AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966666	10/22/2015
NAME OF PROVIDER OR SUPPLIER **LAKESHORE LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10919 MISTLETOE DRIVE** **THONOTOSASSA, FL 33592**	

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

0000 Initial Comments

Assisted Living Facility Complaint

Two complaint investigations (CCR# 2015008132 & CCR# 2015008282) were conducted on at Lakeshore Living Inc. Lakeshore Living Inc. had deficiencies at the time of the investigations.

0025 Resident Care - Supervision

Based upon record review & staff interview, the facility did not ensure that the facility maintained a written record updated as needed concerning any changes in health status for 1 (#3) of 3 resident records reviewed.

Findings include:

A review of the record for resident #3 revealed that the progress notes on file indicated the resident had on while entering the . The note goes on to indicate that the resident "hit his face and has a cut above his eye." This progress note did not indicate any medical intervention or treatment that provided and further did not indicate whether the family or health care provider for resident #3 was contacted concerning the head injury.

During interview with a direct care staff member on / at approximately 10:30am the staff person stated that resident #3 did not actually but instead hit his face on a dresser. Another staff person interviewed at 4pm provided this same information.

There was no incident report or detailed information concerning this incident and the sparse information contained in the residents record in the form of progress notes was not in sufficient detail to demonstrate that the facility initiated appropriate action. It should also be noted that resident #3 is on a ( ) and requires close monitoring for any injuries as well as the MD needing to be notified at the time of injury.

During interview with the facility administrator (approximately 6pm he stated that concerning resident #3 injury he had been the person who notified the family member of the injury although admittedly did not make a note of the family contact. He stated he would be sure to do so in the future.

Class III

AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 11/06/2015
FORM APPROVED

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	AL11966666	**10/22/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKESHORE LIVING INC	**10919 MISTLETOE DRIVE** **THONOTOSASSA, FL 33592**

SUMMARY STATEMENT OF DEFICIENCIES
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CI #20015008282

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure that centrally stored medications are kept in an area free of dampness and abnormal temperature in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times.

Findings include:

On at 4:50pm, surveyors observed two covered plastic bins (with no locking mechanisms) on floor in to kitchen (" pantry " area containing assorted foods, cabinets with medical supplies and assorted items, washer & dryer). Staff A stated that the 2 bins containing medications were sent from the Pharmacy for a month ' s worth of medications.
Per interview with Staff A on / at 5pm, the Pharmacy sends 3 months ' supply of residents ' routine medications at a time.
Surveyors observed the following medications in the 2 unlocked bins on beginning at approximately 5pm - Top bin contained: 8 packs of medications labeled for Resident #4; 17 packs of medications labeled for Resident #2; 7 packs of medications labeled for Resident #6; 16 packs of medications labeled for Resident #10; 7 packs of medications labeled for Resident #5; 25 packs of medications labeled for Resident #1; 3 packs of medications labeled for Resident #9; 13 packs of medications labeled for Resident #7; 4 packs of medications labeled for Resident #11; and 8 packs of medications labeled for Resident #8.
Bottom bin contained: 1 pack in front/middle of see-through bin containing the controlled medication 50mg (11 tablets) and another 1 pack of medications labeled for Resident #6; 11 packs of medications labeled for Resident #1; 8 packs of medications labeled for Resident #12; 5 packs of medications labeled for Resident #5; 2 packs of medications labeled for Resident #9; 20 packs of medications labeled for Resident #2; 11 packs of medications labeled for Resident #10; 7 packs of medications labeled for Resident #11; 5 packs of medications labeled for Resident #13; 3 packs of medications labeled for Resident #4; 2 packs of medications labeled for Resident #9. Medications include, but not limited to:
, Mirtzapine, , , and .
Per interview conducted with the Administrator and Staff A on / beginning at 5:30pm, the Administrator stated that the cabinet with shelves containing a lock was intended to be used for medications. The Administrator stated that he will instruct staff to clean out the cabinet and properly

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SUMMARY STATEMENT OF DEFICIENCIES
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store medications.

Class III
CI #20015008282 & #2015008132

0056 Medication - Labeling and Orders

Based on observation, record review, and interview, the facility failed to ensure that any change in directions for use of a medication for which the facility is providing assistance with self-administration is accompanied by a written medication order issued and signed by the resident's health care provider and that the new directions are promptly recorded in the resident's medication observation record.

