STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11922280	**05/28/2019**
NAME OF PROVIDER OR SUPPLIER **COTTAGES OF PORT RICHEY (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **5905 PINEHILL ROAD** **PORT RICHEY, FL 34668**	

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

0000 - Initial Comments

Compliant survey (Complaint # 2019004559, #2019006463 and #2019006208) was conducted in conjunction with a monitoring visit at The Cottages of Port Richey on . . . . . The facility had a deficiencies at the time of the survey.

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

Based on observation, interview, and record review the facility failed to maintain secured storage of medication (med), placing all residents at risk for potentially serious outcomes by accessing meds that are not their own prescribed meds.

Findings Included:

On at 10:48 am surveyor observed the medication cart unlocked in cottage six. Surveyor spoke to staff b, which stated "well that shouldn't be unlocked" and proceeded to lock the med cart. (photographic evidence obtained).

On at 12:00 pm after completing an interview with resident#6 in cottage five # ,resident#5, two white pills were noticed on the entertainment center. Resident #5, stated that the pills are not hers that they are her roommates, resident#6, which is currently in the hospital. Further observation of the room revealed multiple white pills exposed on the nightstand of resident#6 (photographic evidence obtained).

On at 12:08 p.m. surveyor brought above concerns to the attention of Administrator which stated "those should not be there, let me get my nurse." When the Resident Care Director (RCD) , arrived she stated " I have told her (resident#6) numerous times about her over the counter (OTCs) and her family keeps bringing them." The RCD confirmed both resident#5 and #6 required assistance with self-administrator of their medications.

Class III

0167 - Resident Contracts - 58A-5.025 FAC; 429.24 FS

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Based on interview and record review the facility did not follow their contract to honor the beneficiary agreement for 1(resident#1) of 2 residents files reviewed for contracts.

A record review of resident#1 file obtained documentation of a Beneficiary Designation statement. The Beneficiary Designation form stated In the event of my , while a resident of this facility, all refunds, funds and property held in trust shall be returned to my Responsible Party if one has been appointed at the time the facility disburse such funds. If a Responsible Party has not been appointed at the time the facility disburse such funds, the Executive Director is authorized to return all refunds, funds and other property to my spouse or to her legal representative on record. This form was signed by resident#1 Responsible Party. The Resident Responsible Party Signature and the facility representative on .

On //2019 a record review of the facility admissions and discharged log showed evidence that resident#1 was on .

A record review resident#1 file showed the facility had a signed resident agreement dated . The rent fee was noted $2415 for private accommodation. The agreement was signed by both, resident#1 and the resident legal power of attorney on record. Records showed a beneficiary designation signed on as resident#1 legal Power of Attorney and Healthcare Surrogate and Beneficiary.

On at 11:45 a.m. during a interview with the facility Business office Manager (BOM) the BOM explained the refund process as follows; when a resident is , the facility look to see if they have a beneficiary designation on record that is signed. If a beneficiary designation form has been executed by the resident and all responsible parties. The facility review the contract agreement that the resident has with the facility and uses a prorated rate to determine a refund check amount. Once everything is processed the responsible party is provided a refund check at that time.

On the Business Office Manger provided a copy of the prorated refund check that was provided to resident#1 legal Power of Attorney and Healthcare Surrogate and Beneficiary (Photo graphic evidence obtained). Documentation provided showed a check was made out to resident#1 estate at this time.

The Durable power attorney & healthcare surrogate was made out to resident#1 daughter, documentation was signed on .

On at 3:15 p.m. during an interview with the Executive director, the Executive Director stated

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the following; most people don't question if they ask them to go obtain a court appointed representative form from the court in order to receive a refund check. The Executive Director stated, "I agree this process should be re-evaluated, but we have to do what the hire ups tell us to do."

Class III