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
	AL11967925	A. BUILDING: _____ B. WING _____	07/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LADY LAKE SENIOR LIVING	930 COUNTY ROAD 466 LADY LAKE, FL 32159

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A 000	Initial Comments An unannounced complaint investigation (complaint numbers 2024002435, 2024004434, 2024007075, and 2024007223) and a generator assessment were conducted at Lady Lake Senior Living on July 8, 2024. Deficiencies were identified at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28(1-2) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; Disability Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Abuse Hotline, 1(800)96-ABUSE or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

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A 030	Continued From page 1	A 030		

proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. Alcohol and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident abuse, neglect, and exploitation;
6. Administrative and housekeeping schedules and requirements;
7. Infection control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical restraints.
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible

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A 030	Continued From page 2 telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from abuse and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the	A 030		

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A 030	Continued From page 3 facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making appointments for health care services, the provision of or arrangement of transportation to health care appointments, and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally incapacitated, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care	A 030		

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A 030	Continued From page 4 Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without restraint, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, obligations, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and, if applicable, Disability Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for	A 030		

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A 030	Continued From page 5 exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Abuse Hotline operated by the Department of Children and Families, and Disability Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated incompetent or incapacitated under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to honor resident rights of adequate and appropriate health care when failing to provide medication management for 2 of 4 residents reviewed, Residents #2 and #3. Findings include: During an observation on 07/08/2024 at 10:12 AM	A 030		

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A 030	Continued From page 6 of Resident #3 it showed he was sitting in the common area of the memory care unit watching a movie. There was a rash observed to the resident's face that was light red, raised, and scabbed. Review of the Progress Notes documented by Resident #3's Advanced Practice Registered Nurse (APRN) dated 05/17/2024 documented, "Chief Complaints: Rash. Interim History: Pt. has a rash in left hip area and face, staff report he's been scratching. Will order dermatology to assess." Review of the Encounter for dermatology dated 05/21/2024 documented by [Name of the practitioner] read, "Chief complaint - new patient referral from PCP [Primary Care Physician] [Primary Care Physician's name] for evaluation on a rash. Current: Rash and other nonspecific skin eruption. Changes in skin texture, pruritus [itching], erythematous condition [abnormal redness of the skin], atrophic disorder of skin [a disorder characterized by the degeneration and thinning of the epidermis and dermis]. Contact with and (suspected) exposure to pediculosis [lice], acariasis [rash caused by mites] and other infestations. [Resident #3's name] is being seen today as a new patient for evaluation on a rash. Patient was referred by his primary care provider. On exam, patient presents with an erythemic [abnormal redness of the skin], pruritic, popular rash [dermatitis which tends to happen in people with allergies or asthma] with scabbed abrasions and extreme itch until skin bleeds. Treatment options discussed a medically necessary biopsy was taken of the left upper back, patient tolerated well, order written for triamcinolone [used to treat the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various skin	A 030		

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A 030	Continued From page 7 conditions] twice a day X 4 weeks, and Atarax [used to treat allergic skin reactions] 10,10, 20 x 10 days. There are no other areas of concern at this time. Diagnoses attached to this encounter: Rash and other nonspecific skin eruption, changes in skin texture, pruritus, unspecified, erythematous condition, unspecified, atrophic disorder of skin, unspecified. Plan: Use all medications as prescribed, continue routine skin checks, continue daily skin care regimen, including moisturizer, use sunscreen when outdoors, follow up as recommended. Review of the MARs [Medication Records] for the period of 05/21/2024 through 07/08/2024 for Resident #3 did not have Triamcinolone or Atarax listed to be provided to the resident. Review of the Progress Note dated 6/11/2024 documented by Resident #3's APRN read, "Reason for Appointment - Rash F/U [Follow Up]. Assessments: Rash. Interim History: Rash to face ongoing which he "picks at" per staff, followed by dermatology. During an interview on 07/08/2024 at 3:41 PM the Director of Nursing (DON) stated, "I don't see where [Resident #3's name] was given these medications [Atarax and Triamcinolone]. The way we do the medications is, the doctor writes the prescription, and they send the prescription to the pharmacy. The pharmacy then puts the medication on the MAR, and they send the medication. I check the medications monthly to make sure the residents are being assisted properly with their medications as ordered. If the pharmacy doesn't put it on the MAR, I don't know that medication is to be provided to the resident. It's not the best of systems and we are in the process of getting a new pharmacy."	A 030		

