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
	AL11965056	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF FT. MYERS	15950 MCGREGOR BLVD. FORT MYERS, FL 33908

(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 the Limited Nursing Services survey completed on : at Arden Courts of Ft. Myers, an Assisted Living Facility. The facility was found to have a deficiency and a citation was issued at N277.	A 000		
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.	AN277		

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AN277	Continued From page 1	AN277		

This Statute or Rule is not met as evidenced by:
Based on staff interview and facility record review, the facility failed to provide physical assessments of the conditions relating to the nursing services provided through the Limited Nursing Services (LNS) administered at the facility for 2 (Residents #1 and #3) of the 3 sampled residents.

The findings include:

1. A record review for Resident #1 was conducted on [redacted] at 4:15 p.m. The review of the facility record revealed Resident #1 was receiving LNS services for the application of [redacted] (O2) via nasal cannula (NC) at 2 liters per minute as needed for difficulty breathing.

The most recent facility note was dated [redacted] at 5:00 p.m. The entry "Resident taken off of O2. No s/s (signs and symptoms) [redacted] The Resident Service Supervisor was interviewed regarding the facility notes. The supervisor commented the resident has not required [redacted] since [redacted] The facility document entitled LNS Monthly Assessment was reviewed. The document dated [redacted] contained a section for system review and assessment indications were marked with checks or circled information. The document was reviewed for breathing/[redacted] nursing assessment status. The assessment did not include a breathing/[redacted] status assessment. The supervisor stated, "There is a hand written section on the next page." A review of the hand written entry page revealed the nurse documentation did not contain an assessment of the resident breathing status, response to [redacted] treatment, triggers for the need of [redacted] or

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AN277	Continued From page 2 status when not receiving The Executive Director reviewed the facility Monthly Assessment. The Director stated, status assessments are not on the form." The Executive Director continued to state, "The LNS RN (Registered Nurse) signature is not on the form." The Director continued by stating, "I know he was here on but there is no signature of his review for this Resident." The Director commented she was going to the the Registered Nurse. Additional review of the facility notes revealed the notes documented intermittent use of for , but lacked a nursing assessment of lung sounds, triggers requiring the or response to the treatment, for example color pink, even unlabored breathing, improved speech or decreased difficulty with breathing. The Supervisor agreed stating, "The nurses have not documented an assessment regarding the treatment." 2. A record review of Resident #3 was conducted at 4:45 p.m. The record revealed the resident receives O2 continuously at 2 liters per minute(2 Lpm) via NC. The facility LNS nursing notes were reviewed. The notes document the resident is receiving the at 2 Liters, but does not include assessment of the status. The facility nurses do not document assessments of breath/lung sounds, skin color on or off rate or description even, symmetrical or depth of The Executive Director agreed the Monthly Assessment and the nurses notes did not document the response to the LNS treatment of the administration. The Executive Director continued to state, "We will need to	AN277		

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AN277	Continued From page 3 revise how we assess for the LNS services." The Monthly Assessment record had not been reviewed by a Registered Nurse since ..... and lacked a signed monthly assessment for ..... Class III Correction Date:	AN277		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Arden Courts Of Ft. Myers
15950 McGregor Blvd.
Fort Myers, FL 33908

Dear Administrator:

This letter reports the findings of a Limited Nursing Services survey 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 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 surveyor. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

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

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