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
	AL11910299	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLIANCE COMMUNITY FOR RTMT, I	600 SOUTH FLORIDA AVENUE DELAND, FL 32720

(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 complaint survey, CCR# 2013004423, was conducted at Alliance Community for Retirement, Inc. on , 2013. Alliance Community for Retirement, Inc. had deficiencies at the time of the visit related to the survey.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in	A 025		

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A 025	Continued From page 1 the provision of additional services. This Statute or Rule is not met as evidenced by: Based on staff interview and record review, the facility failed to provide appropriate care, services and supervision to 1 of 3 sampled residents (#1) when staff mistakenly gave Resident #1 medications belonging to another resident, and then failed to notify the family when Resident #1 experienced a change in condition. The findings include: Record review on [redacted] for Resident #1 revealed she was admitted to the facility on [redacted]. She was discharged to the hospital on [redacted], for vomitting and [redacted] and readmitted back to the facility from the skilled nursing facility health center on campus on [redacted]. Review of the AHCA Form 1823, dated [redacted], found the resident needed assistance with self-administration of medication. There was no documentation that the family of Resident #1 was notified that the resident was sent to the hospital for a higher level of care on [redacted]. Interview with the Director of Nursing (DON) on [redacted], at 2:15 pm revealed that the family was not notified when the resident was sent out to the hospital on [redacted]. During an interview with the Director of Nursing (DON) of the health center owned jointly with the facility on [redacted], at approximately 9:30 a.m., she stated there was an incident at the facility wherein a caregiver gave Resident #1 another resident's medication. She stated the caregiver called her that evening and she advised the caregiver to call the resident's physician.	A 025		

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A 025	Continued From page 2 Review of facility documentation that was typewritten on the facility's letterhead, dated 29, 2013, documented the medication error for Resident #1, on [redacted]. The note read that the DON had received a phone call from one of the medication technicians that Resident #1 had been given medications belonging to another resident. The DON questioned the aide about the type of medications given to Resident #1. The aide was directed to notify the resident's physician. The DON later received a call during which she was told that the aide had spoken with the physician who instructed to check vital signs frequently (every 2 hours). The DON reminded the aide to be certain to relay that information to the on-coming 11 pm to 7 am shift staff. Interview with the medication technician (Employee #1) on [redacted] at 10:20 am, who gave the wrong medications to Resident #1, revealed that she had not written anything down when the incident occurred. Record review of the Resident #1's record on [redacted], found no documentation that the resident was given the wrong medication. An interview was attempted with Resident #1 on [redacted] at 2:07 p.m. She was not able to answer any of questions. During an interview with the administrator on [redacted] at around 2:30 p.m., he was asked if the facility did an incident report or had any other documentation of the incident to show if the resident's family was notified. He stated he did not do an incident report because there was not	A 025		

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A 025	Continued From page 3 an adverse event and the resident was not sent out to the hospital. He was not able to provide any other documentation related to the incident. Class III	A 025		
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. This Statute or Rule is not met as evidenced by:	A 054		

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A 054	Continued From page 4	A 054		

Based on staff interview and record review, the facility failed to update the medication observation record of 1 of 3 sampled residents (#1) when staff mistakenly gave Resident #1 medications belonging to another resident, thusly making a medication error.

The findings include:

During an interview with the Director of Nursing (DON) of the health center owned jointly with the facility on [redacted] at approximately 9:30 a.m., she stated there was an incident at the facility wherein a caregiver gave Resident #1 another resident's medication. She stated the caregiver called her that evening and she advised the caregiver to call the the resident's physician.

Review of facility documentation that was typewritten on the facility's letterhead, dated [redacted] 29, 2013, documented the medication error for Resident #1, on [redacted]. The note read that the DON had received a phone call from one of the medication technicians that Resident #1 had been given medications belonging to another resident. The DON questioned the aide about the type of medications given to Resident #1. The aide was directed to notify the resident's physician. The DON later received a call during which she was told that the aide had spoken with the physician who instructed to check vital signs frequently (every 2 hours). The DON reminded the aide to be certain to relay that information to the on-coming 11 pm to 7 am shift staff. The DON stated that there was no other documentation regarding the medication error.

Interview with the medication technician (Employee #1) on [redacted] at 10:20 am, who gave the wrong medications to Resident #1,

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A 054	Continued From page 5 revealed that she had not written anything down when the incident occurred. Record review of the Resident #1's medication observation record on . . . . found no documentation that the resident was given the wrong medication. Further record review revealed Resident #1 was admitted to the facility on . She was discharged to the hospital on . . . . for vomitting and . . . . and readmitted back to the facility from the skilled nursing facility health center on campus on . Review of the AHCA Form 1823, dated found the resident needed assistance with th self-administration of medication. An interview was attempted with Resident #1 on . . . . at 2:07 p.m. She was not able to answer any of questions. Interview with DON on . . . . at 2:15 p.m. revealed Resident #1 received 0.5 mg 1 tablet, Simvastain 10 mg 1 tablet, ... 100 mg 1 capsule and 750 mg 1 tablet on . . . . at 8:00 p.m. Class III	A 054		
A 083	58A-5.0191(4) FAC Training - First Aid and . . . . (4) FIRST AID AND . . . . . A staff member who has completed courses in First Aid and . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or . course offered by an accredited college, university or vocational school; a licensed	A 083		

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A 083	Continued From page 6	A 083		

hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement.
(b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and

This Statute or Rule is not met as evidenced by:
Based on employee file review and staff interview, the facility failed to ensure that 1 of 2 employees that work in the facility alone received the required training in First Aid. (Employee #5)

The findings include:

Record review of the personnel file for Employee #5 (hired could not locate evidence that Employee #5 received training in First Aid since 2008.

Review of the facility schedule for found Employee #5 worked the 11:00 p.m. to 7:00 a.m. shift at the facility seventeen times in 2013 and four times in prior to There was no other staff member on the schedule for the 11:00 p.m. to 7:00 a.m. shift.

The findings were confirmed during an interview with the administrator on at 12:30 p.m. He stated he would schedule a nurse to work the 11:00 p.m. to 7:00 a.m. shift until Employee #5 provided documentation she obtained the first aid training.

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A 083	Continued From page 7 Class III	A 083		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Alliance Community for Retirement, Inc.
600 South Florida Avenue
DeLand, FL 32720

Re: CCR #2013004423

Dear Administrator:

This letter reports the findings of a state licensure complaint zsurvey that was conducted on 2013 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 **2013** 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, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

RS/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