State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11968601

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
12/15/2015

Name of Facility
HB ANDERSON HOME

Street Address, City, State, Zip Code
127/131 WEST BLUE HERON BOULEVARD
RIVIERA BEACH, FL 33404

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 A0057 Reg. # 58A-5.0185(8) FAC LSC		ID Prefix AL240 Reg. # 429.075 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: 1/7/16	Signature of Surveyor:		Date: 1/7/16
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
	AL11968601	R 12/15/2015
NAME OF PROVIDER OR SUPPLIER HB ANDERSON HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 127/131 WEST BLUE HERON BOULEVARD RIVIERA BEACH, FL 33404	

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

0000 Initial Comments

An unannounced revisit to the initial Limited Mental Health services survey was conducted on at HB Anderson Home. The facility had uncorrected and new deficiencies at the time of the visit.
Uncorrected Deficiencies: A0055 & A0084
New Deficiencies: A0008, A0030, and A0056

0055 Medication - Storage and Disposal

Based on observation and interview, it was determined the facility failed to ensure all medications were kept in a locked medication cart at all times during observation of 1 of 5 residents receiving medications (Resident #1).

The Findings included:

During medication observation conducted with the Administrator/LPN (Licensed Practical Nurse), on / beginning at approximately 8:40 AM, this staff member left the medication cart unlocked in an unsecured office area that is adjacent to the resident's dining . The Administrator/LPN left the cart unlocked when she was providing Resident #1 with their medication in the dining . The son of the Administrator was observed to walk in the medication /office with the unlocked cart at the time of this observation. He was not seen approaching the cart, he just obtained an item from the desk and then left the office/medication . Residents have access to this , however, none were observed in the the time the medication cart was left unlocked.

During interview conducted with the Administrator/LPN, on at approximately 10:55 AM, she was asked why the medication cart was left unlocked during the provision of Resident #1's medications. She replied that she was not even aware that she had left it unlocked.

Class III

0056 Medication - Labeling and Orders

Based on observation, interview, and record review, it was determined the facility failed to ensure that any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication was accompanied by a written medication order issued

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and signed by the resident's health care provider (or a fax or electronic copy of such order) for 1 of 5 sampled residents (Resident #4).

The Findings included:

During medication observation of the Administrator/LPN (Licensed Practical Nurse) providing medications to Resident #4 on beginning at approximately 9:15 AM, the printed medication label on this resident's , (hypertensive medication) reflected 20mg tablet take 1/2 tablet by mouth twice daily. This printed label had writing in blue ink that indicated "take 2 tab at AM." The 2015 MOR (Medication Observation Record) noted 40mg 1 tab by mouth in AM (this was handwritten on the MOR). The 1823 form dated indicated 10mg by mouth twice daily (this was the only physician's order for this medication that was located by the Administrator/LPN). During this medication observation the Administrator/LPN had placed one 20 mg tablet into the pill container to be provided to the resident. This surveyor questioned the handwritten notation on the label and the MOR not matching the label. The Administrator/LPN then placed another 20mg in the pill container that was to be provided to the resident. This surveyor asked to see the order that coincides with the provision of 40mg of in the AM. Resident #4's chart was reviewed by this surveyor and the Administrator/LPN and all that was located was the 1823 form dated that indicated 10mg of by mouth twice daily. This surveyor suggested that the Administrator call this resident's prescribing physician and clarify the dosage of that Resident #4 is to receive. The Administrator stated she knows that the 40mg dose is the correct dose and that is what she provided to Resident #4 at the time of this observation.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on interview and record review, it was determined that the facility failed to provide the required training for 2 of 2 unlicensed staff who assist with the self-administration of medications (Staff A and Staff B), specifically related to the training including demonstrations of proper techniques and providing opportunities for hands-on learning through practice exercises.

The Findings included:

During review of Resident #4's MOR (Medication Observation Record) conducted with the Administrator/LPN (Licensed Practical Nurse) it was determined that Staff A (with a date of hire noted as) and Staff B (with a date of hire noted as) had provided assistance with the self administration of medications on the following dates:

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During interview with Staff B, conducted on beginning at approximately 10:10 AM, she stated she had taken the initial 4 hour course back in 2001 but that she had no idea where the certificate is. She was asked if she had annual 2 hour updates every year and she acknowledged that she did not have training certificates for any 2 hour updates either.

During interview with the Administrator and review of Staff A and Staff B personnel records, conducted on beginning at approximately 10:20 AM, did not include any documentation that they had received the initial 4 or 6 hour registered pharmacist or registered nurse led training in assistance with the self-administration of medications. The Administrator confirmed that these documents were not present in these personnel records. However, she did provide a 7 hour "online" medication training course certificate for Staff A and a 2 hour "online" medication training course for Staff B. The Administrator provided a copy of a fax to the facility's pharmacy, dated I/ , that indicated an attempt to schedule a training course for the facility's unlicensed staff that provides assistance with the self-administration of medication. The Administrator stated she had contacted the pharmacist on other occasions as well (none documented since I/) in attempts to schedule this training course. She acknowledged that she does have staff providing assistance with the self-administration of medications that do not have documentation of participating in the required trainings including demonstrations of proper techniques and providing opportunities for hands-on learning through practice exercises.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
HB Anderson Home
West Blue Heron Boulevard
Riviera Beach, FL 33404

RE: Relicensure Survey Revisit

Dear Administrator:

This letter reports the findings of a Relicensure survey revisit conducted on 15, 2015 by a representative of this office. Attached is the provider's copy of the Revisit Report, which indicates the deficiencies found corrected during the visit, uncorrected deficiencies and new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

YOSF

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