Findings include:

Per observation of meds provision and review of Medication Observation Records (MORs) & Physician Orders, 5 of 5 residents sampled contained errors and omissions as follows:
Listed on Resident #1 ' s Medication Observation Record (MOR) for 10/1- 50mg oral tablet - Take 1 tablet by mouth twice daily for knee pain for 90 days (D/C 9/6) - Initials circled for 8am dose 10/1- (date of survey); Initials circled for 5pm dose 10/1- , and -- listed on reverse: , , , , & as not given (no times provided) because " med out; " initials provided next to 3 of 5 entries; initialed as provided at 5pm on . In addition to incomplete/inconsistent documentation, the physician ' s order per MOR was to discontinue the medication .
Listed on Resident #1 ' s Medication Observation Record (MOR) for 9/1- 50mg oral tablet - Take 1 tablet by mouth twice daily for knee pain for 90 days (D/C 9/6) - Initialed as provided at 8am every day for 31 days from 9/1 through (month ended); Initialed as provided at 5pm from 9/1 through , space blank for 5pm dose, initials circled for - doses, initialed as provided , initials circled for - doses -- listed on reverse: , , , , & as not given (no times provided) because " med out. " In addition to incomplete/inconsistent documentation, the physician ' s order per MOR was to discontinue the medication .
Listed on Resident #1 ' s Medication Observation Record (MOR) for 8/1- 50mg oral tablet - Take 1 tablet by mouth twice daily for knee pain for 90 days (D/C 9/6) - Initialed as provided at 8am & 5pm on 8/1 & 8/2, Hospitalized 8/3-8/7, initialed as provided at 8am & 5pm on 8/8 & 8/9, initials circled for 8am dose on -- listed on reverse as not given (no times provided) because " out of med " -- Initialed as provided at 5pm on ; initials circled for 8am & 5pm on & ; -- Initialed as provided at 8am on , initials circled for 5pm dose on -- listed on reverse as not given (no times provided) because " out of med " -- Initialed as provided every day at 8am from through and every day at 5pm from through except - no initials as having provided and

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not listed on reverse of MOR.
Per record review, Resident #1 had been prescribed 50mg on / as a PRN (as needed) for pain, discontinued / per physician order.
Pharmacy label dated affixed to Controlled Drug Use Record: 50mg tablet with instructions to Take 1 tablet by mouth once daily-count sheet indicates receipt of 30 tablets -- 1 given (date/time not provided), then 1 given at 8pm, at 8am & 8pm, / at 8am & 8pm, at 8am, at 8am & 8pm, at 8am & 8pm, and at 8am - This medication was not provided once daily as prescribed. Per the count sheet, 12 tabs were provided to the resident; 18 tabs should be remaining; however, only 10 tabs are indicated as remaining (21 tabs per count; 13 tabs per count with none indicated as provided in between those dates).
During survey at the facility, Staff A sent request to the pharmacy for refill of the above medication (50mg tablet). The pharmacy faxed back a form to Staff B indicating that a new prescription is needed, as the previous prescription dated was for 90 days, discontinued .
The pharmacy ' s response further confirmed the medication not being provided to the resident as ordered.
Listed on reverse of Resident #2 ' s Medication Observation Record (MOR) for 10/1- / : / " all 8am meds not given " due to hospitalization; no initials provided to indicate writer. As of / review, all 8am meds (8) on page 1 of MOR are circled as not provided / through . 325mg tablet is initialed as not provided at 5pm on / with no explanation on reverse of MOR; all 8pm meds are circled as not provided through except MCR 100mg capsule circled as not given at 8pm on / through / , with no explanation on reverse of MOR. Two 8am meds on page 2 of MOR are circled as not provided through . 40mg tablet is circled as not provided / through / . There are no listings/explanations on reverse of MOR.
Listed on Resident #3 ' s Medication Observation Record (MOR) for 10/1- / : Doc-Q-Lace 100mg oral capsule prescribed to be given twice daily at 8am & 5pm - initials circled as not provided at 8am on / through and initials circled as not provided at 5pm on / with no explanation on reverse of MOR. Mapap 325mg tab prescribed to be given 3 times daily at 8am, 12pm, & 8pm starting -- Initialed as provided at 8am on / , / , / , , , & ; not initialed as provided at 8am on / & ; Initialed as provided at 12pm on , / , & ; not initialed as provided at 12pm on / , / , & ; Initialed as provided at 8 pm on / - & ; not initialed as provided at 8pm on --no explanation on reverse of MOR. Zyvox600mg tab prescribed to be given twice daily at 8am & 8pm: Initialed as provided at 8am on 10/1, 10/2, 10/3 & 10/4; initials circled as not provided at 8am on 10/5 through / / -D/C per Dr. written next to / initials; Initialed as provided at 8pm on 10/9, , & / only; initials circled as not provided at 8pm on 10/1 through 10/5, 10/8, / , / , and / ; blank spaces at 8pm dose on 10/7 & / . There are no listings/explanations of the medications not provided on reverse of the MOR.
Handwritten on Resident #3 ' s Medication Observation Record (MOR) for 10/1- / : 5mg

