STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964771	11/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARY'S ASSISTED LIVING FACILITY	**7001 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405**

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR 2015008453, was conducted on 11/9/15 and 11/10/15 at St. Mary's Assisted Living Facility. The facility had deficiencies at the time of the investigation.

0056 Medication - Labeling and Orders

Based on observation, staff interview and medication record review, the facility failed to:
1. Ensure physician specified the circumstances under which it would be appropriate for resident to request "as needed " medications along with any limitations (Resident #16);
2. Ensure physician orders were obtained for residents needing medication assistance for (Residents #11, #12, #13 and #18), and parameters for acceptable glucose readings (Resident #11, #12, and #13);
3. Ensure physician orders contained parameters for "as needed" medication (Resident #20) and administration (Resident #19).
4. Follow physician orders regarding parameters set for:
(a) medications (Resident #16),
(b) (#19), and
(c) assistance (Resident #18).
This affected 7 of 34 residents whose medication records were reviewed.

The findings included:

1. During observation of Assistance with Self- Administered Medications on / at 11:45 AM, Resident # 16 was observed asking for one of his , 10 mg/325 mg. A review of Resident #16's Medication Observation Record (MOR) documents the physician order for is to be given "as needed"; no further explanation is contained on the MOR.
On / at 11:46 AM, Employee A confirmed the physician's order did not specify the circumstances appropriate for resident to request the "as needed" medication, but she gave the resident the medication whenever he asked for it due to "pain."

2. During observation of Assistance with Self- Administered Medications on / / at 11:39 AM, Resident # 13 was observed being given his . Employee stated, "The resident already did his . His reading was 156 so he can take his ." I asked where the parameters were listed in the Medication Observation Record (MOR). Med/Tech could not find any parameters for . I asked if she was a nurse, and she responded, "No." I informed her that since she was

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not a nurse, she could not make judgment calls regarding when a resident could or could not take a medication; this would have to be detailed in the physician's order. The Med Tech clarified, "This resident is to take this medication every day, not 'as needed'."

When asked if there was a physician's order for the which specified when the are to be performed and included parameters for the glucose results (i.e. results deemed too high or too low which would require physician notification), the Med Tech stated, "I don't see an order for the on the Medication Record. I know that 400 is too high and I would call a doctor if the resident had a reading that high." Med Tech confirmed Resident #13 is to receive assistance with all his medications.

3. A review of the facility Medication Observation Record for all residents revealed Residents #11, #12, and #18 all performed with assistance, but none of these Residents had a physician's order for the , with parameters for the glucose levels.

On at 1:09 PM, Employee A stated she had confirmed with the pharmacy that there were no physician orders for for Residents #11, #12, and #18.

4. A review of the MOR for Resident #20 revealed a physician's order for , 0.1 mg every 6 hours "as needed for ." There are no parameters given by the physician as to when it would be appropriate to give this medication to the resident. Also, there were no readings recorded in the MOR, or on a separate log, as a monitoring tool for this resident's . During interview conducted with Employee A (Med Tech) on / at 11:45 AM, she stated, "I am not a CNA [Certified Nurse's Assistant]; I am a Med Tech." It was noted there was a second Med Tech on duty (Employee B) which is a CNA.

5. A review of the MOR for Resident #19 revealed a physician's order for Mix Flexpen "inject 45 units every morning and 50 units every evening as needed before a meal." There are no parameters set for when these units of would be "needed."

On at 12:30 PM, Employee A acknowledged the lack of parameters included in the Physician's orders for Resident #19 and #20.

6. (a) A review of the MOR for Resident #16 shows a physician's order for , 25 mg "every 8 hours as needed for SBP [ ] > 150."

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There was no record of any readings being taken for this resident, and, according to MOR, no medication has been provided in .

On 11/09/15 at 12:30 PM, Employee A was asked how the resident is provided with an "as needed" dose of the if the resident's is not being monitored by licensed staff. She stated she was unaware the resident needed to have their , monitored. "I guess I thought if they needed it they would request it."
On / / at 2:45 PM, the Administrator acknowledged the failure to monitor , for Resident who required monitoring for medication.

7. A review of the MOR for Resident #19 documents are to be performed 3 times per day (AM, Noon, and bedtime). The MOR records being done at 8 AM, Noon, and 5 PM. The sugar log contained next to MOR for Resident #19 only contains glucose readings for 8 AM and 5 PM. There are no readings being recorded for Noon . There are also no documented readings for the dates of / / , / or / .

8. Resident #18 is a diagnosed who self-administers his own , per interview with Employee A on / / at 12:30 PM.
A review of the MOR for Resident #18 documents R 100 units/ml vial, "sliding scale every day UD - 150-200 =2 units, 151-300 = 6 units, 301-350 = 8 units, 351-400 = 10 units. > 400 =call MD." No indication is documented on the MOR that any has been provided at any time during .

The Sugar Readings Log for document the following:
11/01/15 - 260 (AM)
/ / - 190 (AM)
/ / - 181 (AM) 165 (PM)
/ - 175 (AM) 188 (PM)
/ / - 165
/ / - no readings
11/ / - 210 (PM)

According to MOR sliding scale, Resident #18 should have had 6 units of on / / and / ; and on the remaining days, Resident should have had 2 units administered. There is no documentation on the Resident's MOR for these days which indicates Resident received the prescribed .

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During interview with Administrator on 11/10/15 at 2:45 PM, she provides a print out from the hospital, dated, 10/27/15, which she stated had been in the Resident's possession. It documents a variation of the sliding scale: " Reg Human 100 unit/ml Inject sliding scale under the skin before meals three times per day for . Less than 200 = no , 201-250 = 2 units, 251-300 = 4 units, 301-350 = 6 units, 351-400 = 8 units, greater than 400 = 10 units. If readings are consistently over 400, seek medical attention."

The Administrator was informed that the print-out she provided was not the same as a physician's order. She would need a copy of the physician's order and ensure the MOR was updated with the current physician's order. The sliding scale contained on the MOR is what was being used by the Med Tech's to assist with self-administration of the Resident's medications. Even with the updated sliding scale, Resident #18 did not receive his required dosage on / / when glucose was 260, or on / / when glucose was 210.

It is also noted that according to hospital print-out of active medications, glucose readings to determine per sliding scale to be conducted 3 times per day before meals. glucose readings, per current Sugar Log, are only being monitored 1-2 times daily.
The administrator acknowledged on / at 2: 45 PM, the glucose monitoring and administration were not being conducted per physician's orders.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
St Mary's Assisted Living Facility
7001 South Dixie Highway
West Palm Beach, FL 33405

RE: CCR #2015008453

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on , 2015 by a representative 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 , 2016.** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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