STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953584	10/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fountains Of Melbourne	4451 Stack Blvd Melbourne, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G

Specific Tag Findings:
0000-Initial Comments
unannounced complaint inspection CCR#2013008816 was conducted. Fountains of Melbourne had a deficiency found during the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the facility failed to ensure care and services were appropriate to the needs of 1 of 5 sampled residents (#5) and failed to ensure assistance with self-administration of physician ordered medication was free from errors.

Findings:

Review of the facility's adverse reports revealed that the day-1 initial adverse report received by the Agency on indicated a medication incident occurred on Resident #5 received the on a wrong day; he was not supposed to take the medication that day.

Resident #5 stated in his approximately 3 PM that he never experienced a problem with his medications even He stated he went to the hospital but not while he lived here.

Resident record review for sampled resident #5 revealed had a health assessment report dated that listed diagnoses of Chronic Kidney (CKA), and He had no was independent with activities of daily living and needed assistance with medications.

An e-script (electronic prescription) dated indicated 750 mg 1 tablet by mouth every 48 hours for 4 doses. An e-script dated indicated Z pack 250 mg take as directed on package until completion, 6 pills were dispensed. The prescription was send to Butterfield's Pharmacy. A prescription dated sent from the doctor's office to the facility, indicated 5 CC by mouth every 6 hours as needed for and (Z pack) take as directed if doesn't work.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953584	10/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fountains Of Melbourne	4451 Stack Blvd Melbourne, FL 32901	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

Facility note dated 3:05 PM indicated the resident's doctor was called and spoke to a nurse. The facility reported that 750 mg order was entered into the medication record incorrectly by the pharmacy. The order was to receive "750 mg every 48 hours for 4 doses and according to the entry by the pharmacy; the resident received 750 mg for last 4 days and as well". Order written indicated it was not to be started unless was not working. A call was received at 3:26 PM from the doctor's office for an "immediate and call orders into office". At 4:53 PM a call was received from doctor's office to send the resident to the emergency evaluation of abnormal The resident provided son's telephone number, 4 attempts were made to contact him and there was no answer and there was no voice message option. The resident returned from the hospital at 9:55 PM, no changes in medications were ordered. Note dated indicated he still had went to dining lunch. No new orders received.

The discharge patient medication hospital report dated indicated admission at 5:43 PM with diagnosis of abnormal and insufficiency-chronic. There were no new orders, but to follow up with the doctor and return if symptoms worsen.

The electronic Medication Observation Record (MOR) dated 2013 listed 750 mg one tablet by mouth every 48 hours for 4 doses. Original order dated and the stop date was According to the MOR the medication was to be given at 8 AM and was indicated as given, evident by the staff initials on and 250 mg take 2 tablets the first day, then one tablet daily thereafter until complete. The original prescription date was and was marked as given on and

A telephone call was placed to Butterfield's Pharmacy at approximately 2:35 PM. The staff stated that I needed to speak with the boss, the owner. A telephone call was received at approximately 2:40 PM from the owner of Butterfield's Pharmacy. He stated that the pharmacy dispensed the medication as ordered by the physician, 750 mg every 48 hours. The MAR indicated 750 mg every 48 hours. The facility had some personnel who have access to the MAR and could have made changes. The medication was dispensed in 4 bags and each bag contained one tablet. He would send an electronic mail (e-mail) with copies of the packages of the medication

The Registered Nurse (RN) stated at approximately 4 PM in a private interview that she was a Certified Nursing Assistant (CNA) back in and just became a RN. She gave resident

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953584	10/23/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Fountains Of Melbourne	**4451 Stack Blvd Melbourne, FL 32901**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

#5 a dose on and and another CNA gave him the last pill on She said that the date on the label was crossed off with a marker or pen. When she put the scan bar to the scanner it scanned so she gave the medication although the MOR indicated every 48 hours.

An email was received from Butterfield's Pharmacy at approximately 4:15 PM. There were 4 individual packets that contained one tablet of each.

The Director of Nursing stated at approximately 4:15 PM that the CNA was counseled verbally. She held a meeting with the staff regarding medications. They reviewed double checking names, medications orders and times against the bag. The former resident care coordinator was responsible for checking the MOR to ensure that there were no discrepancies. She should have blocked off the days when the medication was not due. She added the next time a medication was ordered every other day, the pharmacy will send one empty bag in between the dates the medication was due, to alert the staff.

Based on the information obtained and the interviews the pharmacy labeled and dispensed the medication prescribed on 750 mg take one tablet every 48 hours correctly and entered correctly on the MOR as well. (Z-pack) take 2 tablets the first day, then one tablet daily thereafter until completed, prescribed on and was entered and dispensed correctly. The facility received a prescription dated from the doctor's office that indicated take as directed if doesn't work, this prescription was a change from the original order, not a pharmacy error. The staff relied on the computer to give the medication rather that reading the label and double checking the order.

Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Fountains of Melbourne
4451 Stack Blvd
Melbourne, FL 32901

Dear Administrator:

Re: CCR #2013008816

This letter reports the findings of a complaint investigation survey that was conducted on , 2013 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998