STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964471	12/05/2017
NAME OF PROVIDER OR SUPPLIER **SOUTHERN HOME CARE MGMT**	STREET ADDRESS, CITY, STATE, ZIP CODE **739 BERNICE COURT ORLANDO, FL 32825**	

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

0000 - Initial Comments

The re-licensure survey was conducted on . Southern Home Care Management had deficiencies at the time of the visit.

0051 - Medication - Pill Organizers - 58A-5.0185(2) FAC

Based on observations, record review and interview the facility failed to ensure that a licensed nurse managed pill organizers to be used only by residents who self-administer medications and allowed unlicensed staff to provide assistance with self- administration of medications from a pill organizer for 2 of 2 sample residents (# 1 and # 2).

Findings:

1) During a Medication Pass observation on at 8:15 AM, Staff #A unlocked the medication closet in the kitchen and removed a pill organizer for resident #1. She opened the compartment labeled Tuesday AM and put 6 ½ pills from the organizer into the resident's hand and observed as he swallowed them with water. There were no medication bottles in the facility. There was no Medication Observation Record (MOR) kept in the facility.

Focused review of the record for resident #1 revealed a health assessment (form 1823) dated . The section for type of assistance required with medications was left blank. An updated 1823, dated , was provided and documented resident #1 requires assistance with the self-administration of medications.

In an interview with Staff A on at 8:20 AM, she stated the resident's sister filled the organizer each week. She confirmed that she did not have a MOR for resident #1 and did not know what medications he was taking. She stated resident #1 would not be able to self-administer medications.

In an interview with the administrator on at 11:30 PM, he confirmed they did not know what medications the resident was taking and that the sister was filling the organizer. He stated he thought that was allowed.

2) During a Medication Pass observation on at 10:00 AM, Staff #A took a pill organizer out of the locked medication closet in the kitchen. She placed it in front of resident #2 and said, "It's time for your ." The resident opened the compartment labeled 10:00 AM and removed the pill. He swallowed the pill with water. Staff #A documented in the MOR and returned the pill organizer to the closet.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964471	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN HOME CARE MGMT**	STREET ADDRESS, CITY, STATE, ZIP CODE **739 BERNICE COURT** **ORLANDO, FL 32825**	

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

In an interview with Staff A on at 10:05 AM, she stated the resident filled his own organizer every night.

In an interview with the resident on at 10:10 AM, he stated he prefers to fill the organizer every night to make sure he gets all of his pills on time each day.

Focused review of the record for resident #2 revealed a health assessment dated . The 1823 documented resident #2 required assistance with self-administration of medications. An updated 1823, dated , was provided and documented resident #2 continues to require assistance with the self-administration of medications.

In an interview with the administrator on at 11:30 PM, he confirmed the resident fills his own pill organizer every day and said he did not realize he was not allowed to do that.

Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, record review and interview, the facility failed to ensure they maintained a list of all centrally stored medications, and that medications were in the original, labeled container from the pharmacy for 2 of 2 sampled residents (#1, #2).

Findings:

1) During a Medication Pass observation on at 8:15 AM, Staff #A unlocked the medication closet in the kitchen and removed a pill organizer for resident #1. She opened the compartment labeled Tuesday AM and put 6 ½ pills from the organizer into the resident's hand and observed as he swallowed them with water. There were no medication bottles in the facility. There was no Medication Observation Record (MOR) kept in the facility.

Focused review of the record for resident #1 revealed a health assessment (form 1823) dated . The section for type of assistance required with medications was left blank. An updated 1823, dated , was provided and documented resident #1 requires assistance with the self-administration of medications.

In an interview with Staff A on at 8:20 AM, she confirmed that she did not have a MOR, a list of medications or the original containers for resident #1 and did not know what medications he was taking.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964471	**12/05/2017**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN HOME CARE MGMT**	STREET ADDRESS, CITY, STATE, ZIP CODE **739 BERNICE COURT** **ORLANDO, FL 32825**	

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

She stated resident #1 would not be able to self-administer medications.

In an interview with the administrator on at 11:30 PM, he confirmed they did not know what medications the resident was taking and that the sister was filling the organizer. He stated he thought that was allowed.

2) During a Medication Pass observation on at 10:00 AM, Staff #A took a pill organizer out of the locked medication closet in the kitchen. She placed it in front of resident #2 and said, "It's time for your , ." The resident opened the compartment labeled 10AM and removed the pill. Staff #A documented in the MOR and returned the pill organizer to the closet. Observation of the medication basket for resident #2 revealed original containers for the medications and a MOR were present, but they were using a pill organizer for the medications.

In an interview with Staff A on at 10:05 AM, she stated the resident filled his own organizer every night.

In an interview with the resident on at 10:10 AM, he stated he prefers to fill the organizer every night to make sure he gets all of his pills on time each day.

Focused review of the record for resident #2 revealed a health assessment dated . The 1823 documented resident #2 required assistance with self-administration of medications. An updated 1823, dated , was provided and documented resident #2 continues to requires assistance with the self-administration of medications.

In an interview with the administrator on at 11:30 PM, he confirmed the resident fills his own pill organizer every day and said he did not realize he was not allowed to do that or keep it in the medication closet.

Class III