STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953610	11/13/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Peterson Assisted Living Facil	**1622 Silver Street Jacksonville, FL 32209**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0076 - 58a-5.0186 Fac - S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= D

Specific Tag Findings:

0000-Initial Comments
A biennial licensure survey with Limited Mental Health was conducted on 2013. Peterson Assisted Living had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on observation, resident record review and an interview with the administrator, the facility failed to ensure that a complete health assessment is completed by a licensed health care provider for one of three residents reviewed (#3).

The findings include:

A review of resident #3 records reveal that the health care provider did not sign and date the AHCA Form 1823. In addition the health care provider did not state whether the resident needed assistance with the self-administration of medications or medication administration. An observation/interview on , at 10:45 am, of resident #3 revealed a mental health resident, who required direction to perform any tasks of activities with daily living. An interview with the administrator on 2013, at 1:30 pm confirmed that the facility was assisting with the self-administration of medications and did not have a completed health assessment.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on record review and staff interview, the facility failed to correctly update the Medication Observation Record (MOR) which resulted in a daily medication error for the month of 2013 for 1 (Resident # 3) seven sampled residents.

The findings include:

Record review of Resident #3's MOR for 2013 listed 2 mg 1 tab 2 times a day. The medication was initialed as given at 10:00 AM, and 9:00 PM daily since 2013. Record review of the 2013 MOR listed 2 mg 1 tab (twice a day). The time written in is 10:00 AM, and initialed as given at 10:00 AM through The evening dose was not written on the MOR and it was not

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signed as given.

Record review of the prescription signed by the residents Advanced Registered Nurse Practitioner ARNP dated is for 2 mg, 1 by mouth twice daily.

Interview on at 12:05 PM with the administrator stated, " Oh, I forgot to write it correctly, it is written wrong " . She acknowledged that the should have been written on the MOR twice, as it was in 2013, but that is was not.

Class II

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to ensure medications were stored properly in labeled containers for 29 out of 29 residents living in the facility.

The findings include:

at 9:15 AM an observation of the medication cart revealed at least ten loose pills, that I was able to count as the administrator was quickly picking them up out of my view, on the top and inside shelves of the medication cart. The pills were various colors, some capsules and other tablets in sizes. A few tablets were partially dissolved sitting in the built in tray like compartment on the top of the cart. There was a residue of a powder like substance in this compartment, where two partially dissolved pills were laying. Two stacked Styrofoam cups were sitting inside of the medication cart on the top shelf. The top cup was half filled with water. The bottom cup had 4 unlabeled white intact pills inside, none of which were capsules.

at 9:25 AM an Interview with the administrator stated that the loose pills in the cup were the same loose pills she picked up from the cart that I had previously observed. She said she threw them in the cup. She was not able to identify the medication or explain who they belonged to. She further stated she did not know why she put the cup of pills back into the medication cart.

Class III

007(58A-5.0186 FAC
Based on facility record review and an interview with the administrator, the facility failed to develop policies and procedures related to the fulfillment of current state laws and rules related to do not resucitate orders

The findings include:

A review of current policies and procedures revealed that the facility did not have written policies and procedures relating to the duties and responsibilities of the facility regarding . This was confirmed in an interview with the administrator on , 2013, at 2:00 pm.

Class III

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(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that the administrator had received two hours of continuing education in food service or food sanitation on an annual basis.

The findings include:

A review of the administrator's employee records revealed that there was no documentation of two hours of continuing education during the last twelve months. This was confirmed in an interview with the administrator on , 2013 at 2:00 pm.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on employee record review and an interview with the administrator, the facility failed to ensure that three of four employees (A, B, C) have not received training in

The findings include:

A review of employee A, B, C, records reveal that the employees did not have training in . This was confirmed in an interview with the administrator on , 2013, at 2:00 pm.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on resident record review and an interview with the administrator, the facility failed to ensure that three of three residents reviewed (1, 2, 3) had their weights recorded on a semi-annual basis.

The findings include:

A review of resident records revealed that resident's #1, #2, and #3 revealed that resident #1 last recorded weight was in of 2012. Residents #2 and #3 have no recorded weights at the facility. This was confirmed in an interview with the administrator on , 2013 at 2:00 pm.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on employee record review and an interview with the administrator, the facility failed to ensure that two of four employees (A and C) have documentation of current background screening.

The findings include:
A review of employees A and B, records revealed that the last background screening for both employees occurred on , 2002. This was confirmed in an interview with the administrator on , 2013 at 2:00 pm.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Peterson Assisted Living Facility
1622 Silver Street
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a state biennial licensure survey with Limited Mental Health that was conducted on 2013 by representatives of this office.

The inspection resulted in findings of non-compliance in the following areas and others not specified in this letter:

1. Due to a Class II deficiency directly relating to your facility's medication practices cited at:

A-0054 - Medication Records - Class II

A-0055 - Medication Storage and Disposal - Class III

The facility must employ, on staff or by contract, the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse to address auditing medication observation records in comparison with physician orders and storage and disposal of medications.

2. The initial on-site consultant visit shall take place within 7 working days of the identification of a Class II deficiency. The consultant must develop a written plan of action for addressing the deficient medication practices identified in the statement of deficiencies. The consultant must conduct monthly audits of the medication observation records in comparison to current physician orders for each resident for a minimum of 3 months. The results of these audits must be sent to the Field Office for review. You must provide the agency a copy of the pharmacist's or registered nurse's license and a signed and a dated recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.

3. The facility must ensure all unlicensed staff providing assistance with self-administered medications complete a minimum of 2 hours of continuing education training on providing assistance with self-administration of medications. The consultant must use the training course approved by the Department of

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

Elder Affairs that is posted on their website at http://elderaffairs.state.fl.us/doea/pubs/pubs/2012Med_Guide.pdf. All unlicensed staff must complete this training no later than , 2013.

The consultant is to ensure that unlicensed staff can perform these duties correctly by conducting weekly audits observing staff while performing this duty for a minimum of 4 weeks and documenting the results of the audits. The results of these audits must be forwarded to the Field Office for review.

4. The facility shall provide the agency with, at a minimum, monthly 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.

5. The facility must clean out the medication cart so that only properly labeled medications in their originally dispensed containers remain therein.

Nothing in this Directed Plan of Correction limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure