STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X3) DATE SURVEY COMPLETED
	AL11911132	R
NAME OF PROVIDER OR SUPPLIER **OCEAN VIEW MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **624 S ATLANTIC AVENUE** **DAYTONA BEACH, FL 32118**	

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

0000 Initial Comments

A follow-up visit to a complaint investigation was conducted at Ocean View Manor Assisted Living Facility on . Ocean View Manor had one uncorrected deficiency at the time of the visit.

0054 Medication - Records

Based on observations, record reviews and staff interviews the facility failed to maintain accurate and complete Medication Observation Records for 2 Resident's (Resident # 31 & Resident #32) out of 3 residents observed for Medication Assistance.

The findings include:

An observation was conducted on at 12:12 PM of Employee D, assisting Resident #31, with her scheduled noon medications. The Employee obtained 400mg tablet and Kelfex 500mg and handed it to Resident #31. The resident took the medication without difficulty and walked away. The employee was then observed signing the Medication Observation Record (MOR).

A review was conducted of the MOR for Resident #31 and it reveals the following medications were to be given at noon: 400mg 1 by mouth three times day, 500mg cap 1 by mouth three times a day ( ) for 10 days with a start date on liquid take 10ml by mouth 4x a day. Upon review of the MOR the 4pm dosage times for the are not signed as given from the dates until and on the day of / it's not signed as given all day as well as on / the 12pm dosage is not signed as given. Review of the back side of the MOR reveals no documentation of why the medication's where not given.

An interview with Employee D, on at 12:13PM confirmed she didn't give Resident #31 her that was ordered by her physician at noon nor this morning for the 8am dose. The employee was asked why it was given and she confirmed the medication was not available as was on order.

A record review was conducted for Resident #31 and it revealed a signed Florida Health Assessment

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Form (1823) dated which the physician marked the resident required assistance with medications. Upon further review a physician order dated was found for Robutissun 10ml by mouth 4x a day x 10 days.

An interview with the Administrator on at 12: 19 PMconfirmed Resident #31 was out of her and she didn't receive her medication as ordered by the physician. She stated "we ordered it but it will take 10 days to get it in".

An observation was conducted on at 12:20 PM of Employee D assisting Resident #32 with his prescribed noon medications. Employee D a medication card off the wall of the medication obtained 1 500mg and placed in a clear plastic cup and handed it to Resident #32. The resident proceeded to take the medication without difficulty and walked away. The employee was then observed signing the Medication Observation Record (MOR) for the resident.

A review was conducted of the MOR for Resident #32 and it revealed an order for liquid take 10ml by mouth 4 times a day and 500mg 1 cap by mouth 3 times a day for 10 days with a start date of . On the dates of & is not signed as given for 8a, 12p, 4p doses and again on the medication was not signed for the 4p and 8p doses. Review of the back side of the MOR reveals no documentation of why the medication was not given. (Photographic evidence obtained)

A record review was conducted for Resident #32 and it revealed a signed 1823 dated by the physician on / and the physician marked the resident required assistance with medications. A physician order dated / reads 500mg 1 3x's a day x 10 days. (Photographic evidence obtained)

An interview was conducted with Resident #32 on at 12:21 PM and he confirmed the facility did not give him the medicine for the past few days.

An interview with Employee D, on at 12:21pm confirmed the medication was not signed as given on the dates listed above and that she didn't give the medication this morning

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because it wasn't available.

An interview with the Administrator on at 12:22pm confirmed the medication for Resident #32 was not available and that she ordered and it would take 10 days for it to come in.

Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to ensure that medications were refilled in a timely manner for 2 of 3 sampled residents (Resident #31 & #32).

The findings include:

1) A review was conducted of the , MOR for Resident #31 and it reveals the following medications were to be given at noon: 400mg 1 by mouth three times day, 500mg cap 1 by mouth three times a day ( ) for 10 days with a start date on liquid take 10ml by mouth 4x a day. Upon review of the MOR the 4pm dosage times for the are not signed as given from the dates until and on the day of / it's not signed as given all day as well as on the 12pm dosage is not signed as given. Review of the back side of the MOR reveals no documentation of why the medication's where not given.

An interview with Employee D, on at 12:13PM confirmed she didn't give Resident #31 her that was ordered by her physician at noon nor this morning for the 8am dose. The employee was asked why it was given and she confirmed the medication was not available as was on order.

A record review was conducted for Resident #31 and it revealed a signed Florida Health Assessment Form (1823) dated which the physician marked the resident required assistance with medications. Upon further review a physician order dated was found for Robutissun 10ml by mouth 4x a day x 10 days.

An interview with the Administrator on at 12: 19 PMconfirmed Resident #31 was out of her and she didn't receive her medication as ordered by the physician. She stated "we ordered it but it will take 10 days to get it in".

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2) A review was conducted of the MOR for Resident #32 and it revealed an order for liquid take 10ml by mouth 4 times a day and 500mg 1 cap by mouth 3 times a day for 10 days with a start date of . On the dates of & is not signed as given for 8a, 12p, 4p doses and again on the medication was not signed for the 4p and 8p doses. Review of the back side of the MOR reveals no documentation of why the medication was not given. (Photographic evidence obtained)

A record review was conducted for Resident #32 and it revealed a signed 1823 dated by the physician on / and the physician marked the resident required assistance with medications. A physician order dated / reads 500mg 1 3x's a day x 10 days. (Photographic evidence obtained)

An interview was conducted with Resident #32 on at 12:21 PM and he confirmed the facility did not give him the medicine for the past few days.

An interview with Employee D, on at 12:21pm confirmed the medication was not signed as given on the dates listed above and that she didn't give the medication this morning because it wasn't available.

An interview with the Administrator on at 12:22pm confirmed the medication for Resident #32 was not available and that she ordered and it would take 10 days for it to come in.

Class III

0058 Pharmacy & Dietary: Uncorrected Deficiencies

Based on record review and interview, the facility failed to correct deficient practice related the the facility's accuracy of medication record keeping with 2 of 3 sampled resident's Medication Observation Records (MOR).

The findings include:

Cross Refer to A0054

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In accordance with 429.42 F.S. & 58A-5.033 F.A.C., the facility must now employ or contract with a licensed registered nurse. Consultation services must begin within 14 days of the notice of uncorrected deficiencies. The facility must have available for review by the agency, a copy of the consultant ' s license and a signed and dated review of the corrective action plan within 10 days subsequent to initial on-site consultation visit. The facility must provide the agency with, at minimum, quarterly on-site corrective action plan updated until the agency determines after written notification by the consultant and the facility administrator that deficiencies are corrected and that staff have been trained to ensure that proper medication standards are followed and that consultation services are no longer required. The agency must provide the facility with written notification of such determination

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Ocean View Manor
624 S. Atlantic Avenue
Daytona Beach, FL 32118

Re: CCR #2015010100

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, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AF/JM/sm
Enclosure

BBT7

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