AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932424	R 01/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL ALF	**2349 CENTRAL AVENUE SAINT PETERSBURG, FL 33713**

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

0000 Initial Comments

Assisted Living Facility

An unannounced revisit to ... complaint investigation (CCR# 2015010026) was conducted on ... and ...

The Central ALF, Assisted Living Facility, had deficiencies at the time of the visit.

0054 Medication - Records

Based on record review and interview, the facility failed to ensure proper maintenance of a daily Medication Observation Record (MOR) for 4 of 4 sampled residents who receive assistance with self-administration of medications, recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.

Findings included:

Per Surveyor review of Medication Observation Records (MORs) for ... through ..., 4 of 4 sampled residents contained errors and omissions as follows:
Resident #1 was prescribed Trovent with physician's orders to inhale 2 puffs by mouth 4 times a day at 8am, 12pm, 5pm, & 8pm - initialed as provided at 8am & 12pm every day from 1/1- ...; circled as not provided at 5pm & circled as not provided at 8pm on all days from 1/1- .... The medication is not listed on the reverse of the MOR; there is no reason given for not providing the medication as prescribed.
1.) Resident #1 was prescribed ... 0.2% drops with physician's orders to instill one drop into both eyes every morning (8am) - circled as not provided on 1/1 & .... The medication is not listed on the reverse of the MOR; there is no reason given for not providing the medication as prescribed.
Resident #1 was prescribed ... 8mg tablet with physician's orders to take one tablet by mouth at bedtime (8pm) - circled as not provided on 1/1, 1/2, 1/4 & .... The medication is not listed on the reverse of the MOR; there is no reason given for not providing the medication as prescribed.
Resident #1 was also prescribed ... 16mg tablet with physician ' s orders to take one tablet by mouth at 8am - initialed as provided at 8am every day from 1/1- ..., but listed on the reverse of the MOR as having not been provided on ....
Resident #1 was prescribed ProAir HFA with physician's orders to inhale 2 puffs by mouth 4 times a day at 8am, 12pm, 5pm, & 8pm - initialed as provided at 8am & 12pm every day from 1/1- ...; circled as not provided at 5pm & circled as not provided at 8pm on all days from 1/1- .... The medication is not listed on the reverse of the MOR; there is no reason given for not providing the medication as

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prescribed.
Resident #2 was prescribed [illegible] 10mg tablet with physician ' s orders to take 1 & 1/2 tablets by mouth 3 times a day at 8am, 12pm, & 8pm - circled as not provided at 8pm on [illegible]. The medication is not listed on the reverse of the MOR; there is no reason given for not providing the medication as prescribed.
Resident #2 was prescribed [illegible] 100mg capsule with physician ' s orders to take one capsule by mouth twice daily at 8am & 8pm- initialed as provided at 8am every day from 1/1- [illegible] & circled as not provided at 8pm on all days from 1/1- [illegible]. The medication is listed on the reverse of the MOR as having not been provided on [illegible] only, with no time specified, and the medication is not listed as having not been provided at 8pm on 1/1, 1/2, 1/4 & [illegible]; there is no reason given for not providing the medication as prescribed.
Resident #2 was prescribed [illegible] 5mg tablet with physician ' s orders to take one tablet by mouth every 6 hours as needed (PRN): 10 doses initialed as provided 1/1- [illegible] - listed on the reverse of the MOR as having been provided 9 times -- initialed as provided one time on [illegible], 2 times on [illegible], 2 times on [illegible], one time on [illegible], and 4 times on [illegible]. The medication is listed on the reverse of the MOR as having been provided 2 times on [illegible] (12:14am & 5:20pm), 2 times on [illegible] (3:45pm & no time specified), one time on [illegible] (4:18 - am or pm not specified), and 4 times on [illegible] (12:13am, 8:45am, 2:46-am or pm not specified, & 10:17-am or pm not specified) - provided for pain 9 of 9 times, results (effective) provided 6 of 9 times listed.
Resident #3 was prescribed [illegible] 1mg tablet with physician ' s orders to take one tablet by mouth every 6 hours as needed for [illegible] (PRN): 5 doses initialed as provided 1/1- [illegible] - initialed as provided 2 times on [illegible], one time on [illegible], one time on [illegible], and one time on [illegible]. The medication is listed on the reverse of the MOR as having been provided 4 times -- one time on [illegible] (time not specified), one time on [illegible] (8:20-am or pm not specified), one time on [illegible] (8:10-am or pm not specified), and one time on [illegible] (8:18-am or pm not specified).
Resident #4 was prescribed Raniditine [illegible] 150mg tablet with physician ' s orders to take one tablet by mouth daily (8am)--initialed as provided on [illegible], [illegible] & [illegible] & circled as not provided on [illegible] & [illegible]. The medication is not listed on the reverse of the MOR; there is no reason given for not providing the medication as prescribed.
Resident #4 was prescribed [illegible] 0.5% Drops with physician ' s orders to instill one drop into both eyes twice daily at 8am & 8pm- initialed as provided at 8am on [illegible] & [illegible] & circled as not provided at 8am on [illegible], [illegible] & [illegible]; initialed as provided at 8pm on [illegible] & circled as not provided at 8pm on [illegible], [illegible], [illegible] & [illegible]. The medication is not listed on the reverse of the MOR; there is no reason given for not providing the medication as prescribed.
2.) Per interviews, Med Tech Staff A and the Assistant Administrator acknowledged the medication recording errors. Per telephone interview with the Administrator on [illegible], Surveyor confirmed the uncorrected deficiency.

