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
	AL11967498	A. BUILDING: _____ B. WING _____	R 02/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWAN AT LAKE CONWAY ALF	3714 ST MORITZ STREET ORLANDO, FL 32812

(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
{A 000}	Initial Comments A revisit to a monitoring visit was conducted at Swan at Lake Conway on [redacted]. Deficiencies were identified at the time of the survey.	{A 000}		
{A 025} SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.	{A 025}		

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{A 025}	Continued From page 1 (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED Based on record reviews and interview, the facility failed to follow a health care provider's medication order for 1 of 2 sampled residents (#9). Findings: Resident #9's current 1823 health assessment form, dated , indicated that her diagnoses include and she requires medication administration. The medication list with the 1823 contained an entry for 12.5 milligrams (mg) by daily. Hold for less than 100 or diastolic less than 60 however, her Medication Observation Record (MOR) nor her record contained documented readings to indicate the parameter order was followed.	{A 025}		

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{A 025}	Continued From page 2 At 5:35 p.m. on . . . . . the facility owner confirmed the findings and said the resident's . . . . . was checked but the results were documented on a piece of paper that was discarded. Class III	{A 025}		
{A 058} SS=D	429.42( ) FS; 58A-5.033(3)(a) FAC Pharmacy & Dietary; Uncorrected Deficiencies 429.42 Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. 58A-5.033(3) (3) EMPLOYMENT OF A CONSULTANT.	{A 058}		

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{A 058}	Continued From page 3 (a) Medication Deficiencies. 1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency. 2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination. This Statute or Rule is not met as evidenced by: DEFICIENCY REMAINED UNCORRECTED	{A 058}		

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{A 058}	Continued From page 4 Based on record reviews and interviews, the facility failed to employ the consultant services of a licensed pharmacist or a licensed registered nurse to at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. Findings: On a revisit to a monitoring visit was conducted. The facility had an uncorrected class III deficiency when it failed to follow the prescribed medication frequency for residents #2 and #5. On a second revisit to a monitoring visit was conducted. The facility had an uncorrected class III deficiency when it failed to follow the prescribed medication frequency for resident #3. On a third revisit to a monitoring visit was conducted. The facility had an uncorrected class III deficiency when it failed to follow the prescribed medication frequency for resident #8 and was therefore required to employ the consultant services of a licensed pharmacist or a licensed registered nurse. At 4:29 p.m. on the facility owner provided a corrective action plan contract, dated , between the facility and a registered nurse consultant. A request was made to review documentation from each visit conducted by the consultant thus far however, the administrator could provide only documentation from the nurse's initial visit and said additional documentation is with the nurse.	{A 058}		

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{A 058}	Continued From page 5 At 4:58 p.m. the consultant nurse said the owner dismissed her before the holidays in . . . and told her not to return. At 5:43 p.m. the owner said in . . . . . the nurse increased her hourly rate so she told the nurse she would have to think about it and call her , but she never called the nurse . . . . She said she felt she and the staff received sufficient training and help from the nurse. Class III	{A 058}		