RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2016

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

RE: CCR #2016008421 & 2016009542 Plus Licensure Survey

Dear Administrator:

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

Sincerely,

Donah Herberg
Field Office Manager

DH/dh

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone:850-412-4540; Fax:(850) 922-9162
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964654	08/23/2016
NAME OF PROVIDER OR SUPPLIER ST PLANTATION	STREET ADDRESS, CITY, STATE, ZIP CODE 2507 OLD ST. ROAD TALLAHASSEE, FL 32301	

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

0000 Initial Comments

On 22-23, 2016 complaint investigations CCR#2016008421 and CCR# 2016009542 in conjunction with a biennial re-licensure with an Extended Congregate Care (ECC) survey was conducted at St Plantation(License#9149) Assisted Living Facility. Deficient practice was identified during the survey.

0053 Medication - Administration

Based on observation, record review and interview, the facility failed to ensure medication administration was provided in accordance with the physician's order for 1 of 3 residents sampled for medication administration. (Resident #7)

Findings include:
Observation of morning medication pass was conducted on with Nurse A, who prepared medications for Resident #7. Medications included inhalant via inhalant via and Perforomist inhalant via .

On at approximately 10:00am, Licensed Nurse A mix all three inhalant medications together as she prepared the treatment for Resident #7. In interview with the licensed nurse, at the time of the observation, she stated it was okay to mix all three of the medications together and administer at the same time.

Review of physician orders documented the to be administered at 8am and documented the inhalant and the Perforomist inhalant to be administered at 9:00am.

Telephone interview conducted with the facility's pharmacy consultant on at approximately 11:45am revealed the three medications administered at the same time does not provide the maximum therapeutic effects. The pharmacist was informed of the medication times ordered by the physician and informed the three inhalant medications were administered together. The pharmacist stated the is a short acting bronchodilator and should be administered prior to the , which is a cortisteriod, to allow for maximum therapeutic effects.

Class III