STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953584	02/09/2016
NAME OF PROVIDER OR SUPPLIER **FOUNTAINS OF MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4451 STACK BLVD** **MELBOURNE, FL 32901**	

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

0000 Initial Comments

The re-licensure survey including Limited Nursing Services was conducted on / . Fountains of Melbourne had deficiencies at the time of the visit.

0025 Resident Care - Supervision

Based On Record review, Medication Observation Record (MOR) Review and Interview, the facility did not follow physician's orders for 1 of 3 sampled Residents (#2).

Findings:

Record review for Resident #2 revealed and Resident Health Assessment Form 1823 dated / with diagnosis that included , Aphasia, Gait Imbalance, , and Weight Gain. The 1823 noted the resident required assistance with the self- administration of his medication.
The facility used a Computerized MOR when giving medications.
An order dated / / noted 50 milligrams (mg) 1 in the morning and 100 mg 1 at bedtime.
On / / the health care provider discontinued the morning dosages (50 mg) and decreased the bedtime dosage to 50 mg.
The MOR for / / noted ( ) 100 mg was given at bedtime instead of 50 mg as ordered. On / / at Bedtime the ( ) 100 mg was left blank there was no way to determine whether or not the resident received his medication.
The MOR for / noted ( ) 50 mg was given at 8 AM. The morning dosage was given after being discontinued on / / .
An order dated / noted decrease to 25 mg at bedtime
The MOR for ( ) 25 mg at bedtime was left blank on / through / .
There was no way to determine whether or not the resident received his medication.

A Physicians order dated / / noted " pack #1"
The MOR for / noted:
Day 1: ( ) 4 mg Dose Pack-6 Tablets-For 1 day
The Pharmacy listed the start date as / and End date was / / .
The MOR for / had staff initials with a circle around it-The MOR noted the medication was not available. The MOR also noted DC' d (discontinued)
Day 2: 4 mg Dose Pack-5 tablets-for 1 day
The Pharmacy listed the start date as / / and End date was / / .

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SUMMARY STATEMENT OF DEFICIENCIES
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The MOR for I/ and I/ had staff initials with a circle around it-The MOR noted the medication was not available. The MOR also noted "DC' d"
Day 3: 4 mg Dose Pack-4 tablets-for 1 day
The Pharmacy listed the start date as I/ and End date was I/ I/ .
The MOR for I/ and I/ had staff initials with a circle around it-The MOR noted the medication was not available on I/ / and on I/ it noted medication order change. The MOR also noted "DC' d"
Day 4 : 4 mg Dose Pack-3 tablets-for 1 day
The Pharmacy listed the start date as I/ and End date was I/ .
The MOR for I/ and I/ / had staff initials with a circle around it-The MOR noted the medication on I/ and on I/ / had a medication order change. The MOR also noted "DC' d"
Day 5 &6: 4 mg Dose Pack-one tablet twice daily for 3 doses.
The Pharmacy listed the start date as I/ / and End date was I/ / .
The MOR for I/ , I/ , I/ at 8AM and at 8 PM on I/ , I/ and I/ had staff initials with a circle around them.
The MOR noted there was an order change for the following dates and times:
On at 8:50 AM on I/ was listed twice, on I/ at 11:01 AM, On I/ at 7:35 PM, On I/ at 8:38 AM and 7:29 PM,
The MOR noted the medication was not available on the Following dates and times:
I/ at 8:29 PM, I/ at 10:05 AM.
The only days that the medication was Marked as given was as follows:
On I/ at 8 PM, I/ at 8AM and 8 PM, I/ at 8 PM, I/ and I/ at 8 AM.
According to the MOR the resident only received 6 pills.
The bottom of the MOR noted:
I/ / at 8:50 AM 4 mg Dose Pack "Following Nursing Instructions- Gave day 2" was noted twice.
I/ at 7:14 PM 4 mg Dose Pack "Medication was given earlier by am med tech."
I/ / at 7:25 PM 4 mg Dose Pack -"given earlier by med tech."
/ I/ at 11:01 AM- 4 mg Dose Pack -"Day 4 given today."
I/ I/ at 8:29 AM- 4 mg Dose Pack-"last dose was given this morning."
I/ / at 8:38 AM- 4 mg Dose Pack -"Already Finished."
I/ / at 7:29 PM- 4 mg Dose Pack-"HAD LAST ONE ON I/ / IN THE AM."
/ at 10:05 AM- 4 mg Dose Pack "Medication is done."
There was no documentation found in the record that the health care provider was notified that the Medication did not start when ordered so that the health care provider could provide further instructions.
According to the MOR Day 2 started on I/ , there was no documentation to confirm that Day one and Day 3 were given.

