STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953616	09/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Five Star Premier Residences Of Hollywood	2480 North Park Road Hollywood, FL 33021	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014008650 was conducted on [redacted] at Five Star Residences of Hollywood. The facility had a deficiency found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, interview and record review, the facility failed to maintain an accurate daily medication observation record (MOR) for all residents who receive assistance with self-administration of medications and/or medication administration. As evidenced by facility failure to accurately document medications prescribed by the physician on the MOR, for 1 of 3 sampled residents' MORs reviewed (Resident #1).

The findings include:

Resident #1 has a medical diagnosis of [redacted], chronic back pain, and [redacted] as documented on the Resident Health Assessment form. The resident requires assistance for ADL care and administration of medications.

Review of the Medication Observation Record (MOR) dated [redacted] reveals the resident is prescribed [redacted] 12.5 mg at bedtime every day. On 4/1, 4/2, 4/3 and 4/5, the MOR does not reflect that resident received the medication as ordered by his physician. Further review reveals the resident is prescribed a [redacted] Patch to be applied daily for 12 hours, remove patch after 12 hours. The MOR dated [redacted] reveals no nurse initials/signature that the patch was removed on that day. Additionally, the resident was prescribed [redacted] 250 mg by mouth twice a day for 10 days, with treatment to end on [redacted]. Review of the MOR reveals no initials by the nurse that the resident received the 5:00 PM doses on [redacted] and [redacted].

On [redacted] at approximately 10:00 AM during an interview with the LPN (Acting Assistant Director of the Assisted Living facility), he reviewed the MOR and confirmed the lack of proper documentation on the MOR. He stated he did not know why the nurses had not documented accurately and stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Five Star Premier Residences Of Hollywood
2480 North Park Road
Hollywood, FL 33021

RE: CCR #2014008650

Dear Administrator:

This letter reports the findings of a comeplaint 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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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