STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963949	01/10/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At College Park	5612 26th Street West Bradenton, FL 34207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

Z815-Background Screening; Prohibited Offenses-01/10/2014

Revisit Repeat Tags:

0055-Medication - Storage And Disposal-58a-5.0185(6) Fac

Revisit New Tags:

0058-Pharmacy & Dietary; Uncorrected Deficiencies-429.42 Fs; 58a-5.033 Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced revisit survey was conducted in conjunction with two complaint surveys on .

The Emeritus at College Park, assisted living facility, had deficiencies identified at the time of the visit.
0055-Medication - Storage and Disposal 58A-5.0185(6) FAC

Based on observations, interviews, and record reviews, the facility failed to ensure that medications remained secure and/or out of sight of other residents for 2 (Resident #7 and #8) of 9 current residents sampled.

Findings include:

Observation and interview of Resident #7 on 01 at approximately 2:20pm revealed that she had several over the counter (OTC) medications including nasal, and (for left out on the side table near her recliner chair. She reported that she bought these medications herself and did not want the staff to do these medications for her.
Review of Resident #7's health assessment, Form 1823 dated revealed on page 4, section 2B that the resident needs assistance with self-administration of medications which means that the resident should not have access to OTC medications in her Her medication observation records (MORs) revealed that she was ordered 10mg, take 1 tablet by mouth daily (scheduled at 9am). The MORs were initialed to indicate that the medication was given on , 9, and 10.
Interview with the resident care director (RCD) on 01 at approximately 3:45pm revealed that Resident #7 has wanted control over her medications since The resident has been getting medications from different pharmacies or calls and gets people to bring OTC meds. They have told the resident that the medications are supposed to be given to the staff to be given to her. The resident had gotten an before and refused to give it to them (She did eventually). She stated she had also spoken to the resident's doctor about this issue. She stated they can't force her to stop. The RCD was not aware that the resident had an OTC med that was also ordered on her MORs. She also indicated that she did not believe that the resident could open the medication bottles because of her physical limitations.

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In a later interview with Resident #7 on at approximately 4:15pm, she stated that she takes the medicine at night and she is able to open the bottle. She does not take the medicine every night.

Observation and interview of Resident #8 on at approximately 3:30pm revealed that he had a one tablet of medication in a bottle out on a table beside his bed. The door was wide open and he was not inside. When Resident #8 came in his he acknowledged that the medication needed to be locked up in his

Class III

0058-Pharmacy & Dietary; Uncorrected Deficiencies 429.42 FS; 58A-5.033 FAC

Based on observations, interviews, and record reviews, the facility failed to correct a Class III medication deficiency (A0055) related to the proper storage of medication which requires the facility to employ either a registered nurse or licensed pharmacist to provide quarterly consultant services at the facility.

Findings include:

A0055 - Based on observations, interviews, and record reviews, the facility failed to ensure that medications remained secure and/or out of sight of other residents for 2 (Resident #7 and #8) of 9 current residents sampled.

Unclassed

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus at College Park
5612 26th Street West
Bradenton, FL 34207

Dear Administrator:

Re: **CCR# 2013012923 & CCR# 2013010849 & Revisit**

This letter reports the findings of two complaint surveys and a state licensure revisit survey that were conducted on 10, 2014, by representative(s) of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint surveys and the deficiencies that were identified relative to the revisit. 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul Y Brown

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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