STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	11/28/2016
NAME OF PROVIDER OR SUPPLIER SUNRISE SENIOR VILLAGE ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 11722 NORTH 17TH STREET TAMPA, FL 33612	

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

0000 Initial Comments

Assisted Living Facility

Three unannounced complaint surveys, (CCR# 2016010973 & CCR# 2016013165 & CCR# 2016013182) were conducted on / /.

The Sunrise Senior Village Assisted Living had deficiencies at the time of this visit relative to complaint survey, (CCR# 2016013165). Complaints, (CCR# 2016010973 & 2016013182), were not substantiated and no deficiencies cited.

(License # 5898)

0052 Medication - Assistance with Self-Admin

Based on observation, interview, and record review, the facility failed to provide assistance with self-administered medications in accordance with procedures described in Section 429.256, F.S. The facility failed to follow physician orders for 4 of 4 residents reviewed in facility (3, 7, 8, and 9). The facility failed to report concerns about the resident's reaction to the medication or suspected noncompliance to the resident's health care provider and document reporting in the resident's record.

Findings included:

On / / beginning at 10:30am, Surveyor observed Staff A & Staff B providing residents assistance with self-administration of medications and reviewed the facility 's Medication Observation Records. Surveyor observed inconsistent documentation of medication provision, multiple duplicate medications, and multiple gaps (blank spaces) throughout Medication Observation Records. There was no evidence that residents are getting all medications as prescribed and no indication that doctors are being notified re. missed dosages and resident refusals to take medications. Four of 4 Medication Observation Records randomly selected for further review contained errors and omissions as follows:
Per record review conducted at the facility on / /, Resident #3 was prescribed with physician orders to take one tablet by mouth once daily in the morning (9am) - original order / - Rs written in each space 11/1 through / /; initialed as provided / / & / /; Rs written / /, 17, & 18; initialed as provided / / & / /; Rs written / /, 22, & 23; initialed as provided / / - / / (day of survey). Noted on reverse of Page 1: 11/16 @8am Resident refused ; 11/17 @9am Resident refused ; 11/13 @7am Resident refused . This medication was initialed as refused 20 times; documented with date, time, reason, and results 3 times; there was no indication of reporting refusals to resident's physician.

AGENCY FOR HEALTH CARE ADMINISTRATION

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NAME OF PROVIDER OR SUPPLIER **SUNRISE SENIOR VILLAGE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET TAMPA, FL 33612**	

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

Resident #3 was prescribed Ointment with physician orders to Apply to left heel once daily (original order /) - initials circled as not provided 11/1-11/9; Rs written 11/ - /13; initialed as provided 11/14- / day of visit. Nothing was observed written on reverse of page - medications not provided/refusals were not documented with dates, reason, and results, and there was no indication of reporting medications not provided/refusals to resident's physician.
Resident #7 was prescribed with physician orders to take one tablet by mouth twice daily (9am & 5pm) - Med Tech initials circled as not provided at 5pm on / - Nothing was observed written on reverse of page - medication not provided/refusal was not documented with date, reason, and results, and there was no indication of reporting medication not provided/refusal to resident ' s physician.
Resident #7 was prescribed with physician orders to take 2 tablets by mouth twice daily (9am & 5pm) - Med Tech initials circled as not provided at 9am on / / and at 5pm on / - / / - medication not provided/refusal was not documented with date, time, reason, and results, and there was no indication of reporting medication not provided/refusal to resident ' s physician.
Resident #7 was prescribed with physician orders to take 1 capsule by mouth twice daily (9am & 5pm) - Med Tech initials circled as not provided on / at 5pm - medication not provided/refusal was not documented with date, time, reason, and results, and there was no indication of reporting medication not provided/refusal to resident's physician.
Resident #7 was prescribed Tamulosin with physician orders to take 1 capsule by mouth twice daily (9am & 5pm) - Med Tech initials circled as not provided at 5pm on / / - medication not provided/refusal was not documented with date, time, reason, and results, and there was no indication of reporting medication not provided/refusal to resident's physician.
Resident #7 was prescribed with physician orders to take 3 times daily as needed for PRN - Initialed as provided 58 times from 11/1 through / / - listed on reverse of Page 4 of MOR with date, time, reason, and results 17 times plus 1 time on reverse of Page 2 and 3 more times listed on reverse of Page 5; medication provision an additional 37 times was not listed on reverse of the MOR with date, time, reason, or results.
Resident #7 was prescribed with physician orders to take one cap by mouth twice daily for 10 days - Initialed as provided twice daily for 11 days (start 11/5 through / /).
Resident #7 was prescribed with physician orders to take one tab by mouth daily for 5 days - Initialed as provided daily for 6 days (start / through /).
Resident #7 was prescribed with physician orders to take one cap by mouth twice daily for 7 days - Initialed as provided at 9am for 10 days (start / through / day of AHCA visit) and at 5pm for 9 days (start / through / /).
Per record review conducted at the facility on /, Resident #8 was prescribed with physician orders to take one tablet by mouth once daily in the morning (9am). The , 2016, MOR contained Rs in spaces on 11/2, 3, 7, 11, 12, & 13 and Med Tech initials circled as not provided on /_ , 25, 26, & 27.
Resident #8 was prescribed Bupropn (listed twice: for ; for) with physician orders to

