STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968448	**08/18/2016**
NAME OF PROVIDER OR SUPPLIER **SERENADES BY -WEST ORANGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **720 ROPER ROAD WINTER GARDEN, FL 34787**	

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

0000 Initial Comments

Complaint Investigation (CCR 2016006574) was conducted at Serenades by -West Orange Assisted Living Facility License Number 12328 on in conjunction with Complaint Investigation (CCR 2016005718). Serenades by -West Orange Assisted Living Assisted Living Facility had deficiencies at the time of the investigation.

0025 Resident Care - Supervision

Based on Medication Observation Record (MOR) review, record review and interview, the facility did not follow the physician ' s orders for 6 of 13 residents who had skin rashes (#1, #3, #5, #7, #8 and 11)

Findings:

1. Record review for resident #5 revealed an order dated / / for 3 mg give 6 tablets (18 MG) times 1 dose. The MOR for 2016 noted the medication was given on through . The physician ordered the medication to be given in one dose.

2. Record review for resident #7 revealed and order dated / / for Cream 5% apply to entire body from Head to toe Leave on for 8 to 12 hours then wash off. Repeat in 7 days. Review of the MOR for revealed the Cream was not applied until / / (2 days later). Further review of the MOR revealed the second dose was provided on not within 7 days as ordered (due)
On at 5 PM, the executive director reviewed the MOR and confirmed the findings.

3. A review of resident #3's chart revealed the following physician's orders:
Order date / / 5% cream, nurse dispense, apply from neck down, leave on for 8 hours. Then wash off, repeat in 7 days. A review of the resident ' s medication observation records (MOR) for revealed the medication was given on / . There was no evidence showing the medication was repeated in 7 days as ordered.
Order / / 5% cream, nurse dispense. Apply from head to toe, leave on for 8 hours. Then wash off. Repeat in 1 week. A review of #3's MOR for showed the medication was given on , no evidence showing the cream was repeated in 1 week.
On at 5:45 p.m. the executive director and the wellness director did not have any evidence showing the was repeated in 7 days or 1 weeks as ordered. Both stated that the medication was not obtained on the same day because pharmacy did not have enough in stock.

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4. Record review for Resident #1 revealed a physician's order dated for the 5% cream to be applied to the body neck down, leave on for 8 to 12 hours wash off and reapply in 7 days (2 tubes). Review of the MOR for 2016 revealed the 5% cream 2nd dosage was not applied until (8 days later) not within 7 days as ordered.

On at 5:30 PM the executive director confirm the findings

5. Record review for resident #11 revealed a health assessment form 1823 dated / with diagnoses of type 2, lymphedema, osteopenia, of the leg. Review of her MOR for 2016 revealed an entry dated / for 12 milligrams (mg) by mouth times 1 dose to be given at 8:00 PM. Continued review revealed the medication had been signed as given on / , / , / / , / / .

During an interview with the wellness director at 4:00 PM, she said she did not have an explanation of why the medication was signed as given for more than 1 dose.

6. Record review for resident #8 revealed a health assessment form 1823 dated / / with diagnoses of 's hematoma and , ataxia. Review of her 2016 MOR revealed an entry for cream 5% to be applied to entire body, leave on for 8-12 hours, wash off and repeat in 7 days. Continued review of the MOR revealed the resident refused application of the cream on / . A service note dated / read she had order for but she refused. A service note dated / read she agreed to have cream applied. There was no documented evidence in the record that indicated the cream had been applied 7 days after the first attempt on .

During an interview with the wellness director at 4:00 PM, she did not provide an explanation.

Class III

0055 Medication - Storage and Disposal

Based on observations, medication review and interview the facility did not make sure all medications were kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times, out of sight of all residents for 1 of 13 sampled residents (#9)

Findings:

During the tour of the facility on at 9:45 AM, observation made in resident #9's a table

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was an empty box with a prescription label of / that noted Triamcinolen Cream apply to affect area (s) two times a day. Resident #9 said on / at 9:55 AM, he had an itch around his stomach and he was using the cream, he said the staff was also washing him down with something, the resident was asked where he kept the cream and he said in the . Observed in the the tube of cream on the sink in the he shared with another resident. Resident #9 said he would apply the medication on his stomach. Further observations revealed on a shelf by the door was a bag with 2% gel apply to both feet prescription with a date of and 2% cream use as directed prescription date /.

Record review for Resident #9 revealed a Resident Health Assessment that was dated revealed the health care provider noted he required medication administration (Nurse required). There was no order found for the medication.

On / at 5:30 PM the executive director said the resident was not ordered to take the medication. She said the resident's daughter came in and got the medications. She said they did not know the resident had the medications with him because it was filled in / before his admission.

Class III

0056 Medication - Labeling and Orders

Based on Medication Observation Record (MOR) review, record review and interview, the facility failed to obtain medication in a timely manner to treat signs and symptom of body rashes for 5 of 13 sampled residents (#1, #3, #5, #7 and #11).

Findings:

1. A review of #3's chart revealed the following physician ' s orders:
Order date / 5% cream, nurse dispense, apply from neck down, leave on for 8 hours. Then wash off, repeat in 7 days. A review of the resident's medication observation records (MOR) for revealed the medication was given on /.
Order 5% cream, nurse dispense. Apply from head to toe, leave on for 8 hours. Then wash off. Repeat in 1 week. A review of #3's MOR for showed the medication was given on / /.
On at 5:45 p.m. the executive director and the wellness director stated that the medication was not obtained on the same day because pharmacy did not have enough in stock.
2. Record review for Resident #5 revealed an order dated / / for 3 mg give 6 tablets (18 MG) 1 dose was not given until / (2 days later).

3. Record review for resident #7 revealed and order dated / for Cream 5% apply to entire body from Head to toe Leave on for 8 to 12 hours then wash off. Repeat in 7 days. Review of the

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MOR revealed the Cream was not applied until / (2 days later).
There was no documentation found in resident #5 and #7's record that the facility had made every reasonable effort to obtain the medication in a timely Manner.
On / at 5 PM, the executive director said the pharmacy did not send the medication until 2 days later because they had to order the medications.

4. Record review for resident #1 revealed a physician's order dated / for 3mg at 5 tabs (total 15mg) x 1 dose. The 2016 MOR for resident #1 revealed the 3mg was not given until (2 days later).
Further record review revealed a physician's order dated for 5% cream is to be applied to the body neck down, leave on for 8 to 12 hours wash off and reapply in 7 days (2 tubes). The MOR for revealed the 5% cream was not applied until / /2016 (2 days later).
There was no documentation found in the record to confirm that the facility had made a reasonable effort to fill the medications in a timely manner.

An interview on at 5:30 PM with the administrator who provided no comment.

Record review for resident #11 revealed a health assessment form 1823 dated with diagnoses of , , , , type 2, , , , lymphedema, osteopenia, of the leg. Continued review revealed a health care provider order dated / / for 9 mg by mouth times 1 dose and 5% cream to be applied to body, leave on 8-12 hours, wash off, and reapply in 7 days. Review of her medication observation record for 2016 revealed both medications were not signed as given until / . During an interview with the executive director at 5:00 PM, she said she believed the delay had been due to the pharmacy had to order the medications.
Review of the resident's record revealed no documented evidence of this.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Serenades By -West Orange
720 Roper Road
Winter Garden, FL 34787

RE: CCR #2016006574

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation 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 Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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