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
	AL11912088	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENTLEY VILLAGE	875 RETREAT DRIVE NAPLES, FL 34110

(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 This is Biennial survey conducted on ..... through ..... at Bentley Village, an Assisted Living Facility. The census at the time of the survey was 85 residents. The deficiencies cited during this survey are as follows:	A 000		
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 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of	A 030		

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A 030	Continued From page 1	A 030		

the Florida Hotline " 1(800)96 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 shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the

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A 030	Continued From page 2 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 resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or	A 030		

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A 030	Continued From page 3 attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room ..... 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 incapacitated, ... 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 restraint, ... coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right	A 030		

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A 030	Continued From page 4 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, interview and record review, the facility failed to maintain a safe enviroment where the residents are not at risk for entrapment due to unsecured siderails for 9 (Residents #1, #2, #3, #9 #15, #16 and #17 #18 and on the bed of Resident #19 who is out of facility at rehab unit) out of 85 resident [redacted]. The facility failed to follow physicians orders for medication administration for one resident (Resident #10) of 6 residents surveyed. The facility also provided [redacted] care without a physician's order for 1 resident (Resident #2) of 10 residents surveyed. The findings include: 1. A review of the U.S. Food and Drug Administration (FDA) Safety Alert dated [redacted] (may found at http://www.fda.gov/MedicalDevices/Safety/AlertsandNotices/PublicHealthNotifications/UCM062884?sms_ss=email), revealed discussion of hazards related to bed side rails. The Alert noted that "reported entrapments occurred in one of the following ways: 1. through the bars of an individual side rail; 2. through the space between split side rails; 3. between the side rail and the mattress; or between the headboard or footboard, side rail, and mattress." It continued that "all deaths involved entrapment of the head, neck or	A 030		

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A 030	Continued From page 5 A review of a Patient Safety Alert from the Veterans Health Administration Warning System dated [illegible] revealed, " The horizontal distance (gap) between the mattress and the bed rail MUST be, according to the International Bed Safety Group, less than 60 mm (2 3/8 inches) when the mattress is pushed to the opposite side of the mattress deck." During the initial tour on [illegible] a gap of 4 to 5 inches between the mattress and side rail was observed in [illegible] on Resident #16 ' s bed. Also observed during this initial tour was a gap of approximately 6 inches between the mattress and side rail in [illegible] on Resident #2 ' s bed. Unsecured, plastic tubular bedrails that slide between mattress and boxspring were observed on the beds of 7 (Residents #1, #3, #9 #15, #17, #18 and #19) additional residents. These bedrails pose a danger of resident entrapment and [illegible] due to the space between the siderail and mattress when the siderails or mattress shift, and the large open area between the ends of the rails. During an interview on [illegible] at 1:30 p.m. the Maintenance Supervisior [illegible] stated that the slide out siderails were already being used when he started employement at facility. He agreed that they can easily pulled out since they are not bolted to the bed. He stated that they are used because the residents wanted to keep their own beds and there is no way to bolt siderails to those beds. He stated he will discuss the siderail safety issue with the Director of Assisted Living (Director). The Director joined the conversation and stated that these siderails were not being	A 030		

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A 030	Continued From page 6 used as , they are used per resident or family request and she did not think it was a problem. After discussion between and Director, they agreed that for resident safety they would change the residents beds to hospital beds so bedrails could be securued to bed frames for resident safety. 2. During the medication review at 9:00 a.m. on 6/1 E was observed assisting Resident #10 with medications. One label was observed to read "Vitamin Caps 2000 Unit one capsule by mouth daily." While reviewing the medical record it was noted the physician had ordered Vitamin 1000 units every morning on 5/31 medical record revealed the resident was receiving an additional 200 units of D3 with a calcium twice daily. This means Resident #10 was receiving 2400 units of Vitamin Daily instead of 1400 units daily which was prescribed by the physician. According to the National Institute of Health Vitamin is a fat soluble vitamin a potential for toxicity. They state, "Vitamin toxicity can cause non-specific symptoms such as anorexia, weight loss, polyuria, and heart seriously, it can also raise blood of calcium leads to vascular tissue calcification, with subsequent damage to the heart, kidneys. The use of supplements of both calcium)00 mg/day) and vitamin (400 IU) by postmenopausal was associated with a 17% increase in the risk of kidney stones over 7 years in the Women's Health Initiative. A serum)H)D concentration consistently >500 nmol/L (>200 ng/l is considered to be potentially toxic."	A 030		

