STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963982	04/02/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Colonial Park	4730 Bee Ridge Road Sarasota, FL 34233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

These are the results of an unannounced Complaint Survey, CCR# 2014002167 conducted on at Emeritus at Colonial Park, an Assisted Living Facility, located in Sarasota, Florida.

The complaint had 3 allegations and one allegation was substantiated with the following citation:

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on record review and interview, the facility failed to administer medication as prescribed by the physician for 1 (Resident #3) out 3 sampled residents.

The findings included:

Record review on of Resident #3's Medication Observation Record (MOR) for the month of 2014, documents on 2/9, (check order), order), pharmacy call), arrival), (staff reorder - check with pharmacy), fax order nurse notified), and (on order). Resident #3 did not receive her patch as evidence by the circle on the front of her MOR.

During an interview on at 1:45 p.m. with Employee A, the Surveyor asked it looks liked Resident #3 didn't get her Patch from to the 28th. She responded, "yep that's right." The Surveyor asked how did that happen, and Employee A responded, "on the 6th it was ordered, it never came in. When we contacted the pharmacy they were saying they sent it but it wasn't on cart and after that it came in. Thinking back I am not sure what actual date it actually showed up. We did our part we checked the carts in the building, they said they sent it and we said we didn't get it. They said we had to check all the carts, so we did that." The Surveyor asked that could not have taken days to do, so what happened? She responded, "we faxed it over to the pharmacy. We can ' t give it if we don't have it. We ordered the patches before she run out."

During an interview on at 2:00 p.m., the pharmacy Representative when asked about the medication for Resident #3 stated, "the last order I am showing for the Patch Resident #3 is dated and is the 1 plus with 5 refills, and that would have taken her to and she would have needed another order. We would have sent over an E - Request and faxed over a request at the same time. We didn't get a response. So she had to have run out of the medication."

During an interview with Employee C, she stated, "I started in the beginning of . The 1823 has an order

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for it dated and an updated one dated with see attached med list." The Surveyor asked if Employee A or anyone informed her of a situation about Resident #3's Patch, and she responded, " No, not to my knowledge did a med tech say I have a problem ordering an patch for a resident. I am not aware of anything like this happening with this resident."

During an interview on with the Executive Director at 2:50 p.m., she stated she was not aware of the situation with Resident #3 and the patch.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

11, 2014

Administrator
Emeritus At Colonial Park
4730 Bee Ridge Road
Sarasota, FL 34233

Dear Administrator:

Re: CCR #2014002167

This letter reports the findings of a complaint survey that was conducted on . 2014 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 **2014** 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 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW: ar
Enclosure
XG90

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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372