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SUNRISE SENIOR VILLAGE ASSISTED LIVING	11722 NORTH 17TH STREET TAMPA, FL 33612

SUMMARY STATEMENT OF DEFICIENCIES
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take one tab by mouth once daily in the morning (9am) The MOR contained Rs in spaces on 11/2, 3, 7, 11, 12, & 13 and Med Tech initials circled as not provided on / , 24, 25, 26, & 27.
Resident #8 was prescribed with physician orders to take one tablet by mouth at noon daily - R was written in the space for / dose; no explanation on reverse of MOR.
Further review of Resident #8 ' s , 2016, MOR revealed the following:
Noted on reverse of page 1: 11/2 at 10am - " Resident refuse morning med take only pain pills; " 11/7 at 10am " Resident didn ' t take morning med, not feeling well take only pain pills. Resident come at 1pm take pain pills like , , and Promephexine. "
page 2: - 3 tablets by mouth 3 times daily - Rs for 9am & 1pm doses on 11/2, 3, 7, 11, 12, & 13, Os on / & 20, and MT initials circled / , 26, & 27; MT initials circled for 9pm doses on / & Rs on / & 27.
- Take one tablet by mouth once daily (9am) Rs on 11/2, 3, 7, 11, 12, & 13 and MT initials circled 11/25, 26, & 27 - Rs for 9am & 1pm doses on 11/2, 3, 7, 11, 12, & 13, Os on 11/19 & 20, and MT initials circled / , 26, & 27; MT initials circled for 9pm doses on 11/8 & 11 & Rs on / & 27.
at 9pm circled as not provided on / & Rs on / & 27. Nothing was written on reverse of page 2.
page 3: - 1 tablet by mouth 3 times daily - Rs on 11/2, 3, 7, 11, 12, & 13 and MT initials circled / , 26, & 27 - Rs for 9am & 1pm doses on 11/2, 3, 7, 11, 12, & 13 and MT initials circled 11/23, 24, 25, 26, & 27; MT initials circled for 9pm doses on 11/11 & Rs on 11/26 & 27.
Glucerna vanilla cans - Take one can 3 times daily with meals -- Per MOR, provide at 9am, 1pm, & 9pm, not with meals as prescribed (and 9 pm identified later as bedtime med)-- Rs for 9am doses on 11/2, 3, 7, 11, 12, & 13 and MT initials circled 11/23, 24, 25, 26, & 27; Rs for 1pm doses on 11/2, 3, 7, 11, 12, & 13 and MT initials circled 11/24, 25, 26, & 27; blank spaces for 9pm doses on 11/8, 9, 10, & 11 and Rs for 9pm doses on / & 27.
injections before meals (7am, 11am, & 4pm), injections per sliding scale as directed, and Lantus injection at bedtime (9pm) are all listed with " Self Admin " written across date spaces - no indication of whether resident is injecting self as prescribed.
Nothing was written on reverse of page 3.
page 4: Sucralfate - Take one tablet by mouth 4 times daily (9am, 1pm, 5pm & 9pm) -- Rs for 9am & 1pm doses on 11/2, 3, 7, 11, 12, & 13 and MT initials circled / , 25, & 26; MT initials circled for 5pm doses on 11/24, 25, & 26; MT initials circled for 9pm dose on 11/ / .
Tamulosin - Take one tablet by mouth every night at bedtime (9pm) - MT initials circled as not provided on / and R written for / ; other initials slurred/circled, not clear whether provided.
- Take one capsule by mouth every night at bedtime (9pm) - MT initials circled as not provided on 11/11 and R written for 11/26.
Trintellix - Take one tablet by mouth once daily in the morning with food (9am) - Rs on 11/2, 3, 7, 11, 12, & 13 and MT initials circled as not provided on / , 25, & 27.
Nothing was written on reverse of page 4.

