STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910636	05/23/2016
NAME OF PROVIDER OR SUPPLIER **MASONIC HOME OF FLORIDA**	STREET ADDRESS, CITY, STATE, ZIP CODE **3201 1ST STREET, N.E.** **SAINT PETERSBURG, FL 33704**	

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

0000 Initial Comments

Assisted Living Facility

A biennial re-licensure survey with limited nursing services (LNS) was conducted at The Masonic Home of Florida on . Masonic Home of Florida, Assisted Living Facility, had deficiencies at the time of the visit.

0053 Medication - Administration

Based on interview and record review the facility failed to provide medication as per physician orders. The facility failed to administer the medication in a timely manner for 2 of 2 sampled residents (#2 and #13).

Findings included:

1. Observation on at 9:40 a.m. showed Staff E, Licensed Practical Nurse (LPN) administered 500 mg twice daily for to Resident #2. Record review of the physician ' s orders revealed an order for 500 mg to be given at 8 a.m.
During an interview with Staff E, LPN she stated that he gets all his medications at 9 a.m. When asked about the , she reviewed the Medication Observation Record (MOR) and she agreed that it was due at 8 a.m. She did not give any specific reason why she administered it late.
During an interview on at 12:10 p.m. the Director of Nursing (DON) stated that the policy is to administer medications one hour before and / or one after ordered medication time. She stated her expectation for an 8 a.m. medication would be between 7 a.m. and 9 a.m. not 9: 45 a.m. She stated that the nurse called the M.D. and received approval to give the medication late. She stated that if the medication was a daily medication it needed to be given but if it was a twice a day medication it was a medication error.
2. Observation on at 9:30 a.m. Staff E, LPN administered Resident #13 ' s a.m. medications. At 10:15 a.m. during record review of the MOR, it was revealed that the medication, Q10 50 mg twice daily for leg cramps had not been administered at 9 a.m. as physician ordered. The MOR also revealed the MOR had been initialed as if the had been given. Staff E was observed giving Resident #13 her at 10:15 a.m. which is outside the time frame parameters for giving medications in a timely manner.
During an interview on at 10:15 a.m. Staff E, LPN stated that she had not given Q10 during the initial medication pass, due to being unable to find the medication.
During an interview on / at 12:10 p.m. DON stated that she expected the nurses not to sign a

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medication as given until after the medication was actually given. She also stated that it was a medication error the medication being administered late and an incident report was needed.
Record review of facility policies, "6.2 Medication Administration, Assistance or Observation Times, "the community should commence medication administration, assistance or observation within sixty (60) minutes before the designated times of administration and sixty (60) minutes after the designated times of administration.

Class III

0057 Medication - Over The Counter (OTC) Products

Based on observation, interview and record review the facility failed to ensure over-the-counter products, prescribed by the physician, were properly labeled by a pharmacist or physician. Over-the-counter medications for 2 of 2 sampled residents (# 2 and #13) were used from a stock supply.

Findings included:

Observation on at 9:30 a.m. of medication pass revealed Resident #13 had the following medications administered from stock pill bottles: 81 mg, Iferex 150 mg, Prosight and with , D3 1000 iu, tears eye ointment, and Q10 50 mg.
Record review of the physician orders for Resident #13 revealed 81 mg tablet chewable take 1 tablet by mouth every other day for ( ), Iferex 150 mg take 1 tablet by mouth daily for supplement (floor stock), Prosight and with 2 tablets daily as eye supplement (floor stock), D3 1000 unit tablet take 2 tablets (2000IU)by mouth once daily for low D, tears eye ointment apply to right eye twice daily for , and Q10 50 mg soft gel take 1 tablet by mouth every other day for leg cramps (house stock).
Observation on at 9:45 a.m. of medication pass revealed Resident #13 had the following medications administered from stock pill bottles: 81 mg and mapap 500 mg.
Record review of the physician orders for Resident #2 revealed Aspir-Low 81 mg take 1 tablet by mouth once daily for fib (floor stock) and mapap 500 mg take 1 tablet by mouth twice daily for pain (floor stock).

Class III

0091 Training - Documentation & Monitoring

Based on record review and interview, the facility failed to have training certificates which documented

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the required direct care staff training for 3 (Staff #A, Staff #B and Staff #C) of 3 direct care staff sampled for training certificates.

