

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/16/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11943102	(X3) DATE SURVEY COMPLETED 10/27/2017
NAME OF PROVIDER OR SUPPLIER SAVANNAH COURT OF THE PALM BEA	STREET ADDRESS, CITY, STATE, ZIP CODE 2090 N. CONGRESS AVENUE WEST PALM BEACH, FL 33401	

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

0000 - Initial Comments

A monitoring inspection was conducted on _____ at Savannah Court of The Palm Beaches, license #8367. The Savannah Court Of The Palm Beaches had deficiencies found at the time of visit.

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on interview and record review, the facility failed to contact the prescribing physician and request specific instructions to assist 1 out of 1 sampled resident (resident #1) with the self-administration of an "as needed" medication.

The findings are:

In an interview with resident #1 on _____ at 11:45am, she stated that she was offered by the facility's unlicensed staff member to take a _____ tablet a couple days ago instead of her pain medication. She stated that she did not understand why her _____ tablet pain medication, which she received routinely twice per day, was to be replaced with a _____ tablet which was not a routine medication.

Review of resident #1's medication observation record (MOR) dated from _____ to _____ indicated that the resident received one _____ 50mg tablet twice daily from _____ to _____ and she also received a single dose of one _____ 0.25mg tablet on _____ at 3:00pm. Review of this MOR indicated that the resident must receive a _____ 0.25mg three times daily as needed and that an unlicensed staff member assisted the resident with the self-administration of this medication on _____.

Further review of this resident's record indicated that there were no specific dated physician instructions citing circumstances under which it would be appropriate for the resident to request the _____ medication or any limitations for the unlicensed staff member to follow during the assistance with self-administration of this medication. Review of the resident's _____ medication label indicated that there were no physician instructions to prevent an unlicensed individual from using judgment and discretion to evaluate the resident's condition before assistance with the self-administration of this "as needed" medication.

In an interview with the facility's supervising nurse on _____ at 12:00pm, she stated that the facility did not specifically contact to request resident #1's physician for specific instructions for an unlicensed staff member to assist the resident with the self-administration of the "as needed" _____ medication. She stated that a facility unlicensed staff member assisted resident #1 with the self-administration of _____ "as needed" medication on _____. She stated that she could not find in the resident's record any of the prescribing physician's instructions citing circumstances under which it would be appropriate for the resident to request the _____ medication or any limitations for the unlicensed staff member to

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follow during the assistance with self-administration of this "as needed" medication. Class III		