RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Administrator
Sumter Place in the Villages
1550 Killingsworth Way
The Villages, FL 32162

RE: CCR #2015012104

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on [redacted], 2015 by a representative of this office.

Enclosed 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 [redacted], 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. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Charles Boyd for

Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure

XG90

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968334	11/21/2015
NAME OF PROVIDER OR SUPPLIER **SUMTER PLACE IN THE VILLAGES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1550 KILLINGSWORTH WAY** **THE VILLAGES, FL 32162**	

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

0000 Initial Comments

A complaint investigation (CCR 2015012104) was conducted at Sumter Place in the Villages on / /. Deficient practice was identified during the investigation.

0054 Medication - Records

Based on record reviews and interviews the facility failed to record medication errors for 1 of 5 residents (Resident #2) reviewed.

Findings:

On / / a record review was conducted on Resident #2's medication log. It was observed on / at 11 AM that Resident #2 started to receive her prescription of 15 mg tab every 12 hrs. The time to be given was changed by hospice on / to 9 AM every 12 hours. It was observed on the log that on / a dosage of the was recorded as given at 9 AM, 9 PM, and 11 PM. However the 11 PM line had a line drawn through it with the word "wasted" written on the same line. On / at 9 AM the log recorded that the medication was given then had a line drawn through the documentation. Then it was rewritten again under the previous lined out dosage. On / at 9 PM the log showed the medication was recorded on the log as given then a line was drawn through that record with no further explanation .

On / / at approximately 12:55 PM an interview was conducted with staff D in reference to the recorded documentation on Resident #2's controlled substance log. She stated on / at 9 AM she was going to assist Resident #2 with her pill. She wrote the dosage down on the log and noticed that the last dosage was given on / at 11 PM which was less then 12 hours as described. She stated the word "wasted" was not written on the 11 PM dosage at that time. Staff D said she made contact with hospice and informed them of the medication error and they advised her to have Resident #2's vitals taken and report them back to them. She stated the vitals were taken and reported to hospice. Hospice advised her to give the resident her 9 AM dosage which she did. Staff D stated the 9 PM dosage was lined through because when she went to give the resident her medication she had passed. She was asked if she knew that the medication record was only to be updated after the resident took their medication or refused and she stated "yes."

On / / at approximately 2:10 PM an interview was conducted with staff E in reference to Resident #2 receiving a 15 mg tab on / at 11 PM. Staff E stated she wasted the dosage on that date and time. She stated she was getting another residents medication out of the locked box when her fake nail Resident #2's medication packet and the dose out, which

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968334	**11/21/2015**
NAME OF PROVIDER OR SUPPLIER **SUMTER PLACE IN THE VILLAGES**	STREET ADDRESS, CITY, STATE, ZIP CODE **1550 KILLINGSWORTH WAY** **THE VILLAGES, FL 32162**	

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

she could not find. Staff E stated when she came back into work on the / she was told she made a medication error with Resident #2's and that's when she explained what happened and wrote "wasted" on the log. She said she found the pill crushed on the floor a little while after it was lost. She did not have another staff member verify she wasted or found the crushed pill after the fact.

Class III