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tabs -Take 2 tabs every morning (8am) starting . Per HBPC Provider (VA ARNP) Medication Reconciliation Note dated , the physician ' s order is to Take 2 tablets by mouth every morning except to Take 1&1/2 tablets Tuesday & Saturday to prevent clots. Initials on the MOR indicate that 2 tablets were provided at 8am every morning 10/2 and ; 8am space on is blank. Incorrect doses were given on Tuesdays, 10/6, , & , & Saturdays, 10/2, , & , and there is no indication that the med was provided on . There is no explanation on reverse of the MOR.

Listed on Resident #4 ' s Medication Observation Record (MOR) for 10/1- : 400mg capsule - Physician ' s order to Take 1 capsule by mouth 3 times daily (8am, 12pm, 5pm) - medication not initialed as provided at 12pm on ; no explanation on reverse of the MOR.

Resident #4 was prescribed 5-325mg - Physician ' s order to Take 1 tablet by mouth every 6 hours as needed for pain. The pharmacy MOR incorrectly printed times for routine provision of the medication at 8am, 12pm, 5pm, & 8pm. An unidentified person on an unknown date/time crossed off the times and printed PRN on the MOR. Per interview with Staff A, Resident #4 likes to take this medication every morning when she wakes up, so she is regularly provided an 8am dose. Initials on the MOR indicate that the med was provided every morning at 8am on 10/1 through date of survey. Initials on the MOR indicate that the med was also provided on 10/5, 10/6, 10/7, 10/8, , , , & . On reverse of the MOR, the med is listed as having been provided twice on 10/5, twice on 10/6, once on 10/7, once on 10/8, and twice on - No provision times are indicated; , , & doses initialed as provided are not listed. Per Controlled Substance Record/Count Sheets, the med was provided at 5am on 10/3, 10/4, 10/7, 10/8, 10/9 (Staff F listed & counted twice at 5am), provided 10/5am- time not written, , , , , , & ; provided at 5:15am on 10/4; provided at 5:30am on , & ; and provided 19 times at various times during day & night. The attached copy of pharmacy label indicates 60 tablets were delivered; the 60 count was changed to 67 without explanation and med counts deducted from 67. Initials on the MOR, listings on reverse of the MOR, and Controlled Substance Record/Count Sheets do not correlate with each other.

Per interview with Staff A, Resident #4 likes to take this medication every morning when she wakes up, so she is regularly provided an 8am dose.

Resident #4 was also prescribed 7.5-325mg - Physician ' s order to Take 1 tablet by mouth every 6 hours as needed for post-surgical pain. Initials on the Medication Observation Record (MOR) for 10/1- indicate that the med was provided 4 times: twice on 10/1 & twice on 10/2-the med is listed on reverse of the MOR as having been provided twice on 10/2 only. The attached Controlled Substance Record/Count Sheet counts the med as having been provided twice on 10/1 and 3 times on . Initials on the MOR, listings on reverse of the MOR, and Controlled Substance Record/Count Sheets do not correlate with each other.

Resident #5 was prescribed 20mg tablet - Physician ' s order to Take 1 tablet daily at bedtime (8pm). Initials on the Medication Observation Record (MOR) for 10/1- indicate that the

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med was not provided on ../.. & ../../.. - no initials as having provided and not listed on reverse of MOR. There is no explanation regarding the med not being provided as ordered.

Class III
CI #20015008282 & #2015008132

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Lakeshore Living Inc
10919 Mistletoe Drive
Thonotosassa, FL 33592

RE: CCR# 2015008132 & CCR# 2015008282

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on , 2015, 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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.

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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,

Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547