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
	AL11911836	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERFOOT MANOR	374 DEERFOOT ROAD DELAND, FL 32720

(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 An unannounced biannual Limited Nursing Services (LNS) monitoring survey was conducted at Deerfoot Manor in DeLand, Florida on , 2012. Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, F.A.C. and Chapter 429, Part I, F.S.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and	A 008		

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A 008	Continued From page 1 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered	A 008		

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A 008	Continued From page 2	A 008		

or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a _____ order for residents who do not wish _____ to be administered in the case of _____ or _____.
(g) A resident placed on a temporary emergency

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A 008	Continued From page 3 basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on resident record review and staff interview, the facility failed to obtain a Resident Health Assessment for Assisted Living Facilities Form 1823 dated October ... (AHCA Form 1823) for 2 of 3 resident records reviewed (Residents #1 and #3), and failed to have a completed Resident Health Assessment for Assisted Living Facilities, AHCA Form 1823 for 2 of 3 resident records reviewed (Residents #3 and #4). The findings include: Record review on 6/1 the Resident Health Assessment for Assisted Living Facilities, AHCA Form 1823 was documented on the Apri version for Residents #1 and #3. In addition the health assessment for Residents #3 and #4 did not have section #3 completed by the facility's administrator. During an interview with the Administrator on 6/1 11:40 a.m. she reported she did not	A 008		

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A 008	Continued From page 4 know anything about the new form and that the health assessment must be documented on the [redacted] 2010 version. She was asked to review the health assessment 1823 forms and acknowledged she also had not completed section 3 as required for Residents #3 and #4. Class III Correction Date: [redacted], 2012	A 008		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) 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 Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for 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 address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with [redacted] 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency	A 030		

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A 030	Continued From page 5 Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)9€ . or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may 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. (g) The facility shall 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 shall not prohibit 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 shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical restraints be limited to half-bed rails, and only upon the written order of the	A 030		

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A 030	Continued From page 6	A 030		

resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . .

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 . . 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 achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the

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A 030	Continued From page 7 resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a . . . 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) Access to adequate and appropriate health care 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 . . . , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. 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 . . . interference, coercion, discrimination, or reprisal. Each facility shall	A 030		

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A 030	Continued From page 8 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. This Statute or Rule is not met as evidenced by: Based on observation, resident record review and staff interview, the facility failed to protect and respect residents' rights by: (1) not using [redacted] for 1 of 2 residents' beds (Resident #4), and failed to obtain orders for resident bed rails for 2 of 2 resident beds observed (Residents #1 and #4); and (2) not ensuring that 3 of 8 residents were provided care and services in a manner that recognized their individual dignity and were provided adequate and appropriate health care consistent with established and recognized standards of care (Residents #1, #2 and #5). The findings included: 1. Observation on 6/1[redacted] the initial tour of the facility at 9:00 am, revealed Resident #1 and #4's bedrooms [redacted] observed to have a full length raised side rails the beds. The administrator during the second tour at 10:25 am tour reported that Resident #4's bed rail was not needed, but could not explain why the bed rail was in the raised position. An attempted interview at 10:35 am on 6/1[redacted] Resident #4 revealed the resident was not able to answer questions due to limited mental functionality secondary to dementia. [redacted] a review of Resident #1 and #4's residents records at 10:34 am on 6/1[redacted] administrator acknowledged	A 030		

