

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/26/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER Atrium At Regency(the)	STREET ADDRESS, CITY, STATE, ZIP CODE 9960 Atrium Way Jacksonville, FL 32225	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

MOR reading of medication

A review of the physician's order revealed that it matched the label on the prescription bottle.

Interview with Employee A stated, " The pharmacy must have messed up, I will call them and have it corrected ".

Class III

0054-Medication - Records 58A-5.0185(5) FAC

Based upon observation, record review and staff interview, the facility failed to ensure that the medication observation record matched the physician's order for one of two residents observed for medication pass (Resident # 4).

The findings include:

On at 9 a.m. during observation of the medication administration for Resident #4, the card of medication 25 mg read: to hold if < 100 or Diastolic < 60.

Record review of the medication observation record (MOR) read: Metoprolol 25 mg take ½ tablet by mouth twice daily, hold if rate (HR) < less than 60 or < less than 110. The diastolic pressure reading on the medication label of was different than the MOR reading of medication

A review of the physician's order revealed that it matched the label on the prescription bottle.

Interview with Employee A stated, " The pharmacy must have messed up, I will call them and have it corrected ".

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
The Atrium at Regency
9960 Atrium Way
Jacksonville, FL 32225

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Services survey that was conducted on 2013 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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

LW/KW/sm
Enclosure

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