STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965303	01/07/2016
NAME OF PROVIDER OR SUPPLIER **ALBINA MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **820 15 TH STREET N.** **SAINT PETERSBURG, FL 33705**	

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

0000 Initial Comments

Assisted Living Facility Complaint

A complaint investigation (CCR# 2015012581) was conducted at Albina Manor on / / in conjunction with a biennial re-licensure survey. Albina Manor, Assisted Living Facility, had deficiencies at the time of the investigation.

0054 Medication - Records

Based on record review and interview, the facility failed to update the Medication Observation Record (MOR) each time the medication is offered for 2(#6 & #8) of 3 residents sampled for medications, and the facility failed to have the MOR for 3 (#6, #8, #10) of 3 residents sampled for updated MORs contain the following information any known the resident may have; the name of the resident ' s health care provide and the health care provider's telephone number and on the back of the MOR there were no initials and signature of the staff who were assisting with medications.

Findings included:

A record review on / / of Resident #6's MOR for , 2015 revealed the routine medications, , Digozin, , Magesium and powder were scheduled for 8:00 a.m. on / but the MOR was observed to have no initials on this date showing the medication had been given. Also an 8:00 p.m. medication, was supposed to be given on / but there were no initials on this date showing the medication had been given.

A record review on / of Resident #6's MOR for , 2015 revealed the resident had a PRN order for , 50mg. take 1 tablet by mouth every 6 hours as needed for pain. The front of the MOR was initialed 23 times from / / to / for the . The back of the MOR where documentation of times given, reason and results after taking the was documentated 14 times. The front and the back of the MOR did not match with the times and the documentation.

A record review on / / of Resident #6's MOR for , 2016 revealed the resident had a PRN order for , 50mg. take 1 tablet by mouth every 6 hours as needed for pain. The front of the MOR was initialed 7 times from / / to / for the . The back of the MOR where documentation regarding the times given, reason and results after taking the was documented

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10 times. The front and the back of the MOR did not match with the times and the documentation.

A record review on /. / . of Resident #8's MOR for , 2016 revealed the routine medication, was not initialed as given for 1, 2, 5, 6, 7, 8, 12 and /. / . There was no reason on the back of the MOR explaining why the medication was not given. Also the medication is prescribed as take 1 tablet by mouth every 8 hours. The facility was suppose to be giving the medication 4 times a day but instead they are giving the medication only twice a day.

A record review on /. . of Resident #8's MOR for , 2016 revealed the resident had a PRN order for , 50mg. take 1 tablet by mouth every 6 hours as needed for pain. The front of the MOR was initialed 14 times from /. / to /. for the . The back of the MOR where documentation regarding the times given, reason and results after taking the was documented 21 times. The front and the back of the MOR did not match with the times and the documentation.

A Record review on /. / . of Resident #8's MOR for , 2016 revealed the resident had a PRN order for mg, take 11 tablet by mouth every 6 hours as needed for pain. The front of the MOR was initialed 6 times from /. / to /. for the . The back of the MOR where documentation regarding the times given, reason and results after taking the was documented 9 times. The front and the back of the MOR did not match with the times and the documentation.

Record review on /. of Resident #10's MOR for , 2015 revealed the resident had a RN order for , , 50 mg tablet, take 1 tablet every 4 hours for pain. The front of the MOR was initialed 6 times from /. to /. for the . The back of the MOR where documentation regarding the times given, reason and results after taking the was documented 9 times. The front and the back of the MOR did not match with the times and the documentation.

Record review on /. of Resident #10's MOR for , 2016 revealed the resident had a PRN order for , , 50 mg tablet, take 1 tablet every 4 hours for pain. The front of the MOR was initialed 12 times from /. / to /. for the . The back of the MOR where documentation regarding the times given, reason and results after taking the was documented 20 times. The front and the back of the MOR did not match with the times and the documentation.

When interviewed on /. at 10:30 a.m. the administrator verified the there were missing initials in the MOR for Resident #6 and Resident #8. Also she verified the PRN medications initialed on the front of the MORs did not match the backs of the MORs for Resident #6, Resident #8 and Resident #10.

A record review on /. / . of the MORs for Resident #6,Resident #8 and Resident #10 revealed the

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MORs did not contain the following information, any known the resident may have; the name of the resident's health care provide and the health care provider ' s telephone number and on the back of the MOR there were no initials and signatures of the staff who were assisting with medications.

Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to reorder pain medication in a timely manner for 1 (#6) of 3 residents sampled for medications.

Findings included:

A record review on / of Resident #6's medication observation record (MOR) for , 2015 revealed Resident #6's pain medication, , 50 mg tablet, ran out on / / and was not available for the resident until / /. When interviewed, the pharmacist stated on / at 12:30 pm that the medication, for Resident #6 was reordered on and delivered in the afternoon of the same day. He stated if medication is ordered in the morning we can get the medication to the facility in the afternoon of the same day. The resident did not have any pain medication on when she hurt her wrist and complained of pain. The resident went 4 days without her pain medication.

During an interview with the administrator on / at 11:00 a.m. she stated that she orders the medication when the med tech's tell her it is about to run out. She stated she did not know Resident #6 was out of pain medication.

Class III

0160 Records - Facility

Based on interview and record review, the facility failed to maintain required records for 1(#6) of 3 residents in a manner that makes such records readily available for review by a legally authorized entity.

Findings included:

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The Medication Observation Record (MOR) for , 2015 for Resident #6 was requested for review multiple times. The administrator stated on / at 5:45 p.m. that she had been looking for the first part of the MOR all day and she could not find it. The , 2015 MOR was in two parts, / / thru / was on one page and thru / was on the second page. The first page is the one needed to show Resident #6 had received her pain medication, on .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Albina Manor
820 15 Th Street N.
Saint Petersburg, FL 33705

RE: Biennial & **CCR# 2015012581**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey and a complaint survey that were conducted on , 2016, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate 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.

St. Petersburg Field Office
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St. Petersburg, FL 33701
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Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Gilman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90