STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967884	R 04/10/2019
NAME OF PROVIDER OR SUPPLIER **ORCHIDS HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **2960 MEADOWS OAKS DR S** **CLEARWATER, FL 33761**	

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

0000 - Initial Comments

Assisted Living Facility

A Revisit to a 09/17/18 biennial survey was conducted at Orchids Home Assisted Living Facility on 04/10/19. Deficiencies were identified at the time of the survey.

(License#: 11901)

0052 - Medication - Assistance with Self-Admin - 429.256( ); 58A-5.0185 (3)

Based on observation, record review, and interview, the facility's unlicensed staff failed to read medication labels aloud and to pop medications from their original container in to another container in front of the residents for two Residents (#1 and #2) of two, sampled resident that required assistance with self-administration of medications.

Findings Included:

During an observation of the medication (med) pass with Staff A, an unlicensed staff, for Resident #1, conducted on at 07:20am, Staff A did not read the med labels aloud to Resident #1 and Resident #2 each time the meds were offered to the residents. Staff A popped the pills out of the med packs in to a soufflé med cup in the sitting room behind the kitchen area. Staff A placed the med packs in the med cart after popping the pills out. Staff A then carried each med to both Resident #1 and #2 (one at a time) who were sitting in the dining room on the other side of the kitchen area, out of sight of where Staff A removed the medication from the original container. Staff A assisted Resident #1 with the scheduled meds Liquid 30milliliters, Oyster 500-200 milligrams (mg), 500mg, and 200mg. Staff A signed Resident #1's med as given before the staff gave the resident this med. Staff A assisted Resident #2 with the scheduled meds 250mg, D3 1000 international unit, and 200mg.

A record review for Resident #1 and #2, conducted on , revealed that both Resident #1 and #2 required assistance with self-administration of meds.

A record review for Staff A, conducted on , revealed that Staff A had a certificate for four hours of training in Assisting with Self-Administration of Medication.

During an interview with the Administrator, conducted on at 08:45am, the Administrator

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acknowledged and confirmed that meds were supposed to be popped out of the original container in front of each resident and that the Medication Technicians were supposed to read the med labels out loud to each resident.

Class III

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

Based on observation and interview the Facility failed to ensure documented class III deficiencies regarding assisting with self-administration of medication were corrected as required. Additionally, the Facility failed to employ or contract the consultant services of a Pharmacist or Registered Nurse as previously required for medication deficiencies.

Findings Included:

During a revisit to a biennial survey, conducted on , the Facility was cited again for an uncorrected Class III medication deficiency (A0052). On , the Facility failed to correct Class III medication deficiencies (A0052 and A0054) and was required to employ or contract with the consultant services of a Pharmacist or Registered Nurse. On , the Facility failed to contract with the consultant services of a Pharmacist or Registered Nurse; and, failed to correct Class III medication deficiencies (A0052 and A0054) and was cited for a new Class III medication deficiency (A0056). The Facility provided no evidence of staffing education, the employment or contract with a Pharmacist or Registered Nurse, or the consultant services provided. The Pharmacy Contract provided was for the general provision of medications, supplies, and equipment and not for consultant services (See Photographic Evidence1).

During an interview with the Administrator, conducted on at 08:45am, the Administrator stated that the Facility had a verbal contract with a Registered Nurse. The Administrator was unable to provide documentation of any assessments or findings made by the Registered Nurse or the type of services provided.

The Facility is required to employ or contract consultant services of a Licensed Pharmacist or a Licensed Registered Nurse to provide at a minimum an onsite quarterly consultation until the inspection team from the Agency determines that such consultation services are no longer required.

Class III