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A 030	Continued From page 9 that Resident #1's chart did not have an order for bed rails and that she should have the orders on the record. 2. During an interview with Resident #2 at 11:35 on . . . she reported that she was not crazy about living in the facility. She reported; "There is too much arguing, screaming, and too many bugs. Sometimes I am not treated respectfully because you can not get a word in with her (The Administrator); she just talks over you. She rattles on quite a bit, I have to interrupt her to tell her something. She has interrupted me when I talk to her and when I am on the phone talking to the doctor. She got mad at me one time when we went to McDonalds and Wal-Mart. She got mad and yelled at me. Even the lady in front of Wal-Mart said she was rude to me". 3. During an observation of . . . care on . . . at 9:14 am the Administrator attempted to turn Resident #1, a severely contracted resident, in order to better reach the affected area on the right ankle. She was observed to have removed the resident's bed covers without asking, and allowed the resident's entire body to be exposed while she struggled to get a sock off the right foot. During the removal of the sock the resident was observed to grimace and groan and the administrator did not attempt to moderate her activity to accommodate the appearance of pain. The . . . was observed to have no dressing applied once the sock was removed. The sock was observed to have a nickel size stain of brownish red on the area that covered the . . .	A 030		

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A 030	Continued From page 10 The administrator did not attempt to apply a dressing to the ... l prior to replacing the soiled sock. When the Administrator was questioned after the observation why, she as a Registered Nurse, did not apply a dressing to the exposed she reported it was not her responsibility, that Hospice took care of the ... l and she did not want to be responsible if anything bad happened. When the Administrator was informed that the resident appeared to be in pain she asked her in English: "are you in pain". The resident replied "si". The administrator reported that "si means yes she is in pain", but made no attempt to comfort her or meet her need for pain management. The administrator then abruptly departed the any thought about covering her or informing her that she would bring medication to alleviate the pain. The resident was observed to have on all extremities and unable to pull covers over her own body. She had a grimaced look on her face and appeared to be pulling her body to herself in a l position after the Administrator departed the 4. During the initial tour at 9:00 am the Administrator opened Resident #5's door without knocking. Resident #5 was observed to be lying in bed and complained about being disturbed when the door was opened. She was observed to attempt to get out of bed. The Administrator stated, "someone needs to see your to the residents and departed the the surveyor apologized for the intrusion. 5. The facility failed to adequately and	A 030		

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A 030	Continued From page 11 appropriately perform nursing responsibilities according to recognized health care standards. During an observation at 9:20 am on , the Administrator proceeded to the medication cart located in the dining area and started to pull medications. The surveyor requested to observe the process, but instead the administrator locked the medication cart and stated that the medications had already been given. She was asked who assisted with the 8 am medications and the Administrator replied "the girl last night". A review of the Medication Observation Record (MOR) revealed no initials indicating who had given the medication on the morning of . . . . at 8 am. A request for the training files for Employee #2's was made to determine if Employee #2 was trained to assist with medications. The Administrator reported "I taught her; she is trained", but the administrator was unable to produce any documentation that Employee #2 had been trained to assist with medications. The Administrator reported, she could not remember when Employee #2 was trained, but she thought it was sometime this year. The administrator was asked a second time if Employee #2 was an actual employee of the facility and she reported "yes". At 11:55 during the exit conference the Administrator reported "I want to tell you the truth, she (Employee #2) is not an employee". She reported she was a friend who was helping her out because she and her husband wanted to celebrate an anniversary and could not find anyone to staff the facility. This placed all residents in potential harm. During an observation on . . at 9:32, the facility Administrator who is a Registered Nurse,	A 030		

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A 030	Continued From page 12 retrieved a large can of "Thick it" from the kitchen cabinet and mixed it with tap water. The Administrator did not measure the amount of thickening agent ("thick it") added to the water. The Administrator proceeded to Resident #1's [illegible] spooned the mixture into her mouth. The Administrator requested Resident #1 to open her mouth for the viscuous mixture of water and a thickener until the liquid was completed. The Resident grunted and tried to turn away from the feeding of the thickened water. The Resident stated "no" when asked are you ok, but the Administrator/RN continued to spoon without investigating why she responded "no". A review of MOR revealed no documentation of thickening agent on the MOR and no dose or frequency of when to give a thickening agent on the MOR. The Administrator reviewed the resident record and attempted to find an order for the "thick it". The Administrator acknowledged that there was no order on the record for any thickening agent, and that she had no orders providing parameters of how much to put into any liquid. She reported she just put in the agent until it is thick. A physical observation of the large can of "thick it" revealed no prescribing information identifying the product's use, amounts, dosage or resident's name. At 9:59 am after the Resident #1 had received a shower by the 2 hospice [illegible] the hospice Certified Nursing Assistant (CNA) asked for the RN/administrator to put a dressing on the foot [illegible] so she could apply the [illegible]. The Administrator/RN informed the CNA that she would not do the dressing and for her (the CNA) to "just put a [illegible] on the foot". The CNA reported to her that she could not put a [illegible] on the foot without a dressing and again asked her to put a	A 030		

