STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967859	01/21/2016
NAME OF PROVIDER OR SUPPLIER **DESOTO CARE - NOCATEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2605 SW BALDWIN ST** **ARCADIA, FL 34266**	

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

0000 Initial Comments

An unannounced Abbreviated Biennial and Limited Nursing Services survey was completed on I/ I/ at Desoto Care - Nocatee, an Assisted Living Facility in Arcadia, Florida.

The following is description of the deficiency.

0056 Medication - Labeling and Orders

Based on observation, record review, and interview, the facility failed to have a revised order for (inhaler) medication as needed, for 1 (Resident #1) out of 2 residents sampled.

The facility failed to have the Medication (inhaler) label and (inhaler) label match the Health Care Provider order for 1 (Resident #1) out of 2 Residents sampled.

The findings included:

Observed during Medication Review on I/ I/ Resident #1's medication labeled: ". HFA (inhaler) , 17 mcg 200 D oral INHL, inhale 2 puffs by mouth 4 times a day to help breathing." The Health Care Provider order dated indicated: " HFA AER 17 mcg, inhale 2 puffs po , prn (as needed) breathing." Recorded on Medication Observation Record (MOR): ". HFA AER 17 mcg inhale 2 puffs by mouth 4 times daily for ." Scheduled by facility to be given: 8:00 a.m., 1:00 p.m., 4:00 p.m. and 8:00 p.m. The medication label did not match MOR or Health Care Provider Order. It was observed that there was no medication Alert label on Medication. As needed medication needs clarification by the Health Care Provider.

The Medication label for: ". (inhaler) Inhalation, 90 mcg (CFC-F) inhale 1 puff 4 times a day as needed for breathing." The Health Care Provider order dated indicated: "PROAIR HFA, 1 puff INH , (4 times daily) ( ). The MOR revealed: "PROAIR HFA, AER inhale 1 puff by mouth 4 times daily for ." Scheduled by the facility 8:00 a.m., 1:00 p.m., 4:00 p.m. and 8:00 p.m. The Health Care Provider orders matched the MOR, but did not match the medication label. It was observed that no medication alert label was placed on the medication by the facility.

The Administrator reported during an interview on I/ I/ at 1:20 p.m., she was not aware as needed medication needed Health Care Provider clarification.

Staff A reported during an interview on I/ I/ at 1:00 p.m., she was not aware medication labels of

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both and (PROAIR) did not match the Health Care Provider order.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Desoto Care - Nocatee
2605 Sw Baldwin St
Arcadia, FL 34266

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed on , 2016 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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State From

XG90

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Fort Myers, FL 33901
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