| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969091** | **04/11/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**TUSCAN GARDENS OF VENETIA BAY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**841 VENETIA BAY BLVD**<br>**VENICE, FL 34285** | |

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

**0000 - Initial Comments**

An unannounced complaint investigation, CCR#2017002826, was conducted on at Tuscan Gardens of Venetia Bay, an Assisted Living Facility (License #12918) in Venice, Florida.

The following is description of the deficiencies.

**0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28(1-2) FS**

Based on observations, record reviews and interviews, the facility failed to ensure 3 (Resident #1, #,3 and #4) of 5 residents reviewed received their medications in a timely manner.

The findings included:

1. Record review on showed Resident #1 was ordered to receive , 100 mcg. daily every a.m. Observation on at 7:59 a.m. showed Staff B assisting the resident with his medication. Review of the MOR (Medication Observation Record) showed the dosing time of the medication for 6:00 a.m.

2. Record review on showed Resident #3 was ordered to receive , 125 mg. DR (Delayed Release) by mouth three times daily. The facility scheduled the dosing times for 8:00 a.m., mid-day and h.s. Observation on showed Resident #3 taking her medication at 9:48 a.m.

3. Record review on showed Resident #4 was ordered to receive , 50 mcg. every day. Observation on at 7:45 a.m. found the dosing time of the scheduled for 6:00 a.m.

During an interview on at 8:00 a.m., Staff C said she had given Resident #4 her medication at 7:45 a.m.

4. During an interview on at 1:30 p.m., the interim DOHS (Director of Health Services) confirmed the dosing times of 6:00 a.m. for , (Resident #1 and #4) and the 8:00 a.m. dosing time for , (Resident #3). She confirmed staff failed to deliver the medications timely.

5. Record review on for Resident #5 showed an assessment dated by the former DOHS indicating Resident #5 required administration of medications through his , tube. Record review revealed the facility failed to notify the physician Resident #5 after a change in his condition he was unable to safely self-administer his medications through his , tube.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11969091 | 04/11/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **TUSCAN GARDENS OF VENETIA BAY** | **841 VENETIA BAY BLVD VENICE, FL 34285** |

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

Review of the 1823 Health Assessment dated found the following ordered medications: 81 mg. po (per oral) q (every) d (day), Certrizine 10 mg. po daily, 10 mg. po daily, (illegible); 50 mcg, two squirts each nostril, ER 25 mg. ½ tab po q d, and Milk of Magnesia po daily.

In an interview on at 3:42 p.m., Staff A said she administers and medicine to Resident #5 through his tube. When asked about his other medications, she said Resident #5 self-administers those medications. She was unaware of the change in condition of Resident #5 which determined he was unable to safely self-administer his medications. She said she could not be sure he was receiving those medications.

During an interview on at 5:20 p.m., the interim DOHS said she was going to conduct another assessment of Resident #5. She said Resident #5 requires administration of all of his medications and tube feedings and would clarify the record and orders with the physician.

Class III

**0050 - Medication - Self Administered Medications - 429.256(2) FS;58A-5.0185(1) FAC**

Based on observation, record review and interview, the facility failed to notify the physician of a change of condition and improper self-administration of medications for 1 (Resident #5) of 5 residents reviewed.

The findings included:

Observation on at 9:45 a.m. found Resident #5 in his in a chair. He said he had been at the facility since it opened and had a ( ) tube in place because he was unable to swallow. He said the nurses take care of the tube to include cleaning the site, making sure the connector is ok, and assists with some of his medications. He said he does his own medications at night. He said he doesn't take anything by mouth.

Record review on for Resident #5 showed an assessment dated by the former DOHS (Director of Health Services) indicating Resident #5 had a change in condition and required administration of medications through his tube.

A service plan was completed on by the former DOHS. She documented Resident #5 needed assistance with routine medications and tube feedings. She documented Resident #5 was pleasantly and forgetful to time and place. The service plan documented staff were to monitor

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11969091 | 04/11/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **TUSCAN GARDENS OF VENETIA BAY** | **841 VENETIA BAY BLVD VENICE, FL 34285** |

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

for any adverse effect of the medications.

Record review revealed the facility failed to notify the physician Resident #5 after a change in his condition he was unable to safely self-administer his medications through his tube.

Review of the 1823 Health Assessment dated found the following ordered medications: 81 mg. po (per oral) q (every) d (day), Certrizine 10 mg. po daily, 10 mg. po daily, (illegible); 50 mcg, two squirts each nostril, ER 25 mg., ½ tab po q d, and Milk of Magnesia po daily.

In an interview on at 3:42 p.m., Staff A said she administers a and medicine to Resident #5 through his tube. When asked about his other medications, she said Resident #5 self-administers those medications. She was unaware of the change in condition of Resident #5 which determined he was unable to safely self-administer his medications. She said she could not be sure he was receiving those medications.

During an interview on at 5:20 p.m., the interim DOHS said she was going to conduct another assessment of Resident #5. She said Resident #5 requires administration of all of his medications and tube feedings and would clarify the record and orders with the physician.

Class III

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

Based on observations, record reviews and interviews, the facility failed to ensure accurate Medication Observation Records (MORs) for 3 (Resident #1, #3, and #4) of 5 sampled residents.

The findings included:

1. Resident #1 was ordered to receive 100 mcg daily every a.m. Observation on at 7:59 a.m. showed Staff B assisting the resident with his medication. After assisting Resident #1, she signed the electronic MOR (Medication Observation Record). Review of the hard copy MOR showed she signed off on the MOR for "6:00 a.m."

2. Resident #3 was ordered to receive 125 mg. DR by mouth three times daily. The facility scheduled the dosing times for 8:00 a.m., mid-day and h.s. Observation on showed Resident #3 taking her medication at 9:48 a.m. Staff B signed off on the electronic MOR after the resident received her medication. Review of the hard copy MOR showed she initialed the time the Resident #3 received

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969091** | **04/11/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**TUSCAN GARDENS OF VENETIA BAY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**841 VENETIA BAY BLVD**<br>**VENICE, FL 34285** | |

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

the medication as "8:00 a.m."

3. Resident #4 was ordered to receive 50 mcg. every day. Observation on at 7:45 a.m. showed Staff C signing off on the MOR the medication was given at 6:00 a.m.

During an interview on at 8:00 a.m., Staff C confirmed she signed off she gave Resident #4 her medication at 6:00 a.m.

4. In an interview with Staff B on at 11:30 a.m., she said when she signs off on the MOR on the computer, it shows the correct time; however, when the MOR is printed, it will not show the time it was actually given. Staff A, who was also present during this interview, said there is a spot in the computer where they can actually go in and document the time the medication was given but wasn't sure Staff B was aware of this. They could not show on the computer or on a hard copy MOR the actual time the medications were given to Residents' 1, 3 and 4.

5. During an interview on at 11:30 a.m., the interim Director of Health Services said she had no idea how to print out MORs that would reflect the actual time the residents received their medication. She checked with her regional nurse who was unable to provide the accurate documentation at the time of the survey.

Class III