Findings included:

Record review on of Staff #A's training certificates revealed she was hired on and she had completed the required direct care staff in-service training provided by the facility on . She signed a form stating she had completed the required trainings. There were no certificates or copies of certificates documented in staff #A's personnel file which contained the following: the title of the training program; the subject matter of the training program; the training program agenda; the number of hours of the training program; the trainee ' s name, dates of participation, and location of the training program; the training provider ' s name, dated signature and credentials, and professional license number, if applicable. Upon successful completion of the required direct care staff training, the training provider must issue a certificate to the trainee.

Record review on of Staff #B's training certificates revealed she was hired on and she had completed the mandatory annual updates for direct care staff trainings provided by the facility on . She signed a form stating she had completed the required trainings. There were no certificates or copies of certificates documented in staff #B's personnel file which contained the following: the title of the training program; the subject matter of the training program; the training program agenda; the number of hours of the training program; the trainee's name, dates of participation, and location of the training program; the training provider's name, dated signature and credentials, and professional license number, if applicable. Upon successful completion of the required direct care staff training, the training provider must issue a certificate to the trainee.

Record review on of Staff #C's training certificates revealed she was hired on and she had completed the mandatory annual updates for direct care staff trainings provided by the facility on . She signed a form stating she had completed the required trainings. There were no certificates or copies of certificates documented in staff #C's personnel file which contained the following: the title of the training program; the subject matter of the training program; the training program agenda; the number of hours of the training program; the trainee's name, dates of participation, and location of the training program; the training provider's name, dated signature and credentials, and professional license number, if applicable. Upon successful completion of the required direct care staff training, the training provider must issue a certificate to the trainee.

When interviewed on at 3:30 pm, the administrator confirmed there were no certificates

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completed for the required direct care staff trainings.

Class III

0162 Records - Resident

Based on record review and interview, the facility did not have documentation in the residents' contracts or in the residents' medical records informing the resident or resident's responsible party that the facility will have unlicensed staff assisting the residents with self-administration of medications for two (Resident #9 & Resident #10) of two residents whose contracts and medical records were reviewed for informed consent forms.

Finding included:

Record review on of Resident #9 and Resident #10's contracts and medical records revealed there was no documentation regarding the facility allowing unlicensed staff to assisted the residents with self-administration of medications. There must be some form of documentation signed by the resident or the resident's responsible party that they are aware of unlicensed staff assisting with self-administration of medications.

When interviewed on at 3:15 pm, the administrator confirmed there were no signed informed consent forms regarding unlicensed staff assisting with self-administration of medications in the residents contracts or medical record.

Class III

0167 Resident Contracts

Based on record review and interview, the facility failed to provide in its contract, a provision stating that at the facility shall provide a refund to the resident or resident's responsible party party with 45 days notice after the transfer, discharge or of resident and the facility must give at least 45 days notice of relocation or termination of residency to the resident and if the facility voluntarily or involuntarily closes, the payment for services not received shall be refunded to the resident, resident's responsible party or the resident's guardian within 10 working days for two (resident #9 and resident #10) out of two

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resident contracts reviewed.

Findings included:

A record review on of Resident #9 and Resident #10's contracts revealed a provision which stated the facility shall provide a refund to the resident or resident's responsible party party within 120 days notice after the transfer, discharge or of resident and the facility must give at least 120 days notice of relocation or termination of residency to the resident. The facility must give 45 days notice to both of these provisions.
Resident #9 and Resident #10's contract did not have the provision in the contract which stated if the facility voluntarily or involuntarily closes, the payment for services not received shall be refunded to the resident, resident's responsible party or the resident's guardian within 10 working days.
When interviewed on at 3:00 pm the admission's director confirmed there was 120 days instead of 45 days for refunds and termination notice and the provision for closure was not stated in the contract for the two residents.

Class III

N278 LNS - Records

Based on interview and record review the facility failed to maintain nursing progress notes for each resident who received limited nursing services (LNS) for 1 of 1 sampled resident (#9).

Findings included:

Resident #9 is a male admitted on / . On record review of the 1823 dated //, the diagnoses included but were not limited to , skin , , and kidney .
Record review also revealed the resident ambulates with a rolling walker with a slow gate and had frequent . Review of Resident #9's medical record showed Nursing Notes for 2016. The Nursing Notes did not show evidence of documentation regarding care or descriptions.
During an interview on at 12:20 p.m. the Director of Nursing (DON) stated that her expectation was to see a description of the wounds and the care being performed to be documented in the nursing notes. She verified that neither care or description was documented.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Masonic Home of Florida
3201 1st Street, N.E.
Saint Petersburg, FL 33704

Re: **Amended letter**

Dear Administrator:

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) that was conducted on , 2016, by representative(s) 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.** 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(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr
Enclosure: State Form 5000-3547

XG90

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