STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER	MULTIPLE CONSTRUCTION	DATE OF REVISIT
AL11967442 Y1	A. Building B. Wing Y2	Y3

NAME OF FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLD CHOICE ORMOND BEACH	1410 HAND AVENUE ORMOND BEACH, FL 32174

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).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0008	Correction	ID Prefix A0084	Correction	ID Prefix	Correction
Reg. # 429.26(4-6) FS; 58A-5.0181(2) FAC	Completed	Reg. # 58A-5.0191(5) FAC	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY ☐	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR [signature]	DATE 6/9/16
REVIEWED BY CMS RO ☐	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 3/3/2016	☐ CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? ☐ YES ☐ NO			

 EVENT ID: E4WX12

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967442	R
NAME OF PROVIDER OR SUPPLIER **GOLD CHOICE ORMOND BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **1410 HAND AVENUE** **ORMOND BEACH, FL 32174**	

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

0000 Initial Comments

A follow-up survey to CCR #2015013218, CCR#2016000676, and CCR#2016000461 was conducted on at Gold Choice Ormond Beach (License #11474). Deficienceis were found at the time of the visit. The facility was recited for A0052.

0052 Medication - Assistance with Self-Admin

Based on observation, the facility failed to ensure 2 of 3 staff members assisting with self-administration of medication (Employee A and B) performed their duties in accordance with procedures described in F.S. 429.256 for 3 to 4 residents observed during medication pass. (Resident #1, #2 and #3)

The findings include:

1) On at 8:50 AM, Employee A was observed standing at the medication cart with Resident #1. The medication technician (Med Tech) (Employee A) opened the drawer and pulled out a medication card/bubble pack containing .5 milligrams (MG) to give to Resident #1. Resident #1 looked at the card and stated that was not the medication supposed to be taking. "She was supposed to have the pill broken in half." Employee A Informed Resident #1 she had been taking the taking. 5 MG in the morning since /

Review of the medication observation record (MOR) on the computer screen showed the Resident should receive 1 milligram of . Employee A stated the MOR had not been updated. She further stated the Director of Nursing (DON) was responsible for updating the MOR. Employee A stated that since Resident #1 was refusing to take the medication, she would go tell to the DON. She left and came back a few minutes later and stated the DON informed her Resident #1's orders had changed and her physician wanted the resident to take 2 tabs (1MG) at bedtime for 7 days and then 1 tab (.5 MG) for 7 days. Employee A informed Resident #1 she was not giving her the as they were waiting on her prescription for the medication from the pharmacy. Resident #1 stated "I hope I get my medication before too late."Employee A then handed Resident #1 the cup with the 5 pills she had previously taken out of bubble packs and gave Resident #1 the polyethylene powder mixed in water to take the pills. The Med Tech did not at any time tell the resident what the pills were in the cup.

2) On at 9:05AM the Med Tech (Employee B) was observed opening a drawer to her medication cart and removing the medication cards belonging to Resident #2. Employee B looked at each medication card/bubble pack and compared the card to the MOR on the computer screen. She pushed

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

the six pills into a small plastic cup. She handed the cup to Resident #2 who was standing by the cart and said "here is your water." She did not inform the resident of the names of the medications she was giving her.

3) Employee B was observed again on at 9:15 AM giving Resident #3 her medication. The Med Tech (Employee B) went to the resident's asked if she would come to the medication cart. She was escorted Resident #3 to the medication cart a few minutes later. The Med Tech (Employee B) removed 5 medication cards from a drawer in the medication cart. She looked at the medication cards/bubble packs and the MOR on the computer screen and pushed one pill from each of the cards each into a small plastic cup. She handed the cup with the 5 pills to Resident #3 and stated, "here is your medication." Resident #3 was not informed of the names of the medication she was given. Resident #4 had a change in order from 2 tabs, increased to 3 tabs.

Class III

0056 Medication - Labeling and Orders

Based on record review and staff interview, the facility failed to use an "Alert " sticker on a medication bottle for a change in directions for 1 out 4 sampled residents. (Resident #4).

The findings include:

On at 9:35 AM Employee C was observed removing a bottle of Welchol 625 MG from the medication cart for Resident #4. Record review of the label found orders to give two tablets twice a day. Record review of the MOR found orders to give Resident #4 three tablets twice a day. Employee C brought the bottle with her into Resident # 4's gave her three tablets. Employee C was asked why the label on the bottle was different from the MOR. She stated "thank you for pointing that out " and that she would get a new sticker for the bottle.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Gold Choice Ormond Beach
1410 Hand Avenue
Ormond Beach, FL 32174

Re: CCR 2015013218, 2016000676, & 2016000461

Dear Administrator:

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

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 this office at (904) 798-4201.

Sincerely,

Jana Meyering, RN
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/JM/sm
Enclosure

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