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
	AL11964585	A. BUILDING _____ B. WING _____	C

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JANE ADAMS HOUSE (THE)	1550 NECTARINE STREET FERNANDINA BEACH, FL 32034

(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 An unannounced licensure complaint survey, CCR #2012007739, and an Extended Congregate Care monitoring visit was conducted on 2012. Jane Adams Assisted Living Facility had deficiencies found at the time of the visit.	A 000		
A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall 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 shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.	A 054		

AHCA Form 3020-0001 TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 054	Continued From page 1	A 054		

This Statute or Rule is not met as evidenced by:
Based on record review and staff interview the facility failed to ensure the Medication Observation Record (MOR) for 1 of 3 Resident Records reviewed was updated each time the medication was offered. (Resident #1)

The findings include:

On [redacted] at 12:10 pm, a medication pass was observed with Employee #4. A medication review and reconciliation was completed after the medication pass with Employee #4 for Resident #1's Medication Observation Record dated for [redacted] 2012. The MOR revealed the following medication were not documented as given or not given per policy of circling the date with the caregivers initials if a medication is not given with an accompanying reason documented on the reverse side of the MOR.

[redacted] 500 mg 8 pm dose, [redacted]
Ducusate 100 mg 8 pm dose, on [redacted] and
[redacted] 6.25 mg 8 pm dose on 7//5
Fish oil 8 pm dose on [redacted]
[redacted] 8 pm dose on [redacted] and [redacted]

During an interview with Employee #5 at approximately 3:05 pm on [redacted] she acknowledged that she had worked [redacted] 2012 and that she had given medications that night. " I am good at giving my medication. I am pretty sure I gave my medication. One thing about the people here is that they will let you know if it is not given ". She reported that the procedure for documenting a medication when not given was to initial and circle your initials and then write on the back of the MOR that there were no meds to

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A 054	Continued From page 2 give ". She reported that if the MOR was left blank " it usually means that something came up and you just forgot to sign off. If there is an open spot there, something would have come up to make me forget to sign." During an interview with Employee #6 at 2:42 pm on . she reported: " I worked on those days and Resident #1 received his medication. I am 100 % positive. She reported she may have been side-tracked if it was not documented on the MOR. She reported that on one of the days, Resident #4 came and told me that her toilet was running over and I went to see. It was not a crisis and I went back to the medications. On the other day, I do not know why I did not document". During an interview at 2:22 pm on . with the Administrator Resident #1's 2012 Medication Observation Record was reviewed with Administrator. She acknowledged that the 8 pm medications were not documented as given on and . Class III Correction Date: . 2012	A 054		
A 084	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the	A 084		

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A 084	Continued From page 3	A 084		

following criteria:
(a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including:
a. Assist with oral dosage forms, dosage forms, and and nasal dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an " as needed " prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders;

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A 084	Continued From page 4 e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure all staff were updated with continuing education training for assistance with self administration of medication for 4 of 5 employees sampled. (Employees #1, #3, #4 and #5) The findings include: Record review on . . : of employee files revealed: Employee # 1, hired , had documentation as the last date of updated medication training on Employee #3, hired , had documentation as the last date of updated medication training on	A 084		

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A 084	Continued From page 5 Employee #4, hired , had documentation as the last date of updated medication training on . Employee #5, hired , had documentation as the last date of updated medication training on . During an interview with the Assistant Administrator at 3:00 pm on a review of employees #1, #3, #4 and #5 staff files was conducted. He acknowledged that the dates on the staff files were not current. The Administrator who was also present reported that she believed she had conducted the update training within the last year, but was not able to provide written documentation of the training session or certification of completion for each of the 4 employees reviewed. Class III Correction Date: 2012	A 084		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
The Jane Adams House
1550 Nectarine Street
Fernandina Beach, FL 32034

Re: CCR #2012007739

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 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 after **2012** 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 this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Quality Assurance

W/sm
Enclosure

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