| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968848** | **10/02/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**MORSELIFE MEMORY CARE RESIDENCE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4847 FRED GLADSTONE DR**<br>**WEST PALM BEACH, FL 33417** | |

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

**0000 - Initial Comments**

An unannounced licensure complaint survey, CCR #2018010729, was conducted at Morselife Memory Care Residence, License #12684. The facility had a deficiency identified at the time of the survey.

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

Based on observation, record reviews and interviews, the facility failed to ensure that all doses of a controlled substance medication ( ) were documented, for 1 of 3 sampled residents (Resident #1) .

Findings include:

A review of the facility policy and procedure for controlled substance medications revealed the following :
1) All are double locked and stored separately from other medications,
2) Nurses verify the count for reconciliation to occur at beginning and end of shift.
3) Access is limited to licensed nursing personnel only
4) Reconciliation will be done when the courier brings the medication to the nursing unit and at the beginning and end of every shift by the nurse.

Steps to Disposition of Controlled Substance includes the following:
1) When a controlled substance is discontinued or when a patient. Resident is discharged, the medication is collected from the unit by the Nurse Manager along with the controlled Medication Utilization Record.
2) The Nursing Supervisor will verify that two (2) nursing signatures are present on the record,
3) The medication is brought to the Nursing Office
4) The Controlled Medication Utilization /record is attached to the medication that is to be destroyed and the medication is double-locked in the Nurse Managers office,
5) The Controlled Substance Destruction form, at the time of destruction shall be witnessed and signed by the Nurse Manager and another Nurse.
6) The facility is responsible for completing the form showing the name and quantity of the drug, strength, dosage, form, patient's name, prescription number and facility name.
7) The controlled substance is then destroyed in the presence of two or more licensed personnel.

A count was conducted with the Medication Nurse and the Nurse Manager on both the first and second floor on at 9:30 AM. Review of the daily count records confirmed that the nurse

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968848 | 10/02/2018 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MORSELIFE MEMORY CARE RESIDENCE** | **4847 FRED GLADSTONE DR WEST PALM BEACH, FL 33417** |

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

conducted counts at the start and end of each shift. There were no discrepancies in the daily count sheet record.

The Nursing staff both confirmed that they conducted the counts and documented their signatures . The nurses stated that they lock the keys into the Nursing supply cabinet at the end of each shift. When they return, they use their personal key to open the Nursing supply cabinet to retrieve the keys to the Medication Cart. When asked the nurses stated that if they need to waste a medication, the nurse on duty for the opposite floor is called and both witness the wastage and document it on the medication records.

A review of the closed record of Resident # 1 revealed that she had orders dated for , solution 100mg/5ml , give 0.25ml three times daily dispense 30ml. The nursing staff documented each dose from to the last dose on at 8pm. The total remaining was 1.75 ml. There was no signature on the disposal record to account for the remaining 1.75ml. The Chart also contained records of the same prescription from to without discrepancies. All doses were accounted for during that time period. It was noted that Resident # 1 expired on while under Hospice care.

An interview was conducted with the Medication Nurse on the second floor. She stated that Resident # 2 was on Crisis Care with Hospice on and off for the last few months of her life. When Hospice took over care of the resident, all of the resident's medications including , were placed in a locked box and given to the Hospice Nurse. The Hospice Nurse was charged with administering all of the resident's medications on the facilities Medication Observation Record, however they did not continue the documentation on the controlled medication utilization record. If a hospice nurse wasted any medication, this was conducted with another hospice nurse.

A side by side review of the referenced records was conducted with the Nurse Manager on at 2:00 PM. She confirmed that there was no documentation or other evidence that the remaining 1.75 ml of , had been destroyed. The Administrator was present and also confirmed that the Hospice Nurse was not required to continue documenting the controlled substance medications on the utilization form. She stated that the bottle of the remaining 1.75 ml of , was probably given to the Hospice Nurse. When asked to provide documentation by the Hospice Nurse that she had administered the remaining , , she confirmed that the chart did not contain this documentation.

The Administrator confirmed that Hospice Staff should be responsible for documenting the administration of controlled substance medications ( , ) on both the Medication Administration Record and the Controlled Medication Utilization Record. The Administrator confirmed that the facility

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968848** | **10/02/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**MORSELIFE MEMORY CARE RESIDENCE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4847 FRED GLADSTONE DR**<br>**WEST PALM BEACH, FL 33417** | |

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

failed to ensure that all controlled medications were either administered and/or wasted .

Class III