STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965850	05/17/2016
NAME OF PROVIDER OR SUPPLIER **BUCKINGHAM PLACE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1845 GARFIELD STREET** **HOLLYWOOD, FL 33020**	

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

0000 Initial Comments

An unannounced abbreviated biennial relicensure survey was conducted on 5/17/2016 at Buckingham Place Llc. The facility had a deficiency identified at the time of the visit.

0052 Medication - Assistance with Self-Admin

Based on observation and interview, the facility failed to follow the proper procedures for providing assistance with self -administration of medication, for 2 out of 2 residents (Resident # 5 and Resident #7) observed during medication pass. As evidenced by failing to bring the medication in it's previously dispensed and labeled container, to the resident and in the presence of the resident , read the medication label , remove the prescribed amount of medication and then hand it to the resident.

The findings include:

a) Observations on 11:55 AM , found Resident # 7 receiving the following medications (as documented on the MOR for 2016): - one tablet by mouth three times each day ( ), 220M one tablet each day noon. Observations during assistance with self- administration of medication revealed unlicensed Staff D assisted Resident # 7 with self - administration of medications. Staff D , removed Resident #7 ' s medication from the locked medication closet, removed the medication from the previously dispensed plastic pouch, placing the medication in some apple sauce and handing the apple sauce with the medications to the resident , watched the resident consume the medication and documented his Medication Observation Record (MOR).

b) Observations on 1:46 PM , found Resident # 5 receiving the following medications (as documented on the MOR for 2016): OX 400 MG one tablet by mouth three times each day ( ). Observations during assistance with self- administration of medication revealed unlicensed Staff D assisted Resident # 5 with self - administration of medications. Staff D , removed Resident #5 ' s medication from the locked medication closet, removed the medication from the previously dispensed container, placed it into a cup, gave the resident the cup with her medication, watched the resident consume the medication and documented her Medication Observation Record (MOR).

In an interview conducted on at 2:30 PM with Resident #5, she confirmed that Staff D did not tell her what the medication she gave her today was.

In an interview conducted on at 2:00 PM with Resident #3, she stated that staff do not tell her the names of her medications, only if there is a change in medications.

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SUMMARY STATEMENT OF DEFICIENCIES
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In an interview conducted on 05/17/16 at 3:30 PM with Staff D, she was informed of the required procedure for assisting with self- administration of medications, of bringing the medication in it's previously dispensed and labeled container, to the resident and in the presence of the resident , read the medication label , remove the prescribed amount of medication and then handing it to the resident, she acknowledged and confirmed the findings.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

\Administrator
Buckingham Place LLC
1845 Garfield Street
Hollywood, FL 33020

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

XG90

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