STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969059	01/31/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE COCONUT POINT	8460 MURANO DEL LAGO DR BONITA SPRINGS, FL 34135

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

0000 - Initial Comments

An unannounced complaint survey for CCR# 2016012893 was conducted on 1/31/17 at American House Coconut Point, a assisted living facility (license #12898) in Bonita Springs, Florida.

The complaint contained 1 allegation, which was substantiated with deficiency.

The following is a description of the deficiency.

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on interview and record review the facility failed to ensure 3 (Residents #2, #4, and #5) of 3 residents' medication review revealed their medication observation record (MOR) was not updated immediately after missing a medication dose.

The findings included:

On / / from 12:15 p.m. to 12:45 p.m., observed medication pass with Staff A for Residents #2, #4, and #5.

On / / review of Resident #2's Medication Observation Record (MOR) revealed in 2016 he did not receive his scheduled medication 11 times. The 2016 MOR had 8 blank areas with no documentation why Resident #2 did not receive his medication and 3 circled medications stating Resident #2 did not receive his medication because pharmacy did not deliver the medication as ordered.

Review of Resident #2's MOR revealed in 2017 he did not receive his scheduled medication 33 times. The 2017 MOR had 7 blank areas with no documentation why Resident #2 did not receive his medication and 16 circled medications stating Resident #2 did not receive his medications because pharmacy did not deliver Resident #2's medications as ordered, by the physician.

On / / review of Resident #4's MOR revealed in 2016 she did not receive her scheduled medication 2 times. The 2016 MOR had 1 blank area with no documentation why Resident #4 did not receive her medication and 1 circled medication stating Resident #4 did not receive her medication because pharmacy did not deliver the medication as ordered.

Review of Resident #4's MOR revealed in 2017 she did not receive her scheduled medication 10 times. The 2017 MOR had 8 blank areas with no documentation why Resident #4 did not receive her medication and 2 circled medications stating Resident #4 did not receive her medications

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969059	**01/31/2017**
NAME OF PROVIDER OR SUPPLIER **AMERICAN HOUSE COCONUT POINT**	STREET ADDRESS, CITY, STATE, ZIP CODE **8460 MURANO DEL LAGO DR** **BONITA SPRINGS, FL 34135**	

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

because pharmacy did not deliver Resident #4's medications as ordered, by the physician.

On / / review of Resident #5's MOR revealed in 2016 she did not receive her scheduled medication 2 times. The 2016 MOR had 1 blank area with no documentation why Resident #5 did not receive her medication and 1 circled medication stating Resident #5 did not receive her medication because pharmacy did not deliver the medication as ordered.

Review of Resident #5's MOR revealed in 2017 she did not receive her scheduled medication 6 times. The 2017 MOR had 5 blank areas with no documentation why Resident #5 did not receive her medication and 1 circled medication stating

Resident #5 did not receive her medications because pharmacy did not deliver Resident #5's medications as ordered, by the physician.

On / / at 1:15 p.m., an interview was conducted with the Wellness Director (WD). He said it is the facility's policy if a resident does not receive their medication as ordered the facility staff is required to document why the resident did not receive the medication on the back of the MOR and notify the physician and legal representative of the missed medication doses. He confirmed after he reviewed the MOR for 2016 and 2017 Residents #2 did not receive 44 medication doses, Resident #4 did not receive 12 medication doses, and Resident #5 did not receive 8 medication doses. The WD confirmed Resident #2, #4, and #5's MOR had 30 blank areas which revealed the nursing staff did not document the missing medication doses on the MOR as required. He further said after reviewing Residents #2, #4, and #5's medical records the facility staff did not document they had notified the primary care physician or their responsible parties as required.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

Administrator
American House Coconut Point
8460 Murano Del Lago Dr
Bonita Springs, FL 34135

RE: CCR #2016012893

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2017 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 , 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.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Field Office Manager

JS/arb
Enclosure
XG90

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com