AGENCY FOR HEALTH CARE ADMINISTRATION

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SUNRISE SENIOR VILLAGE ASSISTED LIVING	**11722 NORTH 17TH STREET TAMPA, FL 33612**

SUMMARY STATEMENT OF DEFICIENCIES
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page 5: [illegible] - Take one capsule by mouth twice daily (6:30am & 4:30pm) - Rs written for 6:30am dose on 11/2, 3, 7, 11, 12, & 13 and for 4:30pm dose on 11/26.
Nothing was written on reverse of page 5
Duplicate medications on several pages - crossed out, with Duplicate written across date spaces.
page 6: TrueTrack TES - Check [illegible] sugar 4 times daily - " Self Admin " written across date spaces - no indication of whether resident is checking self as prescribed; no readings provided.
Noted on reverse of page 6: [illegible] at 8:30pm - " All 9pm meds refused/not given " - no indication of attempts to provide med through 10pm window as prescribed; upside down on same page: [illegible] at " 89 " - " hydroco/ [illegible] for pain. "
page 7: Cyclbenzapr - Take one tablet by mouth 3 times daily as needed for muscle spasms PRN - Initialed as provided one time per day on 11/1, 4, 8, 9, 10, 14, 15, 16, & 17; Rs written for refusal one time per day on 11/2, 3, 5, 6, 7, 11, 12, & 13 - not being provided PRN as prescribed & not documented as PRN on reverse.
Hydroco/ [illegible] - Take one tablet by mouth every 4 hours as needed PRN - no reason provided - Initialed on first line as provided 25 times from 11/1- [illegible], Rs written for refusal 2 times; Initialed on second line as provided 16 times; Initialed on third line as provided 3 times - documentation incomplete
Noted on reverse of page 7: [illegible] provided for pain at 7am on 11/1, 2, 8, 9, 10, 11, 14, 16, 21, 22, & 25 - Effective; Cycloben Zap provided for muscle spasms at 7am on 11/1, 8, 9, 10, 14 &16 - Effective; [illegible] at 8am: " Resident take only pain pills; " [illegible] & [illegible] - no time specified - " Resident refuse all a.m. & noon except pain "
page 8: [illegible] - Take one tablet by mouth every night at bedtime (9pm) - initialed as provided at 9pm on 11/1-11/25 except 11/11 space blank and R written for 11/26 & 11/27.
Physician order for [illegible] dated [illegible] with instructions to take one tablet by mouth every 8 hours for pain (6am, 2pm, 10pm) initialed as provided at 6am on 11/1-11/16 except R written for 11/3, 7, & 11; initialed as provided at 2pm on 11/1- [illegible] initialed as provided at 10pm on 11/1- [illegible] except 11/6 blank & MT initials circled as not provided on [illegible]. Another physician order for [illegible] on same page dated [illegible] with instructions to take one tablet by mouth every 6 hours for pain (6am, 12pm, 6pm, & 12am) initialed as provided the 4 times prescribed on [illegible] by 3 different Med Techs " Error " is written next to the initials, with note: " New order [illegible] " The Med Tech initials indicate Resident #8 was provided [illegible] 6 times on [illegible] at 6am, 12pm, 2pm, 6pm, 10pm, & 12am.
Noted on reverse of page 8: [illegible] at 10am: " Resident refused all morning med take only pain pills and [illegible] pill; " [illegible] at 8am, [illegible] at 2pm, [illegible] at 8am, & [illegible] at 8am, written by 1 Med Tech: [illegible] provided for [illegible]
page 9: Physician order for [illegible] dated [illegible] with instructions to take one tablet by mouth every 8 hours for pain (6am, 2pm, 10pm) - changes handwritten (without explanation) to provide at 6am, 12pm, 6pm, & midnight - initialed as provided at 6am, 12pm, & 6pm on 11/1 and at 6am & 12pm on 11/2. " Error " is written next to the initials. with note: " New order [illegible] "
Handwritten order for [illegible] dated 11/[illegible] with instructions to take one tablet by mouth every 6

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SUMMARY STATEMENT OF DEFICIENCIES
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hours for pain (6am, 12pm, 6pm, & 12am) initialed as provided at 6am & 12pm from 11/17-11/27, at 6pm from [illegible] - [illegible], Rs written for refusal on [illegible] & [illegible]; 12am spaces blank - no initials as of [illegible] AHCA survey signifying having provided the medication at 12am as prescribed from [illegible] through [illegible].