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

On / at 2:45 PM the Resident Care Director reviewed the MOR and said the Health Care Provider was making adjustments to Resident #2's because his wife complained that he was drowsy.
She stated according to the MOR the was not given as ordered.
She explained that the MORs were computerized. The Pharmacy that the facility used would update the MOR to include all of the medications even though they did not fill the prescription to keep the medications and MORs current.
She stated the facility would send a copy of the order to the Pharmacy. The was added to the MOR even though it had not arrived to the facility until / /. She stated the Resident's wife did not bring it from her preferred pharmacy until that date.
She stated the staff could not go back and make changes to the MOR when the medication arrived because the Pharmacy could only make changes. She stated they would note "DC' d" on the MOR because the medication did not actually start on the date noted. She explained according to the MOR / was the first day (day 2) the staff had actually noted resident had received the medication.
She also reviewed the MOR for the and said by looking at the MOR she could not determine if the resident received the medication as ordered.

Class III

0054 Medication - Records

Based on Medication Observation Record (MOR) review and interview, the facility failed to maintain an accurate and up to date MOR for 1 of 3 sampled residents (#2).

Findings:

The facility used a Computerized MOR when giving medications.
An order dated / noted 50 milligrams (mg) 1 in the morning and 100 mg 1 at bedtime.
On / / the health care provider discontinued the morning dosages (50 mg) and decreased the bedtime dosage to 50 mg.
The MOR for / / noted ( ) 100 mg was given at bedtime instead of 50 mg as ordered. On / at Bedtime the ( ) 100 mg was left blank there was no way to determine whether or not the resident received his medication.
The MOR for / noted ( ) 50 mg was given at 8 AM. The morning dosage was given after being discontinued on / /.
An order dated / / noted decrease to 25 mg at bedtime
The MOR for ( ) 25 mg at bedtime was left blank on / through / /.
There was no way to determine whether or not the resident received his medication.

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

A Physicians order dated [illegible] noted "[illegible] pack #1"
The MOR for [illegible] noted:
Day 1: [illegible] 4 mg Dose Pack-6 Tablets-For 1 day
The Pharmacy listed the start date as [illegible] and End date was [illegible].
The MOR for [illegible] had staff initials with a circle around it-The MOR noted the medication was not available. The MOR also noted DC' d (discontinued)
Day 2: [illegible] 4 mg Dose Pack-5 tablets-for 1 day
The Pharmacy listed the start date as [illegible] and End date was 1/1[illegible].
The MOR for [illegible] and [illegible] had staff initials with a circle around it-The MOR noted the medication was not available. The MOR also noted "DC' d"
Day 3: [illegible] 4 mg Dose Pack-4 tablets-for 1 day
The Pharmacy listed the start date as [illegible] and End date was [illegible].
The MOR for [illegible] and [illegible] had staff initials with a circle around it-The MOR noted the medication was not available on [illegible] and on [illegible] it noted medication order change. The MOR also noted "DC' d"
Day 4: [illegible] 4 mg Dose Pack-3 tablets-for 1 day
The Pharmacy listed the start date as [illegible] and End date was [illegible].
The MOR for [illegible] and [illegible] had staff initials with a circle around it-The MOR noted the medication on [illegible] and on [illegible] had a medication order change. The MOR also noted "DC' d"
Day 5 &6: [illegible] 4 mg Dose Pack-one tablet twice daily for 3 doses.
The Pharmacy listed the start date as [illegible] and End date was [illegible].
The MOR for 8AM on [illegible], [illegible], [illegible] and [illegible] and at 8 PM on [illegible], [illegible] and [illegible] had staff initials with a circle around them.
The MOR noted there was an order change for the following dates and times:
At 8:50 AM on [illegible] was listed twice, on [illegible] at 11:01 AM, On [illegible] at 7:35 PM, On [illegible] at 8:38 AM and 7:29 PM,
The MOR noted the medication was not available on the Following dates and times:
[illegible] at 8:29 PM, [illegible] at 10:05 AM.
The only days that the medication was Marked as given were as follows:
On [illegible] at 8 PM, [illegible] at 8AM and 8 PM, [illegible] at 8 PM, [illegible] and [illegible] at 8 AM.
According to the MOR the resident only received 6 pills.
The bottom of the MOR noted:
[illegible] at 8:50 AM [illegible] 4 mg Dose Pack "Following Nursing Instructions- Gave day 2" was noted twice.
[illegible] at 7:14 PM [illegible] 4 mg Dose Pack "Medication was given earlier by am med tech."
[illegible] at 7:25 PM [illegible] 4 mg Dose Pack -"given earlier by med tech."
[illegible] at 11:01 AM- [illegible] 4 mg Dose Pack -"Day 4 given today."