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A 030	Continued From page 13 on dressing. She stated to the aide; "Hospice does it and I do not". The Administrator reported that they (hospice) provide care on Monday, Wednesday and Friday to change the dressing. She reported that she did not see hospice yesterday (Monday) when she was on duty. Administrator reported, that she would not do the care because it was the responsibility of the Hospice and she did not want to take the responsibility if something went wrong. She was asked for orders and provided Hospice interdisciplinary notes, but no signed orders for dressings to be performed in the limited nursing service facility. On a request was made by phone to the facility requesting a copy of Resident #1's 2012 Medication Observation Record. A review of the MOR revealed that the Administrator had initialed the 8 am medication on as being given by herself even though she reported it was given by an unlicensed and untrained non-employee on and the Administrator was never observed from 8:42 am until 12:15 pm to have administered the morning medications on Class II Correction Date: , 2012 (Immediate)	A 030		
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least , trained to assist with self-administered	A 052		

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A 052	Continued From page 14 medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record. (d) 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 which coincides with the resident ' s presence in the facility; 2. The medication container may be given to the resident or 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	A 052		

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A 052	Continued From page 15 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; (e) Pursuant to Section 429.256(4)(h), 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. (f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition. (4) Assistance with self-administration does not include: (a) Mixing, compounding, , or calculating 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 through intermittent positive pressure breathing machines or a nebulizer. Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of parenteral (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) Rectal, vaginal (h) 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.	A 052		

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A 052	Continued From page 16 (i) 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. This Statute or Rule is not met as evidenced by: Based on observation and staff interview the facility failed to ensure that assistance with self-administered medication was completed by a properly trained staff member. The findings included: Observation at 8:34 am on . revealed Employee #2 providing care in the facility. When questioned she refused to provide a name and kept repeating "I am not here, I am just a friend, I am not here, I was just helping out, please do not put my name down". Employee #2 refused to supply a name. She was again informed that it was imperative to know her name so that it could be identified as to who was in the facility for the protection of the residents. She reluctantly identified herself as Employee #2. Employee #1 was asked who was on duty when she arrived and she reported Employee #2 was in the facility and assisted her with morning tasks. Employee #2 who had just reported she was not an employee, unlocked the medication cart and produced a book. She was asked if she was in charge and she stated no, she was not here, she was just helping out. She reported she had worked last night and then immediately departed the facility. When the Administrator arrived at 8:42 am on , the Administrator reported she herself had worked last night. When she was asked who was telling the truth, she acknowledged she did	A 052		

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A 052	Continued From page 17	A 052		

not work last night. She was asked for the employee file for Employee #2. She departed the living . . . . 8:49 am to find the file. At 8:54 she returned and stated she forgot her bag where she keeps the files and that she did not have any files here at the facility for this employee. During an observation at 9:20 am on . Administrator proceeded to the medication cart located in the dining area and started to pull medications. When the surveyor requested to observe the process, she put the medications back on the cart, locked it and stated that the medications had already been given. She was asked who assisted with the medication this morning and the Administrator replied "the girl last night".