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A 030	Continued From page 8 During an observation on 07/08/2024 at 10:18 AM of Resident #2 it showed she was sitting in a chair in the common living area with six other residents watching television. An observation of Resident #2's back showed the skin on her back was deep red, inflamed, there were raised areas with scabbing. She was observed scratching at her waist band and the back of her left upper shoulder blade area. During an interview on 07/08/2024 at 11:18 AM a review was conducted of the MARs for Resident #2 with the DON and the DON stated, "The Atarax and Triamcinolone are not on here. I don't know why Benadryl and Hydrocortisone are not being applied. I know the medication is in the cart, I put it there myself. We have checks and balances. The pharmacy puts them into the system [the prescribed medications]. I then verify the pending review. I reverify I have the script and verify the instructions of the script." [A request was made for the practitioner's progress notes and the dermatologist's documentation]. Review of the Encounter for dermatology dated 05/21/2024 for Resident #2 documented by [Name of the practitioner] read, "Chief complaint - Patient being seen for exposure to contagion. Diagnoses: Current: Erythematous condition, unspecified, atrophic disorder of skin, unspecified, other melanin hyperpigmentation [a condition that makes areas of the skin darker than others], acute skin change due to ultraviolet radiation, unspecified, rash and other nonspecific skin eruption, changes in skin texture, pruritus unspecified, contact with and (suspected) exposure to pediculosis, acariasis and other infestations. Assessment: [Resident #2's name] presents today with an extensive erythemic	A 030		

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A 030	Continued From page 9	A 030		

pruritic scabbed rash to the truck, arms and legs. A medically necessary biopsy was taken of the back today, orders written for Triamcinolone twice a day x 4 weeks and Atarax 10, 10, 20 x 10 days. There is also sun damage, lentigo and atrophic skin changes noted. Follow up in 4 weeks. Diagnoses attached to this encounter: Rash and other nonspecific skin eruption, changes in skin texture, erythematous condition, unspecified, pruritus, unspecified, atrophic disorder of skin, unspecified. Plan: Patient educated on proper skin care, take medication as prescribed, continue skin care regimen, including daily moisturizer, use sun protection when outdoors, follow up as recommended, we will follow up as needed.

Review of the MARs for the period of 04/01/2024 through 06/30/2024 documented in May Benadryl Itch Relief 2-0.1% apply thin layer topically daily for itching and hydrocortisone 2.5% cream to torso twice daily. The MARs did not have Triamcinolone or Atarax listed to be provided.

Review of the MAR for June 2024 documented Benadryl Itch Relief 2-01% apply a thin layer topically daily for itching was not provided on 06/01/2024, 06/06/2024, 06/10-12/2024, 06/14-15/2024, 6/20-26/2024.

Review of the Reason Given/Held for Benadryl documented on 06/01, 06/06/2024, 06/10-12/2024, 06/14-15/2024, 06/20-26/2024 Med not available - Backorder.

Review of the MAR for June 2024 documented Hydrocortisone 2.5% Cream apply to torso twice daily was not provided at 9:00 AM on 06/02/2024, 06/10-11/2024, 06/22-24/2024 and 06/28/2024. At 7:00 PM Hydrocortisone was not provided on

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A 030	Continued From page 10 6/22-23/2024. Review of the Reason Given/Held for Hydrocortisone documented for 9:00 AM on 06/02, 06/10-11/2024, 06/22-24/2024, and 06/28/2024 Med not available. At 7:00 PM 6/22-23/2024 Med not available. Review of the MAR for July 2024 Benadryl Itch Relief 2-0.1% apply a thin layer topically daily for itching was not provided on 7/3/2024. Review of the Reason Given/Held for Benadryl on 7/3/2024 documented Med not available. During an interview on 07/08/2024 at 3:18 PM the DON stated, "I have not had a chance to ask my staff about the medications that were not being given for [Resident #2's name]. The staff has been told that if a medication is not available, they are to let me know. I haven't had a chance to speak to the staff to find out why the medication wasn't given. [Resident #2's name] has not been getting the Atarax] and the Triamcinolone that was ordered by the dermatologist. Somewhere between the pharmacy and here they were dropped [the medications]. I wasn't aware she was supposed to be getting these medications. I have not had a chance to investigate this. [A request was made for the practitioner's progress notes, none were provided]. Review of the policy and procedure titled "Medication Management Storage & Disposal" under VIII. Medication Labeling and Orders on page 56 read, "The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration or medication administration are refilled in a timely manner."	A 030		

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A 030	Continued From page 11 Class III	A 030		