Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968334	A. BUILDING: _____ B. WING _____	06/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMTER PLACE IN THE VILLAGES	1550 KILLINGSWORTH WAY THE VILLAGES, FL 32162

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments A biennial re-licensure, Emergency Power Plan (EPP) monitoring and complaint investigation (complaint numbers 2019005105 and 2019006443) was conducted at Sumter Place in The Villages on through . Deficiencies were identified at the time of the survey.	A 000		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical , the facility must, pursuant to section	A 054		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 054	Continued From page 1 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain accurate Medication Observation Records for 2 of 4 sampled residents (Resident #4 & Resident #23) out of 103 residents. Findings: Record review of the facility's policy titled "Medication Standards" was conducted. The policy reads: "Medications will not be given more than one hour before or one hour after the scheduled time indicated on the Medication Record when the residents are out of the facility." The facility has a form titled "Leave of Absence" for the residents and the families to fill out, which is to be used to take medication out of the facility when a resident will not be in the facility at the scheduled time for the medication. Record review of Resident Out of Facility Log revealed that on , Resident #4 was signed out of the facility by the family from 2:00 PM until 6:30 PM. Record review of Resident #4's Medication Observation Record (MOR) indicated for the scheduled the resident received treatment and , 50 mg tablet at 4:00 PM on , denoted by a "G". Record review revealed no Leave of Absence Form denoting medication being taken with Resident # 4 out of the facility on	A 054		

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A 054	Continued From page 2 Record review of Resident Out of Facility Log revealed Resident #23 was signed out of the facility by the family from 2:30 PM until 6:45 PM on . Record review of Resident #23's Medication Observation Record (MOR) revealed the resident received D and , 4 grams pack at 4:0 PM on , denoted by a "G". Record review revealed no Leave of Absence Form denoting medication being taken with the resident while out of the facility in resident #23's chart to be reviewed for . On 06//24/2019 at 10:40 AM, during an interview with Resident #4's daughter-in-law, they indicated they did not take medication with them and to their knowledge was not given the medications upon their return. They indicated they were unaware of the Leave of Absence Form needed for medications. On at 1:58 PM, during interview with Staff D, CNA (Certified Nursing Assistant), she confirmed that if a resident was not in the facility an hour prior until an hour past the time of the scheduled medication, they did not receive the medication. She also confirmed that there was a leave of absence form to be filled out so they resident and their family could take the scheduled medication with them and not miss the dose. She confirmed that the medication record was to indicate the missed dosage as resident was out of facility with an "O" when the resident was out of the facility and did not receive the medication. On at 12:17 PM, during an interview with Resident #23's daughter, they indicated they	A 054		

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