AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967896	08/15/2016
NAME OF PROVIDER OR SUPPLIER **NORTHWOOD MANOR LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **27737 BREAKERS DRIVE** **WESLEY CHAPEL, FL 33544**	

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

0000 Initial Comments

ASSISTED LIVING FACILITY

On , 2016 an abbreviated biennial re-licensure survey was conducted at Northwood Manor, LLC. Deficient practice was identified during the survey.

(License number 11872)

0055 Medication - Storage and Disposal

Based on observation, interview, and record review, the facility failed to ensure that medications ordered by a healthcare provider were accessible to staff providing assistance with self-administration of medications for 1 (Resident #1) of 3 records reviewed.

Findings included:

A medication review was conducted on . A review of Resident #1 ' s medication observation record (MORs) showed one of her medications as Milk of Magnesia- Take 2 tablespoons (30 ML) each day as needed for . The co-administrator was asked to show the medication and label.

The co-administrator was interviewed at 2:00 PM on and stated that he could not find the Milk of Magnesia for Resident #1.

Class III

0056 Medication - Labeling and Orders

Based on observation, interview, and record review, the facility failed to provide medications according to proper directions for 1 (Resident #3) of 3 records reviewed.

Findings included:

A review of the medication observation records (MORs) for Resident #3 conducted on showed one of her medications as - instill one drop in to eye daily. A review of the medication label from the pharmacy showed - Instill one drop in to each eye twice daily as needed. There were no directions on the label as to what circumstances it would be appropriate for the resident to request and be provided with the medication. The MORs indicated that the resident was being provided the

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on a daily basis.

An interview was conducted with the co-administrator at 2:10 PM concerning the issues with Resident #3 ' s MORs and the medication label, specifically, the inconsistent frequency of doses between the MORs and prescription label and the label indicating " as needed " . The co-administrator acknowledged the non-compliance issues concerning this medication for Resident #3.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Northwood Manor LLC
27737 Breakers Drive
Wesley Chapel, FL 33544

Dear Administrator:

This letter reports the findings of a abbreviated biennial state licensure survey 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. 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 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/clt
Enclosure: State (5000-3547) Form

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