STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965303	R 02/28/2018
NAME OF PROVIDER OR SUPPLIER **ALBINA MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **820 15 TH STREET N.** **SAINT PETERSBURG, FL 33705**	

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

0000 - Initial Comments

Assisted Living Facility

On , , 2018 a Revisit to 12/27/17 Biennial was conducted at Albina Manor. All of the previously cited deficiencies were not corrected at the time of the visit.
(License # 9774)

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

Based on record review, interview and observation the facility failed to ensure the medication observation record was accurate for 1 of 3 (#4) residents sampled. Additionally they failed to ensure 1 of 3 (#4) residents received their medication as ordered by the physician.

Findings included:

On a review of the Medication Observation Record (MOR) was conducted for Resident #4. Resident #4's MOR revealed an order for , 250 Units/G , , apply to affected areas to left calf once daily and , itch stopping cream, apply to affected areas arms and legs twice daily. Additionally, the MOR revealed , 15 MG oral tablet Take 1 tablet in mouth every day at bedtime for , . Resident #4's order and label read , 7.5 MG oral tablet Take 1 tablet by mouth every day at bedtime. The medication was signed as given at 12 PM on , 1-28, 2018.

During a medication pass observation on at 12:16 PM for Resident #4, he was observed being given , 15 MG oral tablet Take 1 tablet in mouth every day at bedtime for , and at no time during the medication observation did the medication tech (Staff A) offer or apply two , creams (, 250 Units/G , and , itch stopping cream) as ordered by the physician.

On at 1:24 PM an interview was conducted with Staff D. Staff D stated, "I do not administer his creams, he does it himself." "I did not give it to him, I guess I forgot." "Yes, I did sign for it."

On at 1:39 PM an interview was conducted with Staff E. Staff E stated, "I put the cream on his (Resident #4) finger and he puts it on."

On at 1:40 PM an interview was conducted with the Administrator. The Administrator stated they had spoken to the pharmacy about the error on Resident #4's MOR, but they thought it had been fixed. They stated Resident #4 should be getting both of his , creams every day as ordered.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965303	R 02/28/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALBINA MANOR	**820 15 TH STREET N.** **SAINT PETERSBURG, FL 33705**

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

Class III

0058 - Pharmacy & Dietary; Uncorrected Deficiencies - 429.42(1-2) FS; 58A-5.033(3)(a) FAC

Based on observation, interview and record review, the facility failed to ensure the accuracy of Medication Observation Records (MORs) for one of one (Resident #4) sampled residents observed receiving assistance with self-administration of medication. The facility failed to correct a deficiency related to medication and is now required to contract with a pharmacy consultant.

Findings included:

On during the facility's biennial survey, the facility was cited for three Class III deficiencies related to medications.

On a review of the Medication Observation Record (MOR) was conducted for Resident #4. Resident #4's MOR revealed an order for , 250 Units/G , , apply to affected areas to left calf once daily and , itch stopping cream, apply to affected areas arms and legs twice daily. Additionally, the MOR revealed , 15 MG oral tablet Take 1 tablet in mouth every day at bedtime for , . Resident #4's order and label read , 7.5 MG oral tablet Take 1 tablet by mouth every day at bedtime. The medication was signed as given at 12 PM on , 1-28, 2018.

During a medication pass observation on at 12:16 PM for Resident #4, he was observed being given , 15 MG oral tablet Take 1 tablet in mouth every day at bedtime for , and at no time during the medication observation did the medication tech (Staff A) offer or apply two , creams (, 250 Units/G , and , itch stopping cream) as ordered by the physician.

On at 1:24 PM an interview was conducted with Staff D. Staff D stated, "I do not administer his creams, he does it himself." "I did not give it to him, I guess I forgot." "Yes, I did sign for it."

On at 1:39 PM an interview was conducted with Staff E. Staff E stated, "I put the cream on his (Resident #4) finger and he puts it on."

On at 1:40 PM an interview was conducted with the Administrator. The Administrator stated they had spoken to the pharmacy about the error on Resident #4's MOR, but they thought it had been fixed. They stated Resident #4 should be getting both of his , creams every day as ordered.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965303	R **02/28/2018**
NAME OF PROVIDER OR SUPPLIER **ALBINA MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **820 15 TH STREET N.** **SAINT PETERSBURG, FL 33705**	

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

Due to an uncorrected Class III deficiency related to medication practices, the facility is required to contract with a registered nurse or licensed pharmacist as required under 429. 42 FS.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on record review and interview the facility failed to ensure 1 of 2 (C) staff records reviewed included documentation from a health care provider within 30 days of employment, stating they are free from communicable .

Findings included:

A review of Staff C's, with a hire date of , record was conducted on . Staff C's record did not include documentation from a health care provider stating they are free from communicable within 30 days of employment.

An interview was conducted with the Administrator on at 9:42 AM. The Administrator stated Staff C had a physical done and they thought it would be good for the communicable statement.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965303	R 02/28/2018
NAME OF PROVIDER OR SUPPLIER **ALBINA MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **820 15 TH STREET N.** **SAINT PETERSBURG, FL 33705**	

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

Z815 - Background Screening; Prohibited Offenses - 408.809; 435.02(2); 435.06 FS

Based on record review, interview and observation the facility failed to ensure 1 (D) staff whose responsibilities requires them to provide personal care and services had an eligible level II background screening (BGS).

Findings included:

On a record review was conducted for Staff D, with a hire date of . Staff D's record did not include documentation of an eligible level II BGS.

On a review of the background screening clearinghouse was conducted. It revealed Staff D did initiate a BGS but it is currently in process.

On at 11:32 AM an interview was conducted with Staff D. Staff D stated she did go for a new level II BGS but it is not cleared yet, she keeps calling and it is taking a long time. She works in the facility daily since her date of hire "doing everything." Stated she did have a level II BGS done "a long time ago."

On at 11:52 AM an interview was conducted with the Administrator. The Administrator stated they assumed since it had been two weeks since she had the screening it would be good.

On during the hours of the survey, 9 AM-2 PM, Staff D was observed providing direct resident care to include assisting with medications, preparing and serving lunch and assisting residents with ambulation.

Unclassified.