[illegible] - Take one tablet by mouth every 6 hours as needed for [illegible] PRN - Initialed as provided one time per day on 11/1, 3-8, 13-17, and 26 -27 and two times on [illegible]; Rs written for refusal on 11/2, 9, 10, 11, & 28. Listed on reverse of page 9: [illegible] provided on 11/1 at 9am, 11/3 at 11am, 11/8 at 7am, [illegible] at 7am, [illegible] at 7am & [illegible] at 10am; no documentation re. doses provided on 11/4, 5, 6, 7, 13, 15, 17, 26, 27 and 2 times on 11/[illegible]. Since a PRN med is provided for a resident upon request, refusals are not applicable.

Per record review conducted at the facility on [illegible], Resident #9 was prescribed [illegible] with physician orders to take 2 tablets by mouth every 6 hours as needed for pain PRN - Initialed as provided 38 times from 11/1- [illegible] day of AHCA visit. Noted on reverse of MOR: [illegible] provided 10 times from 11/4- [illegible]; additional 28 times medication initialed as provided was not documented on reverse with date, time, reason, & results.

Resident #9 was prescribed [illegible] with physician orders to take 1 tablet by mouth every 6 hours as needed (Handwritten-does not specify reason for taking) - Initialed as provided 36 times from 11/1- [illegible] day of AHCA visit. Noted on reverse of page 2: [illegible] @3:30pm [illegible] - no reason provided-effective @3:30pm. Listed at top on reverse of page 3: [illegible] provided 11/1, 4, 7, 9, 18, 22, 22, 27, & 28; Listed at bottom (upside down) on reverse of page 3: [illegible] provided 11/7, 8, 9, 11, 15. Medication not listed in order of provision for check of last time provided; individual medication provider listings of dates & times provided; provision Initialed 36 times was documented with date, time, reason, & results 14 times.

Per interviews with the Administrator and the Wellness Director on [illegible], the facility is aware of problem with meds disorganization. They stated the facility's pharmacy changed 3 times in one month and each had different instructions for med techs to follow, creating [illegible] among all. The Wellness Director provided documentation of corporate pharmacy consultant medications/MORs review that identified 18 resident MORs in need of physician order changes and/or pharmacy MOR updates.

Per interview conducted with the Wellness Director on [illegible] at 11:45am, the LPN stated she checks MORs and all Med Techs are supposed to check all medication entries before leaving at end of shift.

Per interview conducted with the Administrator on [illegible] at 4:30pm, the Administrator stated the LPN Wellness Director does medication/MOR spot checks and the company's Pharmacist checked medication issues about 1 week prior to survey. The Administrator stated that the company's Pharmacist will be providing training for all staff providing medications.

Class III

0054 Medication - Records

AGENCY FOR HEALTH CARE ADMINISTRATION

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview, the facility failed to ensure proper maintenance of a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications, recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors, immediately updating each time a medication is offered.

Findings included:

On I/ / beginning at 10:30am, Surveyor observed Staff A & Staff B providing residents assistance with self-administration of medications and reviewed the facility's Medication Observation Records. 4 of 4 (#3, 7, 8, and 9) Medication Observation Records randomly selected for review contained errors and omissions as follows:
Per record review conducted at the facility on I/ , Resident #3 was prescribed with physician orders to take one tablet by mouth once daily in the morning (9am) - original order - Rs written in each space 11/1 through I/ ; initialed as provided I/ & I/ ; Rs written I/ , 17, & 18; initialed as provided 11/19 & 11/20; Rs written 11/21, 22, & 23; initialed as provided 11/24- I/ (day of survey). Noted on reverse of Page 1: I/ @8am Resident refused ; I/ @9am Resident refused ; I/ @7am Resident refused . This medication was initialed as refused 20 times; documented with date, time, reason, and results 3 times; there was no indication of reporting refusals to resident's physician.
Resident #3 was prescribed Ointment with physician orders to Apply to left heel once daily (original order) - initials circled as not provided 11/1-11/9; Rs written 11/10- I/ ; initialed as provided I/ - I/ day of visit. Nothing was observed written on reverse of page - medications not provided/refusals were not documented with dates, reason, and results, and there was no indication of reporting medications not provided/refusals to resident's physician.
Resident #7 was prescribed with physician orders to take one tablet by mouth twice daily (9am & 5pm) - Med Tech initials circled as not provided at 5pm on I/ - Nothing was observed written on reverse of page - medication not provided/refusal was not documented with date, reason, and results, and there was no indication of reporting medication not provided/refusal to resident ' s physician.
Resident #7 was prescribed with physician orders to take 2 tablets by mouth twice daily (9am & 5pm) - Med Tech initials circled as not provided at 9am on I/ / and at 5pm on I/ - I/ - medication not provided/refusal was not documented with date, time, reason, and results, and there was no indication of reporting medication not provided/refusal to resident ' s physician.
Resident #7 was prescribed with physician orders to take 1 capsule by mouth twice daily (9am & 5pm) - Med Tech initials circled as not provided on I/ at 5pm - medication not provided/refusal was not documented with date, time, reason, and results, and there was no indication of reporting medication not provided/refusal to resident ' s physician.
Resident #7 was prescribed Tamulosin with physician orders to take 1 capsule by mouth twice daily