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

1/ / at 8:29 AM- 4 mg Dose Pack-"last dose was given this morning."
/ at 8:38 AM- 4 mg Dose Pack -"Already Finished."
1/ at 7:29 PM- 4 mg Dose Pack-"HAD LAST ONE ON 1/ IN THE AM."
1/ at 10:05 AM- 4 mg Dose Pack "Medication is done."

Further Review of the MOR for 1/ for revealed the following:
100 1 at bedtime the staff noted it was available on
1/7 at 7:03 PM, 1/8 at 6:55 PM,
50 mg 1 daily the staff noted it was not available on 1/8 at 10:18, 1/ at 7:57 PM,
1/ at 9:24, 1/ at 9:43 PM, 1/ at 9:09 PM.

On at 2:45 PM, The Resident Care Director reviewed the MOR and stated for the 50 and 100 mg dosages, the Resident's wife refused to let him take the medication on the above dates. The staff should have noted refused instead of not available.
She confirmed the MOR did not accurately reflect the administration of the, 4 mg Dose Pack and . She said the staff wrote order change when it actually was the start of the medication for the 4 mg Dose Pack.

Class III

0056 Medication - Labeling and Orders

Based on observations of the Medication Observation Record (MOR), record review and interview, the facility did not make every reasonable effort to ensure prescriptions were refilled in a timely manner for 1 of 3 sampled resident (#2).

Findings:

Record review for Resident #2 revealed and Resident Health Assessment Form 1823 that was dated 1/ , with diagnosis that included , Aphasia, , Gait Imbalance, and Weight Gain. The 1823 noted the resident required assistance with the self-administration of his medication.
The facility used a Computerized MOR when giving medications.

A Physicians order dated 1/ / noted " pack #1"
The MOR for 1/ noted:
Day 1: ( ) 4 mg Dose Pack-6 Tablets-For 1 day
The Pharmacy listed the start date as 1/ and End date was 1/ /

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

The MOR for I/ / had staff initials with a circle around it-The MOR noted the medication was not available. The MOR also noted DC' d (discontinued)
Day 2: 4 mg Dose Pack-5 tablets-for 1 day
The Pharmacy listed the start date as I/ and End date was I/ .
The MOR for I/ and I/ had staff initials with a circle around it-The MOR noted the medication was not available. The MOR also noted "DC' d"
Day 3: 4 mg Dose Pack-4 tablets-for 1 day
The Pharmacy listed the start date as I/ / and End date was I/ / .
The MOR for I/ and I/ had staff initials with a circle around it-The MOR noted the medication was not available on I/ / and on I/ it noted medication order change. The MOR also noted "DC' d"
Day 4: 4 mg Dose Pack-3 tablets-for 1 day
The Pharmacy listed the start date as I/ / and End date was I/ .
The MOR for I/ and I/ had staff initials with a circle around it-The MOR noted the medication on I/ and on I/ had a medication order change. The MOR also noted "DC' d"
Day 5 &6: 4 mg Dose Pack-one tablet twice daily for 3 doses.
The Pharmacy listed the start date as I/ and End date was I/ .
The MOR for 8AM on I/ , I/ , I/ and / and at 8 PM on I/ , I/ and I/ had staff initials with a circle around them.
The MOR noted there was an order change for the following dates and times:
At 8:50 AM on I/ was listed twice, on I/ at 11:01 AM, On I/ at 7:35 PM, On I/ at 8:38 AM and 7:29 PM,
The MOR noted the medication was not available on the Following dates and times:
I/ at 8:29 PM, I/ at 10:05 AM.
The only days that the medication was Marked as given were as follows:
On I/ at 8 PM, I/ at 8AM and 8 PM, I/ at 8 PM, I/ and I/ at 8 AM.
According to the MOR the resident only received 6 pills.
A Physicians Order dated I/ / noted 5 mg one twice daily
Review of the MOR revealed on I/ at 8 PM, I/ at 8 AM there were staff initials with a circle around them. The MOR noted on I/ at 9:55 PM and on I/ at 9:24 AM medication not available. On I/ at 9:31 AM the staff also noted "is not here yet."
On at 2:45 PM the Resident Care Director reviewed the MOR and said Resident's wife did not bring the from her preferred pharmacy until I/ / .
The Resident Care Director said she had informed the staff to notify her if the medications were not available. She said the facility would have made other arrangements to obtain the medications timely.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Fountains Of Melbourne
4451 Stack Blvd
Melbourne, FL 32901

RE: Relicensure w/LNS

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 , 2016.** 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.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

XG90

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