STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964654	10/28/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
St. [illegible] Plantation	2507 Old St. [illegible] Road Tallahassee, FL 32301	

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

0000-Initial Comments
An unannounced follow up survey to CCR2014008782 was done in conjunction with a Change of Ownership survey [illegible] to [illegible] at St. [illegible] Plantation. Deficiencies were cited.

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation, staff interview and review of the facility policy and procedures the facility failed to ensure medication was ordered in a timely manner fore 1 of 22 (#12) reviewed for medication observation and 1 of 2 (#14) randomly checked for medication availability.

The findings are:
1) During the medication observation pass is was observed that resident #12 was out of [illegible] (a medication for pain) for 1 day. There is a copy of a fax communication written to the physician on [illegible] that the medication was needed. On [illegible] the physician sent a communication form back informing the facility the prescription was ready to be picked up.

An interview with the Director of Nursing on [illegible] at approximately 1:25 PM was conducted. When asked why resident #12 had run out of medication she stated, "The physicians office called them after hours that the prescription was ready for pick up but they had no transportation so they could not go to get the prescription. She stated generally the Doctor will fax the prescription directly to the pharmacy. She could not state why this did not happen. She stated if he had faxed the prescription directly to the pharmacy the pharmacy would have delivered the medication.

2) LPN (licensed practical nurse) D at 8:42 am stated the resident #14 was out of eye drops this am. She stated his medications come from the VA (veteran's administration). The medication was [illegible] (a medication for eye irritation and decreased visual acuity). A review of the MOR (medication observation record) indicated the resident #14 had been out of the eye medication [illegible] since [illegible].

An interview was conducted with the Director of Nursing on [illegible] at approximately 1:25 PM. She stated the medication for resident #14 had been ordered, date uncertain. She stated that two eye drops had been ordered and only one received. She stated she had called the VA just today and they stated they had to get the Doctor to write a new order. When asked what the policy is for reordering medication to ensure the resident does not run out of medication she stated, "We use the regulation as our policy and it only states that we have to attempt to reorder medication in a timely manner". She stated "The policy is that the nurse reorders the medication and if the medication does not come in and they run out of the medication the nurse gets with me and I follow up". When asked what she considered to be a timely manner she stated, "A week". She stated there is no documentation from the nursing that the medication was ordered and said it is the nurses discretion as to wether or not they documented the medication was ordered in the resident's file.

Uncorrected Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[illegible], 2014

Administrator
St[illegible] Plantation
2507 Old St.[illegible] Road
Tallahassee, FL 32301

RE: Change of Ownership and Revisit Surveys

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 28, 2014 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 [illegible] 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 me at 850-412-4540.

Sincerely,

Donah Heiberg, MSW
Field Office Manager

DH/dh
Enclosure
XG90

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