AGENCY FOR HEALTH CARE ADMINISTRATION

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(9am & 5pm) - Med Tech initials circled as not provided at 5pm on 11/17/16 - medication not provided/refusal was not documented with date, time, reason, and results, and there was no indication of reporting medication not provided/refusal to resident ' s physician.
Resident #7 was prescribed with physician orders to take 3 times daily as needed for PRN - Initialed as provided 58 times from 11/1 through - listed on reverse of Page 4 of MOR with date, time, reason, and results 17 times plus 1 time on reverse of Page 2 and 3 more times listed on reverse of Page 5; medication provision an additional 37 times was not listed on reverse of the MOR with date, time, reason, or results.
Resident #7 was prescribed with physician orders to take one cap by mouth twice daily for 10 days - Initialed as provided twice daily for 11 days (start 11/5 through).
Resident #7 was prescribed with physician orders to take one tab by mouth daily for 5 days - Initialed as provided daily for 6 days (start through).
Resident #7 was prescribed with physician orders to take one cap by mouth twice daily for 7 days - Initialed as provided at 9am for 10 days (start through day of AHCA visit) and at 5pm for 9 days (start 11/19 through 11/).
Per record review conducted at the facility on , Resident #8 was prescribed with physician orders to take one tablet by mouth once daily in the morning (9am). The , 2016, MOR contained Rs in spaces on 11/2, 3, 7, 11, 12, & 13 and Med Tech initials circled as not provided on , 25, 26, & 27.
Resident #8 was prescribed Bupropn (listed twice: for ; for) with physician orders to take one tab by mouth once daily in the morning (9am) The MOR contained Rs in spaces on 11/2, 3, 7, 11, 12, & 13 and Med Tech initials circled as not provided on , 24, 25, 26, & 27.
Resident #8 was prescribed with physician orders to take one tablet by mouth at noon daily - R was written in the space for dose; no explanation on reverse of MOR.
Further review of Resident #8 ' s , 2016, MOR revealed the following:
Noted on reverse of page 1: 11/2 at 10am - " Resident refuse morning med take only pain pills; " 11/7 at 10am " Resident didn ' t take morning med, not feeling well take only pain pills. Resident come at 1pm take pain pills like , and Promephexine. "
page 2: - 3 tablets by mouth 3 times daily - Rs for 9am & 1pm doses on 11/2, 3, 7, 11, 12, & 13, Os on & 20, and MT initials circled , 26, & 27; MT initials circled for 9pm doses on & Rs on & 27.
- Take one tablet by mouth once daily (9am) Rs on 11/2, 3, 7, 11, 12, & 13 and MT initials circled 11/25, 26, & 27 - Rs for 9am & 1pm doses on 11/2, 3, 7, 11, 12, & 13, Os on 11/19 & 20, and MT initials circled , 26, & 27; MT initials circled for 9pm doses on 11/8 & 11 & Rs on & 27.
at 9pm circled as not provided on & Rs on & 27. Nothing was written on reverse of page 2.
page 3: - 1 tablet by mouth 3 times daily - Rs on 11/2, 3, 7, 11, 12, & 13 and MT initials circled , 26, & 27 - Rs for 9am & 1pm doses on 11/2, 3, 7, 11, 12, & 13 and MT initials circled

