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
	AL11965578	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR, THE	2800 60TH AVENUE, WEST BRADENTON, FL 34207

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A 000	Initial Comments Assisted Living Facility Amended A limited nursing services (LNS) monitoring visit was conducted on / . The Windsor of Bradenton assisted living facility had no deficiencies found at the time of the visit.	A 000		
A 050	58A-5.0185(1) FAC Medication - Self Administered Medications Medication Practices. Pursuant to Sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule. (1) SELF ADMINISTERED MEDICATIONS. (a) Residents who are capable of self-administering their medications without assistance shall be encouraged and allowed to do so. (b) If facility staff note deviations which could reasonably be attributed to the improper self-administration of medication, staff shall consult with the resident concerning any problems the resident may be experiencing with the medications; the need to permit the facility to aid the resident through the use of a pill organizer, provide assistance with self-administration of medications, or administer medications if such services are offered by the facility. The facility shall contact the resident ' s health care provider when observable health care changes occur that may be attributed to the resident ' s medications. The facility shall	A 050		

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A 050	Continued From page 1	A 050		

document such contacts in the resident ' s records.

This Statute or Rule is not met as evidenced by:
Based on interview, observation and record review the facility failed to complete the self-administration assessment for one (#1) of three residents. By not completing the self-administration assessment, Resident #1 may not be able to correctly administer the medications needed, potentially leading to an adverse outcome for the resident.

Findings include:

Interview with Resident #1 on / at 09:20 a.m. reveled the resident was self-administering her own treatment, but the medications technicians were still helping with administration of pill and liquid medications. The and medication were observed at time of the interview in the resident .
Interview with the Wellness Coordinator on at 11:10 a.m. revealed that Resident #1 was getting angry and telling the medication technicians that they were not doing the treatments correctly. Resident #1 wanted to be able to keep the and medication in the administer the medications on her own. The Wellness Coordinator stated that she " gave into " the resident and let her keep the medications and self-administer them. The Wellness Coordinator stated that there was no assessment completed for the self-administration and there was no current physician order for the resident to be able to self-administer. The Executive Director was present at the time of the interview.

The facilities policy was reviewed for

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A 050	Continued From page 2 "self-administration of medications." It stated that the resident will have an " assessment completed by a licensed nurse or physician " and the "Self Administration of Medications Review form shall be maintained in the resident ' s record." Record Review for Resident #1 did not reveal the required form for self-administration and did not reveal an order by the physician. The health assessment, AHCA form 1823, for Resident #1 revealed the resident has a diagnosis of ( ). Resident #1 was on 0.083% four times a day and 0.5 mg /2ml two times a day. The resident had not had the medications consistently signed by staff since . The nurse ' s notes on revealed the resident began keeping the medication in her , for self-administration on this date. Without being properly assessed to complete the self-administration the resident is at risk to receive too little medication or too much medication, leading to the potential of an adverse outcome. Class III	A 050		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both	A 055		

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A 055	Continued From page 3	A 055		

prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if:

1. The facility administers the medication;
2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.

(b) Centrally stored medications must be:

1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is

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A 055	Continued From page 4	A 055		

located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed

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A 055	Continued From page 5 medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to return or dispose of medications no longer in use for one (#3) of three residents. Having medications that are no longer in use could lead to the resident receiving the incorrect medications, leading to potentially adverse outcomes. Findings include: Observation on at approximately 10:45 a.m. revealed the facility had medications for Resident #3, which were not on the current Medication Observation Record (MOR). The medications found to be not being on the MOR included: 325 mg , a local supermarket brand with no expiration date, labeled for Resident #3. There were approximately 50 white tablets in the bottle and 1 red tablet. There was also a bottle of B-super max , with no mg dosage listed on the bottle and no resident identifier. Both the and the did not have a date opened listed on the bottle. Per the Wellness Coordinator the medication belonged to resident #3. The Wellness Coordinator verified the medications 325 mg and were for resident #3 and stated that the resident came to the facility with the medications. Interview with the Wellness Coordinator on / at approximately 11:45 revealed that Vanguard checks the carts every 3 months for expired medications. Resident #3 moved in with and , there is no current order for these medications. The resident does have prefilled cards which are being used for the	A 055		

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A 055	Continued From page 6 current orders and all medications were available. The wellness coordinator also revealed that the medications opened are kept for 90 days once opened. As soon as possible after medications are discontinued they are disposed of, returned to the pharmacy or returned to the family. Record review of the residents MOR did not include the 325 mg or the b-super , as current medication. The nurse ' s note on revealed the resident arrived with medications that do not match the discharge order. The nurse ' s note on revealed that the facility will be assisting with medication starting on this date. Having extra medications for the resident that are not currently ordered could lead to potential mediation errors for the residents. Class III	A 055		

RICK SCOTT
GOVERNOR

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Windsor, The
2800 60th Avenue, West
Bradenton, FL 34207

Re: Amended

Dear Administrator:

This letter reports the findings of a limited nursing services (LNS) monitoring visit that was conducted on July 31, 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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