

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 105311	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER DAYTONA BEACH HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1055 3RD STREET DAYTONA BEACH, FL 32117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0761 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and record review, the facility failed to ensure it provided medication administration in accordance with facility policy and procedure, and utilized proper storage practices for those medications (locked compartments) for two (Residents #3 and #4) of five sampled residents. The findings include: On 08/13/2020 at 8:30 AM on the rehabilitation unit, an unlocked medication cart was observed outside of resident rooms E15 and E16. The cart was examined and two clear plastic medication cups were observed with ten total pre-poured loose pills and capsules in them. One medication cup had seven medications marked for Resident #4 and a second medication cup had three medications marked for Resident #3. Employee A, Licensed Practical Nurse (LPN), confirmed the residents that each medication cup was designated for, and confirmed that the medications were scheduled for 9:00 AM. Resident #3 only took medications sporadically and the nurse had to return with the rest. An interview was conducted with LPN A on 08/13/2020 at 8:35 AM. She confirmed the medications were pulled for two different residents (Resident #3 and Resident #4.) One of the medication cups included the controlled substance [MEDICATION NAME] 0.5 milligram (mg) tablet, which was intended for Resident #3. An interview was conducted with LPN B/Unit Manager on 08/13/2020 at 8:42 AM. She stated if she found an unlocked medication cart and loose medications, this was against the facility's policy and procedure and the nurse would be addressed and disciplined for a violation of the policy. An interview with the Assistant Director of Nursing (ADON) was conducted on 08/13/2020 at 10:46 AM. She confirmed that the medication cart should not have been left unsecured with medications poured for more than one resident at a time. She further stated that the facility's Staff Educator provided 1 on 1 education that included a read and sign about privacy, unlocked medication carts and multiple resident medications prepared at the same time. She stated this education would be provided to all nursing staff. A review of Resident #3's current Medication Administration Record [REDACTED]. No documented administration time. [MEDICATION NAME] 100 mg tablet and [MEDICATION NAME] 50 mg tablet. No documented administration time. A review of Resident #4's current MAR indicated [REDACTED]. [MEDICATION NAME] 500 mg tablet; give one tablet by mouth every 12 hours. B-12 500 mcg (microgram) tablet, give 2 tablets (1000 mcg) by mouth every day. [MEDICATION NAME] 100 mg capsule every day for constipation. [MEDICATION NAME] 145 mg tablet; give one tablet by mouth daily. Vitamin C 500 mg tablet; give one tablet by mouth one time a day. A review of the facility's policy (6.0 General Dose Preparation and Medication Administration) for Pharmacy Services revealed that at 3.2, the procedure was to prepare medications for one resident at a time, and at 3.9, Facility staff should not leave medications unattended. .</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.