Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969359	A. BUILDING: _____ B. WING _____	01/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE FORT MYERS	14001 METRO PKWY FORT MYERS, FL 33912

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12(2) Care Provider Background Screening Clearinghouse.- (b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic [illegible] submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; [illegible]; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure 5 (Administrator, Staff A, Staff C, Health and Wellness Director, and Limited Nursing Services Supervisor) of 5 staff records reviewed, had their employment status updated within 10 days on facility employee roster. This has the potential for staff with disqualifying offenses to have access to	CZ814		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ814	Continued From page 1 . . . . . adults. The findings included: Record review found the Administrator was hired . Review of the facility employee roster revealed the Administrator was not included on the facility roster. Record review found Caregiver Staff A was hired . . . . . Review of the facility employee roster revealed Staff A was added on the facility roster on . . . . . . Record review found Dietary Manager Staff C was hired . Review of the facility employee roster revealed Staff C was added on the facility roster on . Record review found the Health and Wellness Director (HWD) was hired . . . . . Review of the facility employee roster revealed the HWD was added on the facility roster on . . . . . . Record review found the Limited Nursing Services supervisor was hired on . Review of the facility employee roster revealed the Limited Nursing Services supervisor was not included on the facility roster. The Administrator acknowledged the findings on at 2:00 p.m. Unclassified	CZ814		

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A 000	Initial Comments An unannounced state relicensure, limited nursing services and emergency power plan monitoring survey was conducted through [redacted] at American House Fort Myers, an assisted living facility in Fort Myers, Florida. The following is a description of deficiencies found at the time of visit.	A 000		
A 009	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility;	A 009		

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A 009	Continued From page 1	A 009		

9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any;
10. The facility rules and regulations that residents must follow as described in rule 59A-36.007, F.A.C.;
11. The facility policy concerning . . . . . pursuant to section 429.255, F.S., and rule 59A-36.009, F.A.C., and Advance Directives pursuant to chapter 765, F.S.;
12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in rule 59A-36.021, F.A.C.;
13. If the facility advertises that it provides special care for individuals with 's and related . . . . . , a written description of those special services as required in section 429.177, F.S.; and,
14. The facility's resident elopement response policies and procedures.
(b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following:
1. A copy of the resident's contract that meets the requirements of rule 59A-36.018, F.A.C.,
2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided,
3. A copy of the resident's bill of rights as required by rule 59A-36.007, F.A.C.; and,
4. A Long-Term Care Ombudsman Program

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A 009	Continued From page 2 brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure a complete admission packet was available for new admissions to the facility. Failure to provide a complete admission packet leads to a lack of necessary information and may lead to misunderstanding between the resident or their representative and the facility. The findings included: Record review of the facility's admission packet revealed the following information was not included:	A 009		

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A 009	Continued From page 3 policy, No reference was made in relation to residents not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. The Administrator acknowledged the lack of documentation on at 2:00 p.m. She said she called the corporate office and they told her the facility does not have documentation/policies related to the issues requested. She said she sent them the regulation and they told her they will need time to modify the admission package/agreement. Class	A 009		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.	A 052		

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A 052	Continued From page 4 (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with , bags. (4) Assistance with self-administration does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube	A 052		

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A 052	Continued From page 5 inserted in a . . , of the body. (d) Administration of , preparations. (e) Irrigations or debriding agents used in the treatment of a skin condition. (f) . . . . , ... , or . . preparations. (g) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , ... or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication	A 052		

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A 052	Continued From page 6 label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging. (f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.	A 052		

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A 052	Continued From page 7 1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. 2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's . . . . control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation and resident and staff interview, the facility failed to ensure unlicensed persons providing assistance with self-administration of medications do so in accordance with specifications in Florida Statutes for 3 (Resident #12, #13, and #14) of 3 medication observations. The findings included: 1. On at 9:50 a.m., Medication Technician (Med Tech) Staff D was observed assisting Resident #12 with medications. Staff D placed 7 tablets and 1 capsule of different medications in a cup. Staff D did not tell Resident #12 what the medications were. Staff D crushed all of the oral medications, opened the capsule, mixed them with applesauce and handed the cup to Resident #12. Staff D did not tell Resident #12 what medications were in the applesauce. When Resident #12 was finished with her medications, Staff D said she should tell the resident what the medications were. She told Resident #12 one medicine was a and then said some of	A 052		