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11/23, 24, 25, 26, & 27; MT initials circled for 9pm doses on 11/11 & Rs on 11/26 & 27.
Glucerna vanilla cans - Take one can 3 times daily with meals -- Per MOR, provide at 9am, 1pm, & 9pm, not with meals as prescribed (and 9 pm identified later as bedtime med)-- Rs for 9am doses on 11/2, 3, 7, 11, 12, & 13 and MT initials circled 11/23, 24, 25, 26, & 27; Rs for 1pm doses on 11/2, 3, 7, 11, 12, & 13 and MT initials circled [illegible], 25, 26, & 27; blank spaces for 9pm doses on 11/8, 9, 10, & 11 and Rs for 9pm doses on 11/26 & 27.
[illegible] injections before meals (7am, 11am, & 4pm), [illegible] injections per sliding scale as directed, and Lantus [illegible] injection at bedtime (9pm) are all listed with " Self Admin " written across date spaces - no indication of whether resident is injecting self as prescribed.
Nothing was written on reverse of page 3.
page 4: Sucralfate - Take one tablet by mouth 4 times daily (9am, 1pm, 5pm & 9pm) -- Rs for 9am & 1pm doses on 11/2, 3, 7, 11, 12, & 13 and MT initials circled [illegible], 25, & 26; MT initials circled for 5pm doses on 11/24, 25, & 26; MT initials circled for 9pm dose on 11/[illegible].
Tamulosin - Take one tablet by mouth every night at bedtime (9pm) - MT initials circled as not provided on [illegible] and R written for [illegible]; other initials slurred/circled, not clear whether provided.
[illegible] - Take one capsule by mouth every night at bedtime (9pm) - MT initials circled as not provided on [illegible] and R written for [illegible].
Trintellix - Take one tablet by mouth once daily in the morning with food (9am) - Rs on 11/2, 3, 7, 11, 12, & 13 and MT initials circled as not provided on [illegible], 25, & 27.
Nothing was written on reverse of page 4.
page 5: [illegible] - Take one capsule by mouth twice daily (6:30am & 4:30pm) - Rs written for 6:30am dose on 11/2. 3, 7, 11, 12, & 13 and for 4:30pm dose on [illegible].
Nothing was written on reverse of page 5
Duplicate medications on several pages - crossed out, with Duplicate written across date spaces.
page 6: TrueTrack TES - Check [illegible] sugar 4 times daily - " Self Admin " written across date spaces - no indication of whether resident is checking self as prescribed; no readings provided.
Noted on reverse of page 6: 11/11 at 8:30pm - " All 9pm meds refused/not given " - no indication of attempts to provide med through 10pm window as prescribed; upside down on same page: [illegible] at " 89 " - " hydroco/[illegible] for pain. "
page 7: Cyclbenzapr - Take one tablet by mouth 3 times daily as needed for muscle spasms PRN - Initialed as provided one time per day on 11/1, 4, 8, 9, 10, 14, 15, 16, & 17; Rs written for refusal one time per day on 11/2, 3, 5, 6, 7, 11, 12, & 13 - not being provided PRN as prescribed & not documented as PRN on reverse.
Hydroco/[illegible] - Take one tablet by mouth every 4 hours as needed PRN - no reason provided - Initialed on first line as provided 25 times from 11/1-[illegible], Rs written for refusal 2 times; Initialed on second line as provided 16 times; Initialed on third line as provided 3 times - documentation incomplete
Noted on reverse of page 7: [illegible] provided for pain at 7am on 11/1, 2, 8, 9, 10, 11, 14, 16, 21, 22, & 25 - Effective; Cycloben Zap provided for muscle spasms at 7am on 11/1, 8, 9, 10, 14 &16 -

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942892	11/28/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE SENIOR VILLAGE ASSISTED LIVING	**11722 NORTH 17TH STREET TAMPA, FL 33612**

