STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	12/30/2015
NAME OF PROVIDER OR SUPPLIER **GOLD CHOICE ORMOND BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1410 HAND AVENUE** **ORMOND BEACH, FL 32174**	

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

0000 Initial Comments

A complaint investigation (CCR #2015010830, #2015011032 and #2015012570) was conducted at Gold Choice Ormond Beach on . Gold Choice Ormond Beach had deficiencies at the time of the investigation.

0054 Medication - Records

Based on a review of resident records, and interview with staff, the facility failed to maintain an accurate and interpretable daily medication observation record (MOR) that explained missed doses, refusal to take medication as prescribed, or medication errors, for 1 of 3 sampled residents reviewed for assistance with self-administration of medications (Resident #2).

The findings included:

Record review for Resident #2 found he had diagnoses including and mental illness. He had physician's orders including, but not limited to, for , as needed for moderate pain, and Detmir daily for management. A review of the electronic medication observation record (eMOR) found there were multiple signature boxes that were coded with a "9", and contained staff's initials. The interpretive key on the eMOR indicated a "9" meant "Other" (other reason medication not received by resident). Additional codes "1" through "8" were intended to reflect reasons medications were not taken by the residents, with explanations including, but not limited to, "leave of absence" or "hospitalization".

An interview was conducted with the Administrator at 3:00 pm on . When asked about the code "9" on the eMOR, she said she had no way of knowing exactly what "other" meant. She explained that the new electronic MORs had not been programmed to receive explanatory boxes regarding reasons for missed medications. She reviewed the eMOR for Resident #2 and stated staff would need to be re-educated in the use of the eMOR key in order to accurately record the reason a medication was not administered.

An interview was conducted with Med Tech C at 3:15 pm on . She explained that if a resident was out of the facility, such as in the hospital, or if a medication was not available at the time it was due to be taken by a resident, the electronic medication administration record (eMOR) should be coded with

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a "NO". This would indicate the medication was not received by the resident. Sometimes, the eMOR would ask why a medication was not given. In those cases, she would note the code "9", which represented "other" (other reason medication not received as ordered), if a medication was not available for the resident at the ordered administration time.

An interview conducted with Med Tech A at 5:10 pm on found that if a medication was not available for administration during assistance with self-administration of medication, she would code the eMOR with a "9" for "other". She would then make a note that the facility was awaiting delivery from pharmacy. She explained that other key codes on the eMOR were specific as to why medications were not administered.

An interview conducted with Med Tech B at 5:15 pm on found she does not use the eMOR code "9", which represented "other", for any reason during assistance with self-administration of medication; not even in the event a medication was not available for administration.

An additional interview was conducted with the Administrator at 3:44 pm on . She reviewed the eMOR for Resident #2 and confirmed the coding for the eMORs were inaccurate, resulting in an inability to determine why medications were not received by the resident.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Gold Choice Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

RE: CCR #2015010830; 2015011032; 2015012570

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2015 by representatives 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 14, 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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
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XG90

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