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
	AL11964789	A. BUILDING _____ B. WING _____	05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT BONITA SPRINGS	26850 SOUTH BAY DRIVE BONITA SPRINGS, FL 34134

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A 000	Initial Comments On through an unannounced Complaint Survey, CCR# 2013002247 & CCR# 2013004573 was conducted at Emeritus of Bonita Springs. The allegation under the complaint CCR #2013002247 was not substantiated. The Allegation under CCR #2013004573 was substantiated. The following is a description of non-compliance:	A 000		
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least , trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which	A 052		

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appears to have been contaminated, shall not be returned to the container.
(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or

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A 052	Continued From page 2	A 052		

medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , or preparations.
(h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

This Statute or Rule is not met as evidenced by:
Based on interview observation and record review, the facility failed to ensure that unlicensed staff who assist with the self-administration of medications received the proper training.

The findings include:

An interview on : 11:28 a.m., with Resident Care Director (RCD) revealed that the Adverse Incident Report that was sent to the

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A 052	Continued From page 3 Agency for Health Care Administration (AHCA) involved Resident #17 receiving a 30 mg capsule from the card of Resident #16, the resident in the next The medication technician (Staff Y) who made the medication error was in training with Staff A, CNA/medication technician. A statement from Staff A dated at 10:00 p.m., states she was training Staff Y on the North side of the building. Staff A states Resident #17 requested her pain medication, she was talking to the resident's daughter and told Staff Y to go and get the resident's 9:00 medications which included a standing order for 5-325 mg 1 tablet by mouth twice a day which is scheduled on the Medication Observation Record (MOR) to be given at 9:00 a.m. and 9:00 p.m. Review of the MD orders for Resident #17 revealed this resident had no MD order for Temazepam. medication review on 12:30 p.m., revealed the Controlled Drug Use Record confirms the Temazepam mg tablet for Resident #16 was signed out twice by Staff Y on 4/2 9:00 p.m. and the Percocet 325 mg for Resident #17 was not signed off as given on her Controlled Drug Use Record on 4/2 9:00 p.m. The facility provided documentation of the Adverse Event being self-reported to AHCA. Documentation provided confirms Staff Y was interviewed and she stated she gave the wrong medication to Resident #17 and was removed from medication duties until she repeats the medication training. Interview with Staff A on 1:00 p.m., revealed that CNAs found Resident #17 on the floor next to her bed after she had received her medications. Resident #17 became unresponsive and 911 were called. She realized	A 052		

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after the resident was taken to the hospital that Resident #17 had been given the wrong medication and immediately reported it to Staff Z, the nurse on duty. Stated she checked the drawer and found Resident #17 was given Tenazepam 30 mg tablet from the card for Resident #16. Staff Y was taken off the medication cart duty at that time.
Interview at 1:15 p.m., with RCD revealed that he did get a call from Staff Z at the time of the incident. He reported it to the Executive Director and Regional Director of Quality Services. Staff Y was removed from Medication Technician Duty until she completes new Medication Technician training certification class. A One Day Report was sent to AHCA stating an Adverse Event had occurred at the facility (Medication Error). Copy of Adverse Event documented in Adverse Event Log book. Staff Y is currently working as a CNA on the night shift. A request was made for a copy of Staff Y's original Medication Training certificate. RCD was not able to produce documentation of Staff Y's initial medication training certication after reviewing staff record of Staff Y's completed trainings.
Interview at 1:25 p.m., with RCD revealed he had looked for certificate documenting Staff Y receiving medication training and was not able to find any documentation of Staff Y receiving Medication Training.

As a result of this medication error by a medication technician without documented medication training, the resident next to her bed, was unable to be aroused by verbal or physical stimuli. 911 were called and the resident was transferred to the hospital and was admitted.

Class II

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RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Bonita Springs
26850 South Bay Drive
Bonita Springs, FL 34134

Re: CCR #2013002247 & 2013004573

Dear Administrator:

This letter reports the findings of a Complaint survey that was completed on . 2013 by representatives 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 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 deficiency identified on your survey.

You are directed to provide a plan of correction to the Fort Myers Field Office for the identified deficiencies within ten calendar days of receipt of this faxed report. The plan should be directed to the attention of Mr. Harold Williams, Field Office Manager and mailed to:

Agency for Health Care Administration

Health Quality Assurance, Fort Myers Field Office

2295 Victoria Avenue, Suite 340

Fort Myers, FL 323901

Phone: (239) 335-1315

Fax: (239) 338-2372

The survey resulted in findings of noncompliance with the following area:

A 052 - Assistance with Self Administration of Medications - Class II

Your Assisted Living Facility failed to ensure that all unlicensed staff who assist with the self-administration of medications were properly trained.

Your plan of correction must include the following:

1) Immediate hiring of a Consultant Pharmacist to evaluate the complete medication system utilized in your facility; assess the technique of each staff providing medication assistance and outlining a plan of correction.

2) Description of how you plan to address all medication issues identified during the revisit survey and through the consultant process.

Evidence of an agreement for the services of a Pharmacist Consultant who is Florida licensed. The agreement must provide for, at a minimum, onsite, quarterly consultation. The duration of this agreement must be for at least one year. Prior to discontinuation of this consultant's services, the Agency will conduct an onsite inspection to determine if these services must continue.

3) Review training records for all staff that assist with the self-administration of medication to ensure that each staff has completed all training requirements.

4) Review all staffing schedules and change if necessary to ensure that there is a staff trained in assistance with self-administration of medications on each shift where this service is required.

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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form