The Surveyor requested training files for Employee #2's file to review. She informed the Administrator that she needed to know if she had been trained to give medications. She reported "I taught her; she is trained", but the administrator was unable to produce any documentation. The Administrator was asked when Employee #2 was trained and the administrator reported, I do not remember, but it was sometime this year." She again was asked if she was an employee of the facility and she reported "yes". At 11:55 am the Administrator reported, "I want to tell you the truth, she (Employee #2) is not an employee. She came in because it was my anniversary, and I needed someone to come in". She reported that the friend (Employee #2) worked at a doctor's office, but she had no current employee file at this facility because she was not an employee. She was questioned why she had allowed her to work and give medications. The Administrator reported "she was a caregiver in the past. She went to work with a doctor for more money. I do not remember when she left, she

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A 052	Continued From page 18 was a good worker and I can trust her so I asked her to work for me last night when I could not get anyone to work" . She reported she and her husband usually worked the nights. She acknowledged that she did not have an employee file including evidence that she was able to assist with medication because she was not really an employee; just a friend who was helping out so that she and her husband could go out on their anniversary. Use of an untrained and unscreened friend for night time coverage placed all 8 residents in potential harm. Class II Correction Date: , 2012 (Immediate)	A 052		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their rooms . . apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the rooms . . apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if	A 055		

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A 055	Continued From page 19	A 055		

kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it

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A 055	Continued From page 20 is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, observation and staff interview the facility failed to properly dispose of expired medication and failed to ensure proper storage of discontinued and expired medications. The findings included: A physical review of the medication for Resident #1 at on [redacted] at 11:00 am revealed a bottle of [redacted] 125 mcg tablet was dated as filled on [redacted] and dated to expire on [redacted]. The medication was located in the medication drawer	A 055		

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A 055	Continued From page 21 of Resident #1 along with her other medications. During a review of the label with the Administrator at the time of the physical examination, she acknowledged that the medication was expired and was still located in the resident's medication drawer. Class III Correction Date: July	A 055		
A 057	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, vitamins, ... supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription. (a) A stock supply of OTC products for multiple resident use is not permitted in any facility. (b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A facility cannot require a licensed health care provider ' s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed	A 057		

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A 057	Continued From page 22 nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required. This Statute or Rule is not met as evidenced by: Based on record review, observation and staff interview the facility failed to obtain a physician order for an Over the Counter (OTC) product administered by a licensed Registered Nurse and to properly label OTC substances administered to 1 of 1 resident (Resident #1) The findings included: During an observation on . at 9:32 am the facility Administrator, who is a Registered Nurse, retrieved a large can of "Thick it" from the kitchen cabinet and mixed it with tab water. The Administrator did not measure the amount of thickening agent ("thick it") added to the water. Administrator proceeded to Resident #1's . . . . . spooned the mixture into her mouth. A review of Medication Observation Record (MOR) revealed no documentation of thickening agent on the MOR and no dose or frequency of when to give a thickening agent on the MOR. The Administrator reviewed the resident record and attempted to find an order for the "thick it". The Administrator acknowledged that there was no order on the record for any thickening agent, and that she had no orders providing parameters of how much to put into any liquid. She reported she just put in the agent until it is thick. A physical observation of the large can of "thick it" revealed no prescribing information identifying the products use, amounts, dosage or resident's	A 057		

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A 057	Continued From page 23 name. Class II Correction Date: June . (Immediate)	A 057		
A 160	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a stage pressure sore; 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is deceased, date of death. of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).	A 160		

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A 160	Continued From page 24 (d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns. (e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured. (f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.; (g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.; (h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C. (j) If the facility advertises that it provides special care for persons with 's : or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and	A 160		

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A 160	Continued From page 25 served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate. (m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years. (n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on record review and staff interview the facility failed to maintain facility records in accordance with regulatory requirements. The findings included: 1. A review of the admission log on at 8:50 am with the Administrator revealed that it	A 160		

