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
	AL11953664	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 biennial state licensure survey with limited nursing services (LNS) was completed on in conjunction with a complaint survey, CCR# 2012006579, see (Aspen Event I3GP11). Midway Manor Retirement Residence 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,	A 008		

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A 008	Continued From page 1	A 008		

in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and
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

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A 008	Continued From page 2	A 008		

and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered 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

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A 008	Continued From page 3	A 008		

to be administered in the case of
or
(g) A resident placed on a temporary emergency 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 upon interview and record review, the facility failed to obtain properly completed health assessments (AHCA form 1823) for two of three (Resident #1 and Resident #3) sampled residents.

Findings include:

On , AHCA staff reviewed the most recent health assessment for Resident #3. The health assessment was signed by the medical provider and dated . On page 2 of the health assessment, section C, which addresses communicable , being bedridden, having pressure sores, posing a danger to self or others and requiring 24-hour nursing or care, was blank. Section D which asks if the resident is appropriate for an assisted living facility (ALF) was also blank.

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A 008	Continued From page 4 Resident #3's record contained another health assessment with a fax transmission date of and a notation at the top reading: "(D/C either or 9/1)". This health assessment did not contain any information in the section at the bottom of page 4 other than the signature. The examiner had not completed the date of examination or any other identifying information. Resident #1's record contained a completed health assessment dated . The health assessment was completed on an older version of AHCA form 1823 from 2006. The facility administrator was interviewed at approximately 1:15 p.m. and acknowledged the findings. Class III Pattern	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 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	A 054		

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A 054	Continued From page 5	A 054		

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 on observation, record review and interviews, the facility failed to assure the daily medication observation records (MORs) were documented correctly for 3 (Resident #1, #2 and #4) of 4 sampled residents whose MORs were reconciled; failure to accurately document on the MORs could lead to when being reviewed by providers who may be trying to determine if changes are necessary.

Findings include:

A record review revealed Resident #1 had an order for Welchol 3.75mg packet, mix one packet into 4- 8 oz of water and drink 1x day. It was scheduled at 8:00am. There were spaces in the spaces for , 13, 14 and 19th and no explanation as to why it might have been held on those dates. Interview with the resident during the morning med pass on at approximately 6:30am revealed she received her medications daily and that they never ran out.

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A 054	Continued From page 6 A record review revealed Resident #2 had an order for CL 1meq , take 1 tab daily (pharmacy generated MOR). Next to this was handwritten: (2x day- Hospice). The medication was documented as given 2x day for the month of . Record review revealed the order had been changed on but the MOR did not reflect the change in order from 1x day to 2x day on a separate line, it essentially had the new order superimposed on the old order which made it confusing to determine when the order changed. This resident stated on at approximately 11:00 a.m. that he received his medications on a daily basis and never ran out. A record review revealed Resident #4 had an order for Fluoxcinonide 0.05% cream, apply 2x day daily to on arms and legs. It was scheduled at 8:00 a.m. and 8:00 p.m. The 8:00am doses were not documented on , 17, 18 and 19th. Interview with Staff C on at approximately 11:00am revealed she had forgotten to sign when she saw the spaces. An observation of the medication on hand revealed the medication was available. During the am med pass, the resident was not observed to have the medication applied however interview with Staff B on at approximately 11:05am revealed she had taken the resident to her breakfast so that she shoes and socks could be removed before applying it. The resident was interviewed after receiving her medications and stated she received her meds on a daily basis and they never missed a dose or ran out of her medications. An interview with the administrator and assistant admin./consultant on revealed staff were to document after preparing and offering their medications and if the resident refused or it	A 054		

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A 054	Continued From page 7 was held for any reason, the staff were to circle their initials and document the reason on the back. This was not done for the doses identified above and therefore left as to whether the medications/treatments were given or not. Class III Pattern	A 054		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (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	A 056		

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A 056	Continued From page 8	A 056		

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 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

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A 056	Continued From page 9	A 056		

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.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interviews, the facility failed to assure prescribing physicians were contacted for clarification/specific directions for 4 (Residents #1, #2, #3 and #4) of 4 sampled residents who had orders for as needed or "prn's"; failure to obtain clear orders including the indication for use and frequency of use leaves non licensed staff to use judgement when determining when and for what reason to give as needed medications which could lead to adverse outcomes.

