RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hawthorn House
1200 Hawthorn House Dr
Shalimar, FL 32579

RE: CCR #2016006869

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2016 by a representative 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 me at (850) 412-4540.

Sincerely,

for Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

XG90

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966523	08/29/2016
NAME OF PROVIDER OR SUPPLIER **HAWTHORN HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1200 HAWTHORN HOUSE DR** **SHALIMAR, FL 32579**	

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

0000 Initial Comments

An unannounced visit was made to Hawthorn House on for CCR 2016006869. There were deficiencies were noted during the visit.

0056 Medication - Labeling and Orders

Based on review of resident records, facility policy and staff interview, the facility failed to ensure medications were ordered and received in a timely manner for administration for 2 of 4 sampled residents. (#1 and 3).

The findings are:

Review of Medication Observation Record (MOR) for resident #1 indicated the resident was on (mood stabilizer) 10 milligrams (mg) twice a day. The MOR indicated the medication was back ordered from to . There was no documentation presented that the facility attempted to refill medications.

In 2016, the MOR indicated the ( ) 10 mg 2 tabs daily was not in facility from to . Documentation indicated the medications were back ordered. The facility did not present any documentation that they tried to get this medication refilled.

Review of resident #3's MOR indicated the resident did not receive pain reliever PM mg for all of 2016 to , 2016. There was no documentation for renewal or refills for 2016. There was documentation indicating the Physician was contacted on and for renewal of pain reliever PM.

The pain reliever PM was again not received from / to . The Physician was not contacted until , 13 days later, for possible renewal.

The medication 50 mg was not in facility from to and again from to . There was no documentation to the Physician or Pharmacy to renew or refill the medication.

Review of the policy dated for filling prescriptions indicated: The prescription or prescription refill must be faxed to the Pharmacy, the Pharmacy should then be called to determine when the medication is to be delivered or available to be pick-up at a local Pharmacy. If the medication is not to be delivered by Pharmacy on the next run or it is needed to be started as soon as possible, the Health and Wellness needs to have the Pharmacy transfer the to the back up Pharmacy. If unable to get the medication

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and the resident has gone without the medication staff will send resident to the local ER for medication to be renewed.

An interview was conducted with staff A on at 1:15PM about medication refills and re-ordering. Staff A stated when the resident is getting low on medication, we contact the primary pharmacy and if they do not have the medicine we use the back-up Pharmacy. Most of our residents use the airforce base pharmacy and back-up is mail order from them. If it is going to be a long time for mail order, then we use our local back-up pharmacy.

Class III