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A 160	Continued From page 26 had not been updated. The last entry on the admission log was for Resident #11 admitted on [redacted] and discharged on [redacted] with no reason documented for discharge. In addition the following information was not recorded on the log: Resident #9 admitted [redacted] was not currently in the facility, and had no date of discharge, reason for discharge or plan for discharge; Residents #12 and #13 were no longer in the facility and documented as discharged, but no documentation on the admission log of when either were admitted to the facility, the reason for their admission or place from which they were admitted; Residents #3 and #4 was reported by the Administrator as new admissions and currently residing in the facility but were not listed on the admission log. During the admission log review the Administrator acknowledged she had not updated the log and could not recall when Residents #3 and #4 were admitted. 2. A request to review the employee records for all current employees revealed no employee records were in the facility. The administrator at approximately 9:20 am reported that she keeps all files in a bag at her house and she had forgotten them today. She also reported that she lives in Orlando so could not retrieve them in a timely manner for the Agency for Health Care Administration to review. The Administrator acknowledged at 11:40 am that the person who had worked the 11 pm-7 am on [redacted] 18-19 was not an employee of the facility and the facility had no employee file including documentation of [redacted], first aid, or medication administration to review. The administrator identified the staff person as a friend who was willing to help her out so that she and her husband could have the night off to celebrate their anniversary.	A 160		

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
	AL11911836	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERFOOT MANOR	374 DEERFOOT ROAD DELAND, FL 32720

(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 160	Continued From page 27 Class III	A 160		
AN277	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on record review, observation and staff interview the facility failed to provided nursing care authorized by a Health Care Provider; failed	AN277		

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
	AL11911836	A. BUILDING _____ B. WING _____	

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DEERFOOT MANOR	374 DEERFOOT ROAD DELAND, FL 32720

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AN277	Continued From page 28 to provide a nurse who is willing to provide such skilled nursing services when needed by residents and failed to ensure that nursing services are conducted and supervised in accordance with the prevailing standard of practice in the nursing community for 1 of 8 residents (Resident #1) The findings included: During an observation at 9:59 am on , the Hospice Certified Nursing Assistant (CNA) asked for the RN/administrator to put a dressing on the of Resident #1 so that she could apply her protective The Administrator/RN informed the CNA that she would not do the dressing and that the CNA should "just put a on the foot". The CNA reported to the administrator that she could not put a on the foot without a dressing and again asked her to put a on the dressing. She stated to the aide: "Hospice does it and I do not". During an interview on at 10:30 am, the Administrator reported that they (Hospice) provide the care on Monday, Wednesday and Friday. She reported that she did not see Hospice yesterday (Monday) when she was on duty and did not know why there was no dressing on the ankle today. She reported she would have to call the Hospice to have the care done. The Administrator at approximately 9:30 am on reported that she would not do the care because it is the responsibility of the Hospice and she did not want to take the responsibility if something went wrong even thought the resident required a dressing today (Tuesday). A review of the record revealed no care orders from a Health Care professional on the resident's record and no treatments documented as performed by the	AN277		

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
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AN277	Continued From page 29 facility for Resident #1's ... care. The Administrator reviewed the record and provided Hospice interdisciplinary notes indicating the Hospice plan of care, but no signed orders for ... dressings to be preformed by the nurse in the facility. Observation of Resident #1 and the RN/Administrator for the duration of the site visit revealed that no phone call was made to the Hospice requesting a dressing change on ... and the Administrator did not perform a ... dressing on Resident #1 as needed. Class III Correction Date: ... 2012	AN277		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Deerfoot Manor
374 Deerfoot Road
Deland, FL 32720

Dear Administrator:

This letter reports the findings of a state licensure Limited Nursing Servcies monitoring visit that was conducted on , 2012 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , **2012** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey. **A recommendation for sanction has been forwarded to the Central Office in Tallahassee for the Class II deficiencies. This action, if taken, will be a matter of separate correspondence from the Central Office in Tallahassee.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at .

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

W/sm
Enclosure

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