

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966666	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER LAKESHORE LIVING INC			STREET ADDRESS, CITY, STATE, ZIP CODE 10919 MISTLETOE DRIVE THONOTOSASSA, FL 33592		
(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 Assisted Living Facility A complaint survey, CCR# 2012008012, was completed on . Lakeshore Living, Inc. assisted living facility had deficiencies found at the time of the visit.	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			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

69000

3ZBG11

If continuation sheet 1 of 7

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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 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 do-not-_____ order for residents who do not wish _____ to be administered in the case of _____ or _____ (g) A resident placed on a temporary emergency	A 008		

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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 interview and record review, the facility failed to insure that 5 of 8 sampled residents (Residents #1, 2, 3, 4 and 5) had complete and accurate health assessments on file and failed to provide the services and level of care ordered in the health assessments. Failure to insure that a resident has an up-to-date and complete health assessment can put the resident at risk of harm due to incomplete medical information. Findings include: On _____, AHCA staff reviewed the Resident files of 7 current residents and 1 recently _____ resident, including the health assessments. The health assessment for resident #1, dated _____ stated the resident required administration of medication. The health assessment for Resident #2, dated _____ indicated the resident required administration of medication and also was to be given a "mechanical soft" therapeutic diet. The resident was observed at lunch time eating food	A 008			

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A 008	Continued From page 4 that had not been prepared as mechanical soft. The health assessment for Resident #3, dated ..., indicated the resident requires administration of medications. The health assessment for Resident #4, dated ..., indicated the resident requires administration of medications. The health assessment of Resident #5, dated ... I did not have either selection checked (administration of medications or assistance with self-administration of medications). The section was left blank. When interviewed, the manager acknowledged the findings and acknowledged that the facility does not have licensed staff to administer medications and said that all of the residents self-administer with assistance. The manager reported that Resident #2 has been eating a regular diet, other than no added salt, since she arrived at the facility. The manager said the facility uses a different health care provider than the doctor who completed the most recent health assessments and she will consult with the new provider to obtain updated, accurate assessments. Class III Widespread	A 008			
A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container, or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's	A 054			

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A 054	Continued From page 5 name, the resident 's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known _____ the resident may have; the name of the resident 's health care provider, the health care provider 's telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical _____, the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician 's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based upon interview and record review, the facility failed to insure that the Medication Observation Record (MOR) was updated immediately by staff upon assistance with self-administration of medication for one of seven sampled residents (Resident #2). Failure to document assistance with self-administration of medication in a timely manner can place residents at risk of potential harm, including overdose. Findings include: On _____, AHCA staff reviewed the MORS for all seven residents. AHCA staff observed that	A 054		

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A 054	Continued From page 6 the MOR for Resident #1 did not have any initials for the 8:00 AM dose of one of Resident #1's prescribed medications. There was no explanation documented on the MOR. When interviewed, the facility manager reported that the overnight staff had assisted with the self-administration of the medications and that the resident had taken the prescribed medication. The manager reported that the staff must have forgotten to document the dosage on the MOR. Class III	A 054		



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

January 10, 2012

Administrator
Lakeshore Living Inc.
10919 Mistletoe Drive
Thonotosassa, FL 33592

Dear Administrator:

Re: CCR# 2012008012

This letter reports the findings of a complaint survey that was conducted on January 10, 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 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 Paul Brown, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

