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
	AL11963817	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TUSCANY VILLA OF NAPLES	8901 TAMIAMI TRAIL NAPLES, FL 34113

(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 CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments This is an unannounced Limited Nursing Services (LNS) survey completed on , at Tuscany Villa of Naples, an Assisted Living Facility. The facility census at the time of the survey was 114 residents. There were 18 residents receiving LNS services on the day of the survey. The facility was cited as follows:	A 000		
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 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	A 055		

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A 055	Continued From page 1	A 055		

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 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

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A 055	Continued From page 2 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 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 and interview, the facility failed to ensure correct storage and disposal of multiple resident medications that have been abandoned or expired, as required by state regulation after 30 days. Findings include: 1. During the tour of the facility on , a review of the third floor medication carts revealed a very large, brown, cardboard box in the corner of the open Director of Resident Services (DRS) office. The box was overflowing with stacks of loose pills, packs, and bagged medications. Some of the medication containers were observed to be leaking.	A 055		

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A 055	Continued From page 3 2. When asked about the medications in the box, the DRS indicated they were expired and abandoned, non-re[illegible] medications which had not been destroyed. The DRS indicated she had been aware the medications needed to be destroyed, but, "Her other priorities did not allow her to get to it." 3. The box was too big to identify all the overflowing medications, so medications from the top of the box were selected for review, at random, as follows, and in the presence of the DRS: Resident #7 who's [illegible] 25 mg. two full [illegible] packets and one opened packet with 11 pills in the box. The DRS said the medication was discontinued on [illegible]. The resident is still in the facility. Resident #2's [illegible] 2 mg. capsule, 2 capsules by mouth, after first loose stool, then take one capsule by mouth after each loose stool. The medication expired [illegible]. The resident is still in facility. Resident #3 who moved in on [illegible], the nurse reportedly took 11 medications from the [illegible], at the request of the family, because the resident was no longer using the medications and the family no longer wanted the medications in the [illegible]. Additionally, [illegible] was identified to be discarded after [illegible] and it was found in the box. There were also Biscodyl tablets in the box, identified for discard after [illegible]. The surveyor observed 10 other medications in the box that are no longer in use. The resident is still in facility. Resident #4 who [illegible] had 27 medications belonging to the resident in the box. There were lots of loose pills in the bottom of the bag. Resident #5 who [illegible] on [illegible] had [illegible] Capsules in a large container dated [illegible] 3.125 mg., dated [illegible]	A 055		

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A 055	Continued From page 4 10 mg. tablets, dated ; 5 mg., dated ; 5 mg., dated and liquid, . Resident #6 returned from a hospital stay and was placed on Hospice on . Because of this change in condition, the following medications were changed: 10 tablets of C 500 mg. tabs; 25 tablets of Theragram-M tablets; 21 tablets of 0.1 mg.; 23 tablets of Metoprolol 50 mg.; and 13 tablets of 100 mg. The resident is still in the facility. Class III Correction Date: 11	A 055		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Tuscany Villa of Naples
8901 Tamiami Trail
Naples, Florida 34113

Dear Administrator:

Re: Limited Nursing Services

This letter reports the findings of a Limited Nursing Services survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct the deficiency 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(s). Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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Fort Myers, FL 33901
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