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

Effective; 11/25 at 8am: " Resident take only pain pills; " 11/26 & 11/27 - no time specified - " Resident refuse all a.m. & noon except pain "
page 8: - Take one tablet by mouth every night at bedtime (9pm) - initialed as provided at 9pm on 11/1-11/25 except 11/11 space blank and R written for 11/26 & 11/27.
Physician order for , dated with instructions to take one tablet by mouth every 8 hours for pain (6am, 2pm, 10pm) initialed as provided at 6am on 11/1-11/16 except R written for 11/3, 7, & 11; initialed as provided at 2pm on 11/1-11/16; initialed as provided at 10pm on 11/1-11/16 except 11/6 blank & MT initials circled as not provided on 11/11. Another physician order for on same page dated with instructions to take one tablet by mouth every 6 hours for pain (6am, 12pm, 6pm, & 12am) initialed as provided the 4 times prescribed on / / by 3 different Med Techs " Error " is written next to the initials, with note: " New order ." The Med Tech initials indicate Resident #8 was provided 6 times on / / at 6am, 12pm, 2pm, 6pm, 10pm, & 12am.
Noted on reverse of page 8: / at 10am: " Resident refused all morning med take only pain pills and pill; " / / at 8am, / at 2pm, / at 8am, & / at 8am, written by 1 Med Tech: provided for
page 9: Physician order for , dated with instructions to take one tablet by mouth every 8 hours for pain (6am, 2pm, 10pm) - changes handwritten (without explanation) to provide at 6am, 12pm, 6pm, & midnight - initialed as provided at 6am, 12pm, & 6pm on 11/1 and at 6am & 12pm on 11/2. " Error " is written next to the initials. with note: " New order ."
Handwritten order for , dated 11/ / with instructions to take one tablet by mouth every 6 hours for pain (6am, 12pm, 6pm, & 12am) initialed as provided at 6am & 12pm from / - / , at 6pm from / - / , Rs written for refusal on / & / ; 12am spaces blank - no initials as of / / AHCA survey signifying having provided the medication at 12am as prescribed from 11/17 through / .
- Take one tablet by mouth every 6 hours as needed for PRN - Initialed as provided one time per day on 11/1, 3-8, 13-17, and 26 -27 and two times on / ; Rs written for refusal on 11/2, 9, 10, 11, & 28. Listed on reverse of page 9: provided on 11/1 at 9am, 11/3 at 11am, 11/8 at 7am, / at 7am, / at 7am & / at 10am; no documentation re. doses provided on 11/4, 5, 6, 7, 13, 15, 17, 26, 27 and 2 times on / . Since a PRN med is provided for a resident upon request, refusals are not applicable.
Per record review conducted at the facility on /, Resident #9 was prescribed with physician orders to take 2 tablets by mouth every 6 hours as needed for pain PRN - Initialed as provided 38 times from 11/1- / / day of AHCA visit. Noted on reverse of MOR: provided 10 times from 11/4- / ; additional 28 times medication initialed as provided was not documented on reverse with date, time, reason, & results.
Resident #9 was prescribed with physician orders to take 1 tablet by mouth every 6 hours as needed (Handwritten-does not specify reason for taking) - Initialed as provided 36 times from 11/1-11/ day of AHCA visit. Noted on reverse of page 2: / / @3:30pm - no reason

AGENCY FOR HEALTH CARE ADMINISTRATION

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE SENIOR VILLAGE ASSISTED LIVING	**11722 NORTH 17TH STREET TAMPA, FL 33612**

SUMMARY STATEMENT OF DEFICIENCIES
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provided-effective @3:30pm. Listed at top on reverse of page 3: [illegible] provided 11/1, 4, 7, 9, 18, 22, 22, 27, & 28; Listed at bottom (upside down) on reverse of page 3: [illegible] provided 11/7, 8, 9, 11, 15. Medication not listed in order of provision for check of last time provided; individual medication provider listings of dates & times provided; provision Initialed 36 times was documented with date, time, reason, & results 14 times.
Per interviews with the Administrator and the Wellness Director on [illegible], the facility is aware of problem with meds disorganization. They stated the facility's pharmacy changed 3 times in one month and each had different instructions for med techs to follow, creating [illegible] among all. The Wellness Director provided documentation of corporate pharmacy consultant medications/MORs review that identified 18 resident MORs in need of physician order changes and/or pharmacy MOR updates.
Per interview conducted with the Wellness Director on [illegible] at 11:45am, the LPN stated she checks MORs and all Med Techs are supposed to check all medication entries before leaving at end of shift.
Per interview conducted with the Administrator on [illegible] at 4:30pm, the Administrator stated the LPN Wellness Director does medication/MOR spot checks and the company's Pharmacist checked medication issues about 1 week prior to survey.

Class III

0056 Medication - Labeling and Orders

Based on observation, record review and interview, the facility failed to ensure that medications prescribed to be provided as needed include specific directions including the circumstances under which it would be appropriate for the resident to request the medication and any limitations for 6 of 6 as needed (PRN) medications reviewed for residents #7, 8, and 9.