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Uncorrected Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to ensure that medication prescribed to be provided as needed include specific directions, including the circumstances under which it would be appropriate for the resident to request the medication and any limitations, for 1 of 4 sampled residents.

Findings included:

Per Surveyor review of Medication Observation Records (MORs) for 1/ / through 1/ /, Resident #2 was prescribed [illegible] 5mg tablet with physician ' s orders to take one tablet by mouth every 6 hours as needed (PRN). There were no directions specifying when it would be appropriate for the resident to request the medication (reason for provision) and incomplete/inaccurate documentation as follows: 10 doses initialed as provided 1/1- / /. - listed on the reverse of the MOR as having been provided 9 times -- initialed as provided one time on 1/ /, 2 times on 1/ /, 2 times on / , one time on 1/ , and 4 times on / . The medication is listed on the reverse of the MOR as having been provided for pain 2 times on 1/ / (12:14am & 5:20pm), 2 times on 1/ (3:45pm & no time specified), one time on 1/ (4:18 - am or pm not specified), and 4 times on 1/ (12:13am, 8:45am, 2:46-am or pm not specified, & 10:17-am or pm not specified) - provided 9 of 9 times, results provided (" effective ") 6 of 9 times listed.
Per interviews, Med Tech Staff A and the Assistant Administrator acknowledged the incomplete physician order and incomplete medication documentation.

Class III

0084 Training - Assis Self-Admin Meds & Med Mgmt

Based on observation, record review, and interview, the facility failed to ensure that one (Staff B) of three unlicensed staff providing residents ' assistance with self-administration of medications completed a minimum of 2 hours of training annually on providing assistance with self-administered medications and safe medication practices in an assisted living facility.

Findings included:

Per Surveyor review on / / of Medication Observation Records (MORs) for 1/ / through / and

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interviews with Staff A & B, Staff A, B, & C regularly provide residents assistance with self-administration of medications. Per record review and interviews, Staff A, B, & C are unlicensed Resident Aides who have completed 4 hours of training in providing residents assistance with self-administration of medications in an assisted living facility.
Per record review, Staff B was hired on / and had completed 4 hours of training in providing assistance with self-administration of medications on . Staff B was due for 2-hour updated training by . There was no documentation that Staff B completed the required minimum of 2 hours training annually.
Per interview conducted with the Administrator on /, the Administrator stated she is a Registered Nurse and will be providing Staff C with 1:1 medication training since Staff C was responsible for many of the identified medication errors/omissions. Per record review, Staff C was hired on / / and completed 4 hours of medication training on / / .

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11932424

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
01/05/2016

Name of Facility
CENTRAL ALF

Street Address, City, State, Zip Code
2349 CENTRAL AVENUE
SAINT PETERSBURG, FL 33713

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 **AL241** Reg. # **429.075(3-4); 58A-5.029(2) F.** 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		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	**Reviewed By** TLR	**Date:** 1/11/16	**Signature of Surveyor:**	**Date:**
Reviewed By CMS RO	**Reviewed By**	**Date:**	**Signature of Surveyor:**	

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Central ALF
2349 Central Avenue
Saint Petersburg, FL 33713

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016, by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

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 surveyor. Should you have any questions please call **Paul Brown**, HFES, of this office at (727) 552-2000.

Sincerely,

Teresa Ryan

for Patricia Reid ...uman
Field Office Manager

PRC/kpr

Enclosures: State Form 5000-3547 & Revisit Report

St. Petersburg Field Office
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