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A 030	Continued From page 7 An interview was conducted with The Director Of Assisted Living (The Director) at 11:00 a.m. on [redacted]. She acknowledged the medication being given was the wrong dose. 3. During the initial tour at 10:00 a.m. on [redacted]: a plastic container containing several types of bandages and a tube of [redacted] ointment was observed in the top self of the second floor nurses station. The tube was a large multi-use tube, unlabeled, and almost empty. An interview was conducted at 10:01 a.m. on [redacted] with the Director. She acknowledged the tube was unlabeled. She denied the tube was being used on multiple residents. She stated Resident #2 had [redacted] on [redacted] and sustained a [redacted]. She stated the nurses lathered the ointment on the [redacted] which is why the tube was so empty. She was asked to provide the physicians order for [redacted] care for the resident. She stated, "I'll get back to you on that." A chart review was conducted on Resident #2. No [redacted] care order was noted on the chart. On [redacted] at 3:20 p.m. the Director was asked once again to provide the [redacted] care order for Resident #2. She stated, "there is no order." Class II Correction Date: [redacted]	A 030		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS.	A 056		

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A 056	Continued From page 8 (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is 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. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person 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 shall 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 shall be specified; for example, " as needed for pain, 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, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist. (d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s	A 056		

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A 056	Continued From page 9	A 056		

medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(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 copy of a signed order is acceptable.
(f) The facility shall 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 64F-12.006, 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 shall also 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 shall 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., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

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A 056	Continued From page 10	A 056		

This Statute or Rule is not met as evidenced by:
Based observation, record review, and interview, the facility was found to have stored and dispensed unlabeled medications for 2 residents (Residents #2 and #20) of 22 residents surveyed. The facility also stored expired medication for 1 resident (Resident #22) of 22 residents surveyed.

The findings include:

1. During the initial tour at 10:00 a.m. on [redacted] a plastic container containing several types of bandages and a tube of [redacted] ointment was observed in the top self of the second floor nurses station. The tube was a large multi-use tube, unlabeled, and almost empty.

An interview was conducted at 10:01 a.m. on [redacted] with the Director of Assisted Living (Director). She acknowledged the tube was unlabeled. She denied the tube was being used on multiple residents. She stated Resident #2 had [redacted] on [redacted] and sustained a [redacted] She stated the nurses lathered the ointment on the [redacted] which is why the tube was so empty.

2. During the initial tour at 11:30 a.m. on [redacted] a small box with three bottles of Omeprazole 20 mg was observed on the first floor memory unit medication chart. The box was unlabeled.

An interview was conducted with the Director at 11:31 a.m. She stated the box belonged to Resident #20. She acknowledge the box was not labeled.

3. During the initial tour at 11:00 a.m. on [redacted]

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A 056	Continued From page 11 a bottle of was observed to be expired. The medication was tabled with Resident #22's name. The expiration date on the bottle was An interview was conducted with The Director at 11:01 a.m. on She acknowledged the medication was expired. Class III Correction Date:	A 056		
A 090	58A-5.0191(11) FAC Training - Do Not Orders (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide at least one hour of training within 30 days of hire for 1 (Staff SB) direct care staff	A 090		

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A 090	Continued From page 12 member out of 3 staff members reviewed. The findings include: On [redacted] at approximately 2:45 p.m. SB's employee record was reviewed. The record showed that SB was hired on [redacted]. The employee record did not show documentation for the completion of [redacted] training. The Administrator was interviewed on [redacted] at 3:02 p.m. She was asked to look through SB's employee record and find proof that SB completed the [redacted] training. She looked at the folder and said, "He has not had that one yet." Class [redacted] Correction Date: [redacted]	A 090		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Bentley Village
875 Retreat Drive
Naples, FL 34110

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on , 2012 through , 2012 by representatives 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 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

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Phone (239) 335-1315; Fax (239) 338-2372