Findings included:

On [illegible] beginning at 10:30am, Surveyor observed Staff A & Staff B providing residents assistance with self-administration of medications and reviewed the facility's Medication Observation Records (MORs). Surveyor observed the following incomplete PRN orders:
Resident #7 was prescribed [illegible] with physician orders to take 3 times daily as needed for [illegible] PRN - Initialed as provided 58 times from 11/1 through [illegible] - listed on reverse of Page 4 of [illegible] 2016 MOR with date, time, reason, and results 17 times plus 1 time on reverse of Page 2 and 3 more times listed on reverse of Page 5. Medication provision an additional 37 times was not listed on reverse of the MOR with date, time, reason, or results. The parameter provided was 3 times per day; no times or limitations specified. Documentation did not include all dates and times this medication was provided or effectiveness of the PRN.
Resident #8 was prescribed Cyclbenzapr with physician orders to take one tablet by mouth 3 times daily

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SUNRISE SENIOR VILLAGE ASSISTED LIVING	**11722 NORTH 17TH STREET TAMPA, FL 33612**

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as needed for muscle spasms PRN - Initialed on 2016 MOR as provided one time per day on 11/1, 4, 8, 9, 10, 14, 15, 16, & 17; Rs written for refusal one time per day on 11/2, 3, 5, 6, 7, 11, 12, & 13. There was no indication that this medication is being provided as needed (PRN) as prescribed & not documented as PRN with date, time, reason, and results on reverse of the MOR.
Resident #8 was prescribed Hydroco/ with physician orders to take one tablet by mouth every 4 hours as needed PRN - no reason provided - Initialed on first line as provided 25 times from 11/1- / , Rs written for refusal 2 times; Initialed on second line as provided 16 times; Initialed on third line as provided 3 times. Noted on reverse of MOR: provided for pain at 7am on 11/1, 2, 8, 9, 10, 11, 14, 16, 21, 22, & 25 - Effective; / at 8am: " Resident take only pain pills; " / & / - no time specified - " Resident refuse all a.m. & noon except pain. " There was no indication that this medication is being provided as needed (PRN) as prescribed & not documented as PRN when provided with date, time, reason, and results on reverse of the MOR.
Resident #8 was prescribed with physician orders to take one tablet by mouth every 6 hours as needed for PRN - Initialed as provided one time per day on 11/1, 3-8, 13-17, and 26 -27 and two times on / / ; Rs written for refusal on 11/2, 9, 10, 11, & 28. Listed on reverse of page o provided on 11/1 at 9am, 11/3 at 11am, 11/8 at 7am, / at 7am, / at 7am & / at 10am; no documentation re. doses provided on 11/4, 5, 6, 7, 13, 15, 17, 26, 27 and 2 times on / / . Since a PRN med is provided for a resident upon request, refusals are not applicable.
Per record review conducted at the facility on / / , Resident #9 was prescribed with physician orders to take 2 tablets by mouth every 6 hours as needed for pain PRN - Initialed as provided 38 times from 11/1- / / day of AHCA visit. Noted on reverse of MOR: provided 10 times from 11/4- / ; additional 28 times medication initialed as provided was not documented on reverse with date, time, reason, & results.
Resident #9 was prescribed with physician orders to take 1 tablet by mouth every 6 hours as needed (Handwritten-does not specify reason for taking) - Initialed as provided 36 times from 11/1- / day of AHCA visit. Noted on reverse of page 2: / @3:30pm - no reason provided-effective @3:30pm. Listed at top on reverse of page 3: provided 11/1, 4, 7, 9, 18, 22, 22, 27, & 28; Listed at bottom (upside down) on reverse of page 3: provided 11/7, 8, 9, 11, 15. Medication not listed in order of provision for check of last time provided; individual medication provider listings of dates & times provided; provision Initialed 36 times was documented with date, time, reason, & results 14 times.
Per interviews with the Administrator and the Wellness Director on / , the facility is aware of problem with meds disorganization. They stated the facility's pharmacy changed 3 times in one month and each had different instructions for med techs to follow, creating among all. The Wellness Director provided documentation of corporate pharmacy consultant medications/MORs review that identified 18 resident MORs in need of physician order changes and/or pharmacy MOR updates.

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

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	AL11942892	**11/28/2016**
NAME OF PROVIDER OR SUPPLIER **SUNRISE SENIOR VILLAGE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **11722 NORTH 17TH STREET TAMPA, FL 33612**	

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

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

December 7, 2016

Administrator
Sunrise Senior Village Assisted Living
11722 North 17th Street
Tampa, FL 33612

RE: CCR# 2016010973, CCR# 2016013165, & CCR# 2016013182

Dear Administrator:

This letter reports the findings of three complaint surveys that were conducted on December 7, 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 January 6, 2017.** 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
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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

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