

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/26/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED 05/10/2016
NAME OF PROVIDER OR SUPPLIER BROOKDALE ATRIUM WAY 1	STREET ADDRESS, CITY, STATE, ZIP CODE 9960 ATRIUM WAY JACKSONVILLE, FL 32225	

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

0000 Initial Comments

On , 2016 an unannounced biennial survey was conducted at Brookdale Atrium Way Assisted Living. Deficient practice was identified as a result of the survey.

0052 Medication - Assistance with Self-Admin

Based on medication pass observation, record review and staff interview the facility failed to ensure one resident (#7) received the correct dosage of medication and that were being taken prior to assisting residents with medication self-administration according to the physician's orders for one resident out of 7 sampled residents.

The findings include:

During the medication pass observation on at 12:20 PM Employee A was observed to pass medication to Resident #7. She opened Medication Observation Record (MOR) and read it. She unlocked the med cart and then sanitized her hands. She then took a plastic pill cup, put on the top of the cart. As she was doing this she was asking the resident if he was in pain. He stated he was. She asked him on a scale of one to ten what was his level. He told her it was a five. She asked him if he wanted a . He said he did. She removed a bottle of medication from the medication cart, read the label and opened it. She shook one pill out of the container into the lid and then dumped the pill into the pill cup. The resident took the medication cup and put the pill in his mouth along with his other medications.

Review of the MORs dated / through revealed the resident was to receive 500 mg. Take 1 tablet by mouth every 8 hours as needed. The resident received a dose on and

Review of the physician's orders revealed an order that read: 18 hr. 500 mg by every 8 hours as needed. The order was dated

Review of the label on the medication bottle revealed it read: 650 mg in each caplet.
The medication bottle was an over-the-counter bottle of

During an interview with the Employee A on at 12:40 PM she was asked if she was aware that the dosage of the medication she had given the resident did not match the physician's order. She

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read the label on the medication bottle and then the MOR. She stated she was not aware of the discrepancy.

During an interview with the Health and Wellness Director on _____ at 1:20 PM she stated she was unaware that the dosage of the _____ medication in the over-the-counter bottle was not what the physician ordered for Resident #7. She stated the facility should have been aware.

During an interview with Employee A on _____ at 12:42 PM she stated she had taken the _____ for Resident #7 prior to giving him his medication. She was informed that this was not observed by this surveyor. When asked to produce the _____ for Resident #7, she stated she does not record the _____ on the MOR because there is no _____ it on the MOR. The MOR was observed during interview and appeared to have blank lines on it that could be used to record the _____. She stated " We had thought about recording them on a blank piece of paper but we haven't started doing it yet." She stated she does not have any documentation of the _____ for Resident #7.

During an interview with the Health and Wellness Director on _____ at 1:20 PM she stated that the parameters for _____ should be documented on the MOR or another medication monitoring sheet. She stated the nurse is to take the _____ at the time of the administration in order to know whether or not to hold the medication. She stated she thought the _____ for Resident #7 were being recorded.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Atrium Way 1
9960 Atrium Way
Jacksonville, FL 32225

Dear Administrator:

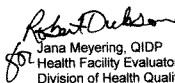
This letter reports the findings of a state licensure survey that was conducted on , 2016 by representatives of this office.

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 surveyors. Should you have any questions please call this office at -4201.

Sincerely,


Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JG/JM/sm
Enclosure
XG90

