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 _____	R

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 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist. (d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed	A 056		

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 _____	R

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 056	Continued From page 1	A 056		

by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The faciliity must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary

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 _____	R

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 056	Continued From page 2	A 056		

prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and staff and resident interview, the facility failed to ensure that prescriptions were filled or refilled in a timely manner for 2 of 4 residents with prescription medications. (Residents #1 and #2)

The findings include:

1. A record review of Resident #1's 2012 Medication Observation Record (MOR) on revealed Resident #1 had 6 prescribed medication listed on the MOR. Three of the six medications on the MOR read that a medication was not given as indicated by the caregiver's initials and a circle around the initials on the dates (the survey date). The 3 medications were: Selenium 200 mg, to be given 1 tab every day, 25 mg to be given 1 tab every day, and 1 mg to be given 1 tablet every day.

In addition another three of the six medications were documented as not given for the dates . These three medications were: 50 mg to be given 1 tab daily for MES, 1 mg, to be given 1 tablet at bedtime, and 3 mg, to be given 1 tablet at bedtime. A review of the medication orders on the AHCA Form 1823, dated revealed an additional medication which was not listed on the MOR. The additional medication was B-1, 100 mg, to be given daily. The B-1 had not been given from the .

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 _____	R

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 056	Continued From page 3 During an interview on : at 4:25 pm with Employee #4 she verified that the B-1 was not listed on the current MOR and was listed on the Form 1823 orders from the nursing home (NH) physician dated and that the medication had not been given to the resident. A review of the facility's Medication Reorder form dated : revealed that Resident #1's medications were due for reorder. In addition, communication notes written by the Staff RN (Registered Nurse) dated : revealed that the facility had completed paperwork for the pharmacy to get in touch with the Resident #1's doctor so that medications could be filled by . During an interview with at 1:45 with Employee #4, she reported that Resident #1 had came from the NH on . She reported Resident #1 arrived with some pack medications from the NH. She reported that the facility attempted multiple times to contact the NH physician who had written the admission medication orders on the AHCA Form 1823 (Form 1823), in order to re-order Resident #1's medications. Employee #4 reported that to this date , the NH physician had not returned the facility's phone calls or re-ordered any of the Resident's medications. An interview on : at 1:57 pm with Resident #1 revealed he had limited mental focus and his diagnosis included , and Schizo Affective . He reported that he brought some medications from the NH that	A 056		

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 _____	R

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 056	Continued From page 4	A 056		

were in packs. He could not report the the number of medications or what he brought. He was able to report three medications he had used at the NH which were , and . He said he did not have a good memory and did not remember the other medications. He reported that he had a doctor that was far away and that he had not seen him in a very long time.

During a follow up interview on at 2:01 pm, Employee #4 reported that the facility used the pack medications until they ran out. When Resident #1 ran out, the NH doctor had not called or re-ordered the medications. Employee #4 reported the facility's Staff RN came to the facility to review medications on Employee #4 reported that the RN realized that Resident #1 had run out of medications and that was when she called the Visiting Doctor Service on to see if they would take him on as a patient.

Employee #4 reported that when the visiting doctor arrived on he evaluated Resident #1 and called in to a local pharmacy the medications, but did not call in the resident's other medications. Employee #4 reported that Resident #1 was and required his medications.

During an interview with the facility's staff RN on at 2:44 pm. She reported " I oversee the medication program. I try to make sure the medications are there and that they are given as ordered." She reported that when they have difficulty getting medication, she communicated with the families and tried to get them to pick up the medications as the facility did not have access to the medications and could not order

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 _____	R

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 056	Continued From page 5	A 056		

additional medications while the family was in control.

She reported that Resident #1 was the most current "problem". She stated: "I thought he was on a cycle program when he arrived because others in the facility were on a cycle program if they had bubble packs; therefore, I assumed he was on the cycle program because he came in with bubble packs." She reported that because of the assumption she did not know the medications for Resident #1 were not going to be refilled. "It was my fault as I am just learning the systems here". "I thought he was on auto refill, so when he came up without medications I found out that his doctor had not seen him in long time and then we contacted the visiting doctor ". She reported that when she left the facility on it was her understanding that the Visiting MD was to come and evaluate the resident and then he would order all the appropriate medications. "I had the understanding that he needed to be evaluated from a physician's point of view and I left last Wednesday with the understanding he was going to assess and write prescriptions as needed. I do not know why he did not fill the other medications but only the ones."

During an Interview with Employee #4 on at 4:24 pm she reported that if the staff RN leaves a list she would follow up on the medications. She reported If she noticed a medication was not there, she would make a call and not wait for the RN. She reported she did not know why the visiting doctor did not fill all the 's. She reported that when he came she had made a copy of the medications that Resident #1 had taken which included all the medications. She reported that "I had to get the psych

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 _____	R

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 056	Continued From page 6 medications because his behavior was 'nutty'. The resident knew he needed his medication, and that he was losing it, so he kept asking for them." During an observation of the medications on the facility's medication cart with Employee #4 at 4:24 pm on : the following medications were observed as not in the facility for Resident #1: Selenium 200 mg, to be given 1 tab every day, : 25 mg to be given 1 tab every day, and : 1 mg to be given 1 tablet every day. The other 3 medications with missing doses were: : 50 mg to be given 1 tab daily for : MES 1 mg to be given 1 tablet at bedtime, and : 3 mg to be given 1 tablet at bedtime. These 3 were observed on the cart with a fill date of . In addition, the observation also revealed no : B-1 present in the facility. 2. A record review of Resident #2's : 2012 Medication Observation Record (MOR) on : revealed Resident #2 had not been given : 100 mg to be taken 1 capsule daily. The MOR indicated that a medication was not given by the caregiver's initials and a circle around the initials on the dates from : (Survey date). On the reverse side of the MOR dated was written "out of Stool Softer". In addition Hydrochlorot 12/5 mg to be taken 1 capsule in the morning, was documented as not given from (Survey date). On the reverse side of the MOR dated was written "Out of Hydrochlorot". During an observation of the medications on the facility's medication cart with Employee #4 at 4:24 pm on the following medications were	A 056		

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 _____	R

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 056	Continued From page 7 observed as not in the facility for Resident #2: [redacted] 100 mg. During an interview at 4:24 pm on [redacted], Employee #4 reported that the Hydrochlorot 12.5 mg was reported just arrived from the family after a phone call was made to the family by the facility. An observation of the bottle revealed it was a full bottle and the seal on the bottle had not been broken, indicating no capsules had been administered to the resident. Employee #4 also reported that the family was on their way with the [redacted] as they forgot to bring it when they had arrived earlier today with the Hydrochlorot. As of the 5:15 pm on [redacted] no [redacted] had arrived at the facility. Class III Correction Date: [redacted], 2012	A 056		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964585	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
JANE ADAMS HOUSE (THE)	1550 NECTARINE STREET FERNANDINA BEACH, FL 32034

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 A0054 Reg. # 58A-5.0185(5) 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		ID Prefix Reg. # LSC	

Reviewed By State Agency	AW	Reviewed By	Date: 10/29/2012	Signature of Surveyor: Kesha Woo[illegible]	Date: 10/29/12
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** (circled) NO

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2012 by a representatives 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 deficiency, identified during the revisit.

The deficiency should 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 (904) 798-4201.

Sincerely,

Keisha Woods

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

KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054