A provide Resident #4's 12 p.m. medications: Staff A opened a pack, poured 2 pills into a crusher, crushed the pills, mixed the pills with pudding, brought cup to Resident #4, and spooned the mixture into the resident's mouth. Staff A administered the medication; Staff A did not provide Resident #4 with assistance with self-administration of medication. Also, per review of physician's orders, there was no crush order for the medication.
Surveyor observed Staff A provide Resident #5's 12 p.m. medication: Staff A retrieved medication pack and emptied 100mg capsule contents with bare hands into small cup of pudding & mixed together. Staff A stated that another med tech told her to do it that way. Staff A brought the cup

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910473	11/23/2015
NAME OF PROVIDER OR SUPPLIER **FOREST GLEN LODGES, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7435 PLATHE ROAD** **NEW PORT RICHEY, FL 34653**	

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

with the medication and pudding mixture to Resident #5 and spooned the mixture into the resident's mouth. Staff A administered the medication; Staff A did not provide Resident #5 with assistance with self-administration of medication. Per review of physician ' s orders, there was no order to empty the capsule and/or to mix medications with pudding. Also, Staff A did not follow proper hygiene when handling medication with bare hands.

Surveyor observed Staff A prepare Resident #9's 12 p.m. medications: Staff A retrieved medication pack containing 3 medications, mixed 2 medications in pudding, and stated: "Sometimes I crush all 3 and pour into liquid because I'm more concerned that she takes the pain med than the iron pill." Per interview with Staff A on / at 11:20 a.m, Staff A is an unlicensed Resident Aide trained to provide assistance with self-administration of medication.

Surveyor observed Staff A provide Resident #6 ' s 12 p.m. medication: Staff A retrieved medication pack, popped medication from pack into a cup, mixed in pudding, brought the cup to Resident #6 and spooned into resident's mouth. Staff A did not provide Resident #6 with assistance with self-administration of medication.

On / at 11:30.a.m Surveyor observed Staff A provide Resident #7 with medication. Per review of Resident #7's Medication Observation Record, Resident #7 is prescribed 1mg capsule with physician orders to Take 1 capsule by mouth every 8 hours at 6 a.m, 2 p.m, and 10 p.m.. Staff A asked Resident #7 if the resident was ready for medicine; when Resident #7 nodded yes, Staff A gave med cup & water to resident & observed resident swallow. Staff A did not inform Resident #7 of what medication was being provided. The medication is scheduled for 2pm and was provided at 11:30am. Per further review of Resident #7 ' s Medication Observation Record, Staff B circled this medication as not provided at 10pm on / / - " Exceptions: / @ 8:39 pm.; Resident Refused. " The medication was not offered at the correct time, and there was no indication of attempts to offer this medication scheduled at 10pm within the available window.

On / at approximately 2:00 p.m., Surveyor discussed medication observations and findings with the facility Administrator. The Administrator acknowledged problems with medications and stated she hired a Registered Nurse two weeks ago to review all resident medications, train new staff, and ensure all residents have medications as prescribed. Per Surveyor observations and interviews throughout the day of / , the newly hired nurse is in process of medication reviews, physician contacts, and ordering prescribed medications.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Forest Glen Lodges, Inc.
7435 Plathe Road
New Port Richey, FL 34653

RE: CCR #2015010023

Dear Administrator:

This letter reports the findings of a complaint 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 **Paul Brown**, HFES at (727) 552-2000.

Sincerely,

For Patricia Reid Cauffman
Field Office Manager

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