Findings include:

A record review revealed the following residents had incomplete or unclear "as needed" or "prn" orders with no documentation that staff had attempted to obtain clarification from the prescribing providers:

A review of Resident #1's [redacted] medication observation records (MORs) had the following incomplete orders:
* tablet chewable, take 1 tab by mouth 2x

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day (may crush) as needed- used 5 x in (missing indication for use). (this medication is an [illegible])
* [illegible] 137 mcg spray, use 2 sprays in each nostril daily as needed- not used in (missing indication for use). (this medication is an [illegible] used for [illegible] symptoms of runny nose)

A review of Resident #2's [illegible] MOR had an incomplete order for:
* [illegible] DP [illegible] 0.05% ([illegible]), apply [illegible] to affected area as needed (not used in [illegible]). (there was no indication for use and no frequency that it could be used either)

Review of Resident #3's [illegible] MOR had an incomplete order for:
* [illegible] (Acetamenophen) 500mg, give 1 tablet every 6 hours as needed- used 12 x in [illegible] (no indication for use given), (this medication is an [illegible] prescribed most often to decrease pain). usually).

A review of Resident #4's [illegible] MOR had an incomplete order for:
* [illegible], with directions to take 1 tab every 4 hours as needed- used 4 x day every day (no indication for use was given)(this is a controlled medication used for pain).

Interview with Staff C (med tech) during the survey on [illegible] at approximately 11:00am revealed they try to keep up with the orders but sometimes the prescribing physician does not get back to them.

Interviews with the administrator and assist. administrator/consultant on [illegible] at approximately 12:15pm reveal they do have a

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A 056	Continued From page 11 difficult time sometimes with some of the providers but acknowledged there was no documentation that the prescribing physicians had been contacted for clarification of these specific orders. Class III Pattern	A 056		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable . including . Freedom from . must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate	A 078		

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resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based upon record review and interview, the facility failed to insure that one of four staff (Staff B) had annual documentation in their employee record of freedom from ( ).

Findings include:

Staff B's employee record was reviewed on . Staff B's employee record contained documentation of a negative chest x-ray completed on and a negative chest x-ray completed on . There was no documentation of an annual screening in 2011.

The administrator was interviewed on at approximately 1:15 p.m. and acknowledged the findings.

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A 078	Continued From page 13 Class III	A 078		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and ,	A 081		

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	AL11953664	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

(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 081	Continued From page 14	A 081		

(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

This Statute or Rule is not met as evidenced by:
Based upon interview and record review, the facility failed to insure that two of four staff (Staff B and D) had completed the required training on ADL and Behavioral Needs within 30 days of hire.

Findings include:

During a review of the staff file of Staff B completed on , it was noted that Staff B was hired on . Staff B was initially

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MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

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A 081	Continued From page 15 identified as a Certified Nursing Assistant (CNA) but it was later clarified that she had never taken the CNA exam. There was no documentation in Staff B's file indicating that she had completed the required training in ADL and Behavioral Needs. During a review of the staff file of Staff D also completed on , it was noted that Staff D was hired on . There was no documentation in Staff D's file indicating that she had completed the required training in ADL and Behavioral Needs. The administrator was interviewed on at approximately 12:00 p.m. and acknowledged the findings. Class III Pattern	A 081		
A 083	58A-5.0191(4) FAC Training - First Aid and (4) FIRST AID AND ( ). A staff member who has completed courses in First Aid and and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently	A 083		

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MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

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A 083	Continued From page 16 certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and . This Statute or Rule is not met as evidenced by: Based upon observation, interview and record review, the facility failed to insure that the facility had a staff member in the building who had completed required training in First Aid and . One of four staff (Staff A) did not have documentation of completing required training in First Aid and and Staff A was left alone in the facility with the residents. Findings include: On at 6:00 a.m., Staff A was observed to be the only staff working at the facility. During a review of Staff A's employee file, it was noted that Staff A was hired on . Staff A's employee file did not contain any documentation indicating she had completed approved training in First Aid or . The administrator was interviewed on and acknowledged the findings. Class III	A 083		
A 090	58A-5.0191(11) FAC Training - Do Not Orders (11) TRAINING. (a) Currently employed facility administrators,	A 090		

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MIDWAY MANOR RETIREMENT RESIDENCE	1754 ENSLEY AVENUE CLEARWATER, FL 33756

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A 090	Continued From page 17 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 upon interview and record review, the facility failed to insure that two of four staff (Staff B and Staff D) completed required training on the facility's policy on ( ) within 60 days of the effective date of the rule and/or within 30 days of hire. Findings include: The file for Staff B was reviewed on . Staff B was hired on . Staff B's file did not contain any documentation indicating she completed training. The file for Staff D was reviewed on . Staff D was hired on . Staff