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A 052	Continued From page 8 the medications she didn't know how to pronounce and put them away. Resident #12 was not informed what the other medications were. Record review of Resident #12's Medication Observation Record (MOR) revealed she had several medications ordered as needed: Mapap 2 tablets by . . . every 6 hours as needed for , per resident request, , 600 milligrams (mg) 1 tablet by . . . every 6 hours as needed for , per resident request, ... , 1 tablet by . . . every 12 hours as needed for , per patient request and . . . . . 1 tablet by . . . every 12 hours as needed for , per resident request. A review of Resident #12's Health Assessment form 1823 dated indicated a diagnosis of and a decrease in memory. In an interview with Resident #12's private duty aide on at 10:15 a.m., she said she had been working with Resident #12 for almost 2 years. Private duty aide said Resident #12 would not have the , ability to know when to ask for a medication. On . . . . . at 12:35 p.m., the Health and Wellness Director (HWD) said with Resident #12 it depends what day it is with her cognition. The HWD said there were days she would have the cognizance to ask for medications and other days she wouldn't. The HWD said the facility did not have 24 hour nursing care and realized there should not be orders for medications as needed. 2. On at 10:08 a.m., Med Tech Staff E was observed assisting Resident #13 with medications. Staff E had the medication cart parked outside the door of Resident #13's room. While in the hallway, Staff E took Resident #13's medications out of the cart, placed the prescribed amounts in a medication cup and placed the	A 052		

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A 052	Continued From page 9 medication cards . . . in the medication cart. Staff E then entered Resident #13's room, handed the medication cup to Resident #13 and said "I have your medications." Staff E did not tell Resident #13 what medications were in the cup. 3. On . . . . . at 10:25 a.m., Med Tech Staff E was observed assisting Resident #14 with medications. Staff E had the medication cart parked outside the door of Resident #14's room. While in the hallway, Staff E took Resident #14's medications out of the cart, placed the prescribed amounts in a medication cup and placed the medication cards in the medication cart. Staff E then entered Resident #14's room, handed the medication cup to Resident #14 and said "I have your medications." Staff E did not tell Resident #14 what medications were in the cup. Prior to being handed the medication cup, Resident #14 asked for one of her , , first "because there has to be time in between." Resident #14 gets 3 different kinds of , , . Staff E gave the first drops at 10:35 a.m. Resident #14 then took her oral medications. Staff E gave the second kind of drops at 10:37 a.m. At this time resident removed an old . . . . . patch and handed it to Staff E and replaced it with a new patch. At 10:40 a.m., Staff E instilled the third type of drop in Resident #14's , . Included in the 3 type of , , Resident #14 received was . . . , . (used to treat elevated pressure). Manufacturers product information indicates if more than one . . , . . . , drug is used, the drugs should be administered at least ten (10) minutes apart. Another type of drop Resident #14 received was . . . . (increases tear production). Manufactures product information indicates it can	A 052		

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A 052	Continued From page 10 be used concomitantly with lubricant , , , , , , allowing a 15-minute interval between products. 4. In an interview with Resident #6 on at 11 a.m., he said he received assistance with medications. He said they him the cup with medication in it. He said they don't tell him what it is but sometimes he asks. 5. In an interview with Resident #9 on at 9:14 a.m., she said she receives assistance with her medications. She said they don't tell her what they are, but she felt she was one of the few with all her faculties and knew exactly what she gets. 6. In an interview with Resident #10 on at 9:36 a.m., she said they give her her medications. She said they don't tell her what they are giving to her unless she asks. 7. In an interview on at 12:38 a.m., the Health and Wellness Director (HWD) said the process for assisting with medications would be the med tech tells the resident what medications they are getting. The HWD also said the policy for , is 5 minutes in between different , , . The HWD provided the Medication Management Policy which lists section as assisting with , , , however, the packet only contained up to page 3-16 and topics on index listed ended at . . . The HWD said she contacted corporate for the complete policy, however this was not delivered by the end of the survey on . Class III	A 052		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders	A 056		

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A 056	Continued From page 11 (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist. (d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by	A 056		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969359	A. BUILDING: _____ B. WING _____	01/14/2020

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A 056	Continued From page 12	A 056		

the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:
1. Practitioner's name,
2. Resident's name,
3. Date dispensed,
4. Name and strength of the drug,
5. Directions for use; and,
6. Expiration date.
(h) Pursuant to section 465.0276(2)(c), F.S.,

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A 056	Continued From page 13 before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on record review, observation, and staff interview, the facility failed to ensure any change in direction for use of a medication the facility is providing assistance with self-administration must be accompanied by a written medication order issued and signed by the resident's health care provider for 1 (Resident #12) of 1 resident observed receiving crushed medications. The findings included: On at 9:50 a.m., Medication Technician (Med Tech) Staff D was observed assisting Resident #12 with medications. Staff D placed 7 tablets and 1 capsule of different medications in a cup. Staff D did not tell Resident #12 what the medications were. Staff D crushed all of the oral medications, opened the capsule and put contents in a cup with other crushed medications, mixed them with applesauce and handed the cup to Resident #12 who took them. Facility policy for medication management provided by the Health and Wellness Director (HWD) on indicated under Clinical Protocol: Assisting with Oral Medications Crushing Medications: Do not crush a medication unless you have a doctor's order. Record review of Resident #12's chart did not reveal a physician's order to crush medications. Resident #12's Health Assessment form dated indicated she was independent with	A 056		

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A 056	Continued From page 14 eating, was on a regular diet with consistency changes indicated. In an interview with the Health and Wellness Director on at 10:38 a.m., she said there should be an order to crush medications and the chart may have been thinned and she would look for it. On at 2:15 p.m., the HWD said she had been unable to find an order to crush Resident #12's medications. Class III	A 056		