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
	AL11910533	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT SARASOTA	5501 SWIFT ROAD SARASOTA, FL 34231

(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 000}		

This is the Biennial revisit survey conducted on at Emeritus at Sarasota, an Assisted Living Facility.

The previous citations were cleared. Two new deficiencies were found at the time of the survey, A0054 and A0057.

A 054	58A-5.0185(5) FAC Medication - Records	A 054		

(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

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain an accurate Medication Observation Record (MOR) for 1 (Resident #2) of 3 residents observed. The findings include: 1. On [redacted] at approximately 8:40 a.m. Resident #2 was observed sitting in the medication [redacted] for his medication. At approximately 8:43 a.m. Staff A asked Resident #2 if the staff from the morning shift gave him his [redacted] this morning. The surveyor did not hear Resident #2 verbalize whether or not he received his [redacted] Staff A was observed giving the resident his [redacted] pill. Staff A signed the MOR. 2. A brief interview was conducted with Staff A on [redacted] at 8:44 a.m. Staff A stated Resident #2 told her that he did not receive his [redacted] earlier that morning. She was questioned as to why she asked the resident if the medicine was given to him instead of referencing the MOR. Staff A explained sometimes Resident #2 does not want his medication early in the morning (at 6:00 a.m.). She was asked if the MOR should be signed when if Resident #2 received his medication. Staff A replied by saying, "Yes, it should." She continued by telling the surveyor, "Sometimes they [staff working the 11:00 p.m. to 7:00 p.m. shift] do not sign the MOR." This is why she verifies with Resident #2. 3. The MOR for Resident #2 was reviewed on [redacted] The MOR revealed Resident #2 has 3 medications scheduled on a daily basis. An	A 054		

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A 054	Continued From page 2 75 Tablet and a 50MG tablet are scheduled to be given at 9:00 a.m. The tablet is scheduled to be given at 6:00 a.m. daily. Further review showed Staff A signed off on the MOR that Resident #2 received his at the scheduled 6:00 a.m. time. A review of the back of the MOR showed on Resident #2 did not receive his , with the reason being the medication was on order. There is no documentation on the MOR which indicates the Resident #2 is refusing his medication at 6:00 a.m. or that it was withheld for any reason. 4. On at 9:03 a.m. Staff A acknowledged she did not properly document the MOR for Resident #2. Class III Correction Date:	A 054		
A 057	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription. (a) A stock supply of OTC products for multiple resident use is not permitted in any facility. (b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required.	A 057		

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A 057	Continued From page 3	A 057		

(c) Residents or their representatives may purchase OTC products from an establishment of their choice.
(d) A facility cannot require a licensed health care provider ' s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to properly label over the counter medication for 1 (Resident #1) resident.

The findings include:

1. On : at 8:07 a.m. an open zip lock bag with 7 bottles of over the counter medication were observed. The bottles of medication were piled on top of one another and coming out of the bag. The resident's name was not printed anywhere on the top three bottles of medication. The zip lock bag faintly labeled for Resident #1. The top three bottles were carefully placed on top of the medication car to be checked for expiration dates.

2. On : at approximately 8:10 a.m. Staff B, an LPN. Was asked who the bottles belong to. She picked the bottles up and examined each label for a resident's name. After not seeing a name she stated she did not know who the

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A 057	Continued From page 4 medication belongs to. After the surveyor showed Staff B which bag the medication came from, Staff B grabbed a marker and wrote Resident #1's name on each bottle. Class III Correction Date:	A 057		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11910533	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
EMERITUS AT SARASOTA	5501 SWIFT ROAD SARASOTA, FL 34231

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0008 Reg. # 58A-5.0181(2) FAC LSC		ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC		ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By Wendy Way, HFES	Date: 9-20-12	Signature of Surveyor: Wendy Way for: Jasmine Hayes, SHPS	Date: 9-20-12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Emeritus At Sarasota
5501 Swift Road
Sarasota, FL 34231

Dear Administrator:

This letter reports the findings of a Biennial revisit survey conducted on . 2012 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than . 2012.**

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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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2295 Victoria Avenue,
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