AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911436	A. Building B. Wing	11/13/2015

Name of Facility	Street Address, City, State, Zip Code
WOODLAND TOWERS	113 CHIPOLA AVENUE DELAND, FL 32720

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0052 Reg. # 58A-5.0185 (3) LSC		ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC		ID Prefix A0093 Reg. # 58A-5.020(2) FAC LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor: Rob Dukes	Date: 12-4-15
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:		✓	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	(YES) NO

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911436	R / /
NAME OF PROVIDER OR SUPPLIER **WOODLAND TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **113 CHIPOLA AVENUE** **DELAND, FL 32720**	

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

0000 Initial Comments

A follow-up visit to a biennia survey was conducted at Woodland Towers Assisted Living on / / . Woodland Towers Assisted Living had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and staff interview the facility failed to obtain an accurate Health Assessment Form (1823) for 3 Residents (Resident # 5, Resident #6 and Resident #8) out of 3 residents charts that were reviewed.

The findings Include:

1) A record review was conducted for Resident #5 and it revealed a date of Admission of . A 1823 form signed by the physician and dated and reveals the physician did not list what type of medication assistance Resident #5 requires.

An interview with the Assistant Director of Nursing on / at 9:45 AM confirms the 1823 did not list the type of assistance Resident #5 required for medications.

An interview with the Director of Nursing (DON) on / at 9:47 AM and confirmed the type of assistance needed for Medications for Resident #5 was not marked.

2) A record review was conducted for Resident #6 and it revealed a date of admission of . A 1823 form is signed by the physician and dated but does not list what type of medication assistance Resident #6 requires.(photographic evidence obtained).

An interview with the DON on / at 10:45 Am confirms Resident #6 receives assistance with medication from the facility and the 1823 did not list what type of medication assistance the resident required. She stated " The ADON was responsible this it was her job to make sure that was done".

3) A record review was conducted for Resident #8 and it revealed an admission date . A

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911436	R / /

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAND TOWERS	**113 CHIPOLA AVENUE DELAND, FL 32720**

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

Florida Health Assessment Form (1823) signed by the physician but not dated and page 4 is missing from the 1823 which identifies the type of assistance the resident required for medications. Upon further review the Physician listed under nursing services on page 1 it reads " Medication Administration". (photographic evidence obtained)

An interview conducted with the Director of Nursing on / at 12:14 PM confirmed page 4 was missing from the 1823 for Resident #8 and the physician did not date when the form was completed. In addition the DON confirmed Resident #8 receives assistance with medications and not medication administration. (photographic evidence obtained)

A review was conducted of the Medication Observation record for Resident #8 and it revealed the facility staff are assisting the resident with her medications. (photographic evidence obtained)

CLASS III

0053 Medication - Administration

Based on record review and staff interview the facility failed to have licensed staff Administer Medications for 1 (Resident #6) out of 3 resident records that were sampled.

The findings include:

A record review was conducted for Resident #8 and it revealed an admission date . A Florida Health Assessment Form (1823) signed by the physician wrote on Page 1 under the section Nursing/Treatment/ service requirements "Administration of Medication". (photographic evidence obtained)

An interview conducted with the Director of Nursing on / at 12:14 PM confirmed the 1823 for Resident #8 listed she required Administration of Medications and that licensed staff do not administer her medications.

A review was conducted of the Medication Observation record for Resident #8 revealed the facility staff are assisting the resident with her medications. (photographic evidence obtained

0056 Medication - Labeling and Orders

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911436	R
NAME OF PROVIDER OR SUPPLIER **WOODLAND TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **113 CHIPOLA AVENUE** **DELAND, FL 32720**	

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

Based on observation, record review and staff interviews, the facility to place an "Alert" sticker on medication label which directs staff to examine the revised directions for use in the medication observation record (MOR) for 1 Resident (Resident #7) out 3 sampled residents.

The findings include:

An observation was conducted on / at of Resident #7 receiving assistance with medications. The resident was given a 10mg 1 tablet by mouth.

A review was conducted of Resident #7 pre-filled medication card with a label that read 10mg 1 every day (QD) hold for , (sbp) <100 or diastolic , <60.

A review was conducted of Resident #7 Medication Observation Record and it revealed 10mg 1 QD was given to the resident from 1st - date of survey , 2015. No were observed documented on the MOR.

An interview with the DON on / at 11:53 confirmed the label on the medication was different from the physician order.

An interview with Employee Shavonda Gibson, Med Tech on / at 11:55 AM was asked if she verifies the medications against the MOR. She stated " I look at the MOR and the Medication " The employee was asked if she noticed the parameters listed on the label she replied " No". Employee also confirmed she did not do a on the resident and it has not been taken the month of .

An interview with the DON on / at 11:57 AM stated "The resident brought his medications in with him from a nursing home and this was on there from there". She confirmed the order should be clarified with the physician and "Alert sticker" should be placed on the label.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Woodland Towers
113 Chipola Avenue
Deland, FL 32720

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2015 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

All deficiencies shall be corrected no later than , 2016.

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. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Quality Assurance
Division of Health Quality Assurance

AF/JM/sm
Enclosure

BBT7

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida