STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED	
	HL110183	04/06/2017	
NAME OF PROVIDER OR SUPPLIER RECEPTION AND MEDICAL	STREET ADDRESS, CITY, STATE, ZIP CODE 7765 S COUNTY RD 231		
CENTER HOSPITAL	LAKE BUTLER, FL 32054		
	SUMMARY STATEMENT OF DEFIC	IENCIES	

(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

## 0000 - INITIAL COMMENTS

An unannounced re-licensure survey was conducted on through at Reception And Medical Center Hospital in Lake Butler, Florida (facility license number 4006). Deficient practice was identified as a result of this survey.

### 0084 - PHARMACY - Preparing & Storing - 59A-3.2085(2)(c), FAC

Based on observation and interview, the facility failed to have appropriate licensed staff retrieve medications from the pharmacy to restock 1 of 1 a crash carts.

### Findings:

During an observation on at 3:00 PM, in the central supply area, it was noted that there was a Certified Nurse's Aide (CNA) in the there was a locked crash cart.

During an interview on at 3:10 PM, the CNA was asked how the crash cart is restocked. The CNA stated that the Registered Nurse (RN) brings the crash cart to central supply area and that she will make an inventory sheet, accounting for the medications missing. The CNA stated she would then bring this sheet to the pharmacy to be refilled, then take the medications from the pharmacy to central supply and restock the crash cart.

During an interview on at 3:20 PM, the Risk Manager was asked if this was the proper procedure. The Risk Manager stated that this is what they do.

During an interview on at 3:30 PM, the Director of Pharmacy stated that is what they have been doing. The Director of Pharmacy was asked if this CNA is licensed to handle the medications. The Director of Pharmacy was unable to state that the CNA was licensed to work with medications.

### 0087 - PHARMACY - Preparing & Dispensing - 59A-3.2085(2)(f), FAC

Based on observation, interview, and policy review, the facility failed to have 1 of 1 staff ( Staff A), use gloves while preparing medications for patients, in accordance with professional standards of pharmacy practice.

#### Findings:

During an observation on at 12:35 PM, it showed that staff A was preparing medications for patients. Staff A was taking medications out of a bottle that had 100 tablets (Bulk Medication). Staff A put

# AGENCY FOR HEALTH CARE ADMINISTRATION

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around 50 pills in left hand, that was not gloved, took the amount of pills needed and put the remaining pills back into the bottle. This had been done for 1 medication identified as depokote (Medication used for \_\_\_\_\_ and \_\_\_).

During an interview on at 12:50 PM, the Pharmacy Director stated that the expectation is for the pharmacy technicians to have gloves on when taking pills out of a bottle (bulk medication) that can be used for other patients.

During an interview on at 1:07 PM, Staff A stated that she should have been wearing gloves when removing medication from a large medication bottle, that could be used for other patients.

A review of the facility's policy titled "Control, Handwashing Masks, Gloves and Goggles," reviewed on showed that the purpose for wearing gloves is to provide a protective barrier and prevent gross contamination of hands. To reduce the likelihood that that microorganisms present on on the hands of personal will be transmitted to patients during procedures.

### D126 - HOUSEKEEPING SERVICE - Pest Control - 59A-3.2085(6)(e), FAC

Based on observation and interview, the facility failed to have effective pest control and clean sinks for main kitchen food area for 1 of 1 kitchen observed

### Findings:

An observation on \_\_\_\_\_ at 2:50 PM in the main kitchen showed 5 bugs crawling around on the sink area and the area where dishes are cleaned.

An observation on at 3:00 PM in the main kitchen, showed 2 sinks where staff wash hands before starting work in the kitchen, were dirty with brownish areas, and soap was in the bottom of the sink cloqqing the drain in both sinks.

An observation on at 10:55 AM, of a large staff where preparing a large amount of sandwiches, showed 2 flies around the food. This area had bread, meat, and lettuce.

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Review of the facility policy titled "Food Service Standards," effective date of review \_\_\_\_\_\_, showed that the Food Service Director at the facility is responsible for maintaining the Department's sanitation standards, and will ensure the physical plant, equipment, and utensils are cleaned as per written instructions. Hand washing facilities will be readily available to the food service staff and other food handlers.

Review of weekly Food Service Sanitation Inspection, dated \_\_\_\_\_, showed under pest control that there are signs of vermin in the area.

### 0426 - PATIENT SAFETY OFFICER AND COMMITTEE - 395.1012(2), F.S.

Based on interview and review of documentation, the facility failed to have at least one person not employed or practicing in the hospital on the patient safety committee.

## Findings:

A review of the facility's hospital patient safety meeting roster shows that on and there was no community member present at these meetings.

During an interview on at 11:40 AM, the Risk Manager stated that there had been no community member attending the patient safety committee since last 2016.