AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942886	08/12/2016
NAME OF PROVIDER OR SUPPLIER **COUNTRYSIDE HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **6960 CR 95** **PALM HARBOR, FL 34684**	

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

0000 Initial Comments

Assisted Living Facility

On , 2016, a biennial re-licensure was conducted at Countryside Haven. Deficient practice was identified during the survey.

(License number # 5305)

0056 Medication - Labeling and Orders

Based on interview and record review, the facility failed to provide medications according to directions provided by the health care provider for 1 (Resident #6) of 4 medication observation records reviewed.

Findings included:

During a medication observation conducted on / with Staff A, Resident #6 ' s medication observation records (MORs) were reviewed and showed the medication 8 MG-Take one tablet by mouth four times a day. A review of the medication label showed 8 MG- Take one tablet by mouth at 5 AM, 9 AM, 1 PM, 5 PM, 9 PM. The MORs also showed that Resident #6 was provided assistance with self-administration for this medication at 1 AM, 9 AM, 1 PM, 5 PM, and 9 PM for the dates of / - , contrary to the label ' s directions. The 1 AM dosage on the MORs for this medication for / / was left blank.

Staff A was asked for a copy of the health care provider ' s orders for Resident #6 ' s 8 MG and she provided a prescription dated for 8 MG (generic name:)- 1 tab by mouth at 5 AM, 9 AM, 1 PM, 5 PM, and 9 PM.

Staff A was interviewed at 1:08 PM on and asked why Resident #6 was given her medication at 1 AM instead of 5 AM as ordered by the health care provider. Staff A stated that the resident demanded that she get the 8 MG at 1 AM, not 5 AM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Countryside Haven
6960 Cr 95
Palm Harbor, FL 34684

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on 12, 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

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