| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11963720 | 05/11/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**SOLARIS SENIOR LIVING VERO BEACH** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3855 INDIAN RIVER BLVD VERO BEACH, FL 32960** | |

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

**0000 Initial Comments**

An unannounced Limited Nursing Services (LNS) Monitoring survey was conducted at Solaris Senior Living Vero Beach on / . The facility had deficiencies identified at the time of the survey.

Note: A Change of Ownership survey was conducted on in conjunction to the monitoring survey. See separate report for findings.

**0052 Medication - Assistance with Self-Admin**

Based on observation , record review and interview, the facility failed to ensure that medications were administered in accordance with physician orders, for 1 of 2 sampled residents (Resident # 1)

Findings include:

An observation of medication Pass was conducted on / at 8:02 AM. The nurse poured two tablets of 8.6 mg into the medication cup and then handed the medication card to the surveyor. The surveyor noted that the order was for 8.6 mg give 2 tables at bedtime. The nurse continued to pour the remaining medications for the resident. When completed, the surveyor asked the nurse to check the order for the . The nurse stated that it was ok. The Surveyor then asked her to read the Package and check the Medication Order. The nurse read the package and the Medication Administration Record and confirmed that the 2 tablets were not to be given with the morning medications and that she failed to read the order and the label on the medication card.

Class III

**0055 Medication - Storage and Disposal**

Based on observation , record review and interviews, the faciltiy failed to ensure that discontinued , expired and or discharged resident medications were returned to family member or destroyed within 30 days for one of one medication .

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| | **AL11963720** | **05/11/2016** |
| NAME OF PROVIDER OR SUPPLIER<br>**SOLARIS SENIOR LIVING VERO BEACH** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3855 INDIAN RIVER BLVD VERO BEACH, FL 32960** | |

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

Findings include:

The surveyor conducted an observaiton of medication storage on / / at 9:51 AM, accompanied by the Director of Nuring. The faciltiy houses the two medication carts inside a Wellness Office. Inside the Wellnes Office is a medication , which was observed to contain a bookcase with shelves of overstock medicaitons. Two shelves on the bookcase had a paper sign indicating that it contained medications for discharged residents. The shelves were full of medications and an overflow was positioned on the top of a refrigerator oppostie the bookcase. The surveyor asked the Diretor of Nursing when should the medications be returned to the responsible family member and/or destroyed. The Director of Nursing stated, she did not know. The medications were packaged on cards which contained up to 30 pills on each card. The surveyor asked the Director of Nursing to identify the dates of the medication found on the shelf which were revealed as follows:

1) Resident # 5 discharge to Home on / ; 3 cards of 500 mg , 2 cards of 10mg, 1 card of , 1 card of 50 mg, 1 bvlister card of 10mg,

2) Resident # 6 expired on , 1 bottle of tablet.

3) Resident # 7 ,discharged on / ; 1 card of 30 mg, 1 card of 500 mg, 1 bliseter card of 5mg , 1 bliste card of Simvastin 10 mg, card simvastin tab 10 mg , 1 card of 5mg, 1 card of 600mg, 1 Handihaler, 1 bottle of 81 mg, 1 card of 145 mg.

4) Resident # 8 expired on , 1 ,

5) Resident # 9 , 1 bottle of of tears which expired / /

6) Resident # 10 , discharged on / ; a bottle Milk of Magnesia 16 oz, 1 box of Patches %, 1 box of inhalation solution vials, 1 Spririvaa Handihaler with capsules, 1 Inhaler, 1 Symbavent inhaler, 2 Proair inhalers, 2 bottles of tears, 2 tubes of cream 2 %, 2 tubes , cream, 1 , 1 bottle of Adult liquid, 2 cards of 325 mg, 1 card of 10 mg, 1 card of acidophilus, 1 card of 81mg, 2 cards of 100mg, 1 dard of Calbium 500mg plus D 400mg, 1 card of 75mg, 2 cards of 10mg, 1 card of 400mg, 7 cards of 400mg, 3 bliseter cards of 20 meq, 3 bliseter cards of 25mg, 1 card of 10mg, 2 cards of ER

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

20 meeq, 1 card of 5mg 1 bliseter card of 10mg 2 cards of Rantadine 150mg, 2 cards of therapeutic vigtamin, 6 cards of Sr 100mg,

The Director of Nursing confirmed that the above medications should have been returned to the responsible family member and/or destroyed within the 30 day time frame and the facility failed to do so. Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Solaris Senior Living Vero Beach
3855 Indian River Blvd
Vero Beach, FL 32960

**RE: Limited Nursing Services**
**Monitoring Survey**

Dear Administrator:

This letter reports the findings of a Limited Nursing Services Monitoring survey that was conducted on 2, 2016 by 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

XG90

Delray Beach Field Office
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Delray Beach, FL
Phone:(561) 381-5840; Fax:(561) 496-5924
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