STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911678	07/03/2013
NAME OF PROVIDER OR SUPPLIER **Northpointe Retirement Community**	STREET ADDRESS, CITY, STATE, ZIP CODE **5100 Northpointe Parkway Pensacola, FL 32514**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0030-Resident Care - Rights & Facility Procedures-07/03/2013

Revisit Repeat Tags:
0052-Medication - Assistance With Self-Admin-58a-5.0185(3) Fac

Specific Tag Findings:
0000-Initial Comments

An unannounced revisit survey was conducted 7/1/2013 through 7/3/2013 in conjunction with a Biennial State Licensure Survey. Northpointe Retirement Community had deficiencies found at the time of the revisit, which is a continuation of the deficient practice previously identified.

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on interview with facility staff, the facility administrator, and resident #3, and employee record review, the facility failed to prevent unlicensed staff from administering medications via tube for 1 of 8 residents selected for the medication review (resident #3).

The findings are:

A review of employee records revealed the employee identified as "D" had received training for "Assistance with Self-Administration of Medications". Employee "D" was also identified as not having a nursing license, and was employed as a "Nursing Assistant".

An interview was conducted with sample resident #3 at approximately 2:20 PM on / . He stated that staff crushes his medications, and gives them to him through his feeding tube. He states that during the day, a nurse gives him his medications. He has been on tube feeding since his return from the hospital approximately 2 weeks ago. When asked who gave him his medications when a nurse was not available, he said the name of the employee identified as "D". The work schedule was reviewed. The facility has 2 nurses. One RN and one LPN. The resident stated that on the previous weekend, the staff member that he identified crushed his medications and gave them to him through his feeding tube. The employee roster provided by the facility identifies employee "D" as being a nursing assistant., and she was scheduled to work on the previous weekend.

An interview was conducted with a staff member identified as employee "D" on / at approximately 8:00 PM. She verbalized how she gave medications. She stated that for resident #3, she crushed his medications, mixed them for him in water, then helped him to pour the medications in the syringe, and helped him to connect the syringe to the feeding tube.

On at approximately 4:30 PM, the facility administrator/owner stated he had "authorized" his unlicensed staff to administer the medications to this resident for the "best outcome" for the resident.

Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

RE: COMPLAINT REVISIT WITH ONGOING DEFICIENCIES

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2013by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), 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 , 2013.**

As a result of this survey, we are providing you a Directed Plan of Correction relating to medication administration. Only licensed nursing personnel may have any involvement with provision of care relating to tube feedings, medication administration through a tube or flushing of feeding tubes. You must ensure this corrective action is taken immediately.

Due to your uncorrected citations related to medication management, you must employ (on staff or by contract) the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse. The initial on-site consultant visit shall take place within 7 working days of the date of this letter. The facility shall have available for review by the agency a copy of the pharmacist's or registered nurse's license and a signed and dated recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. The facility shall provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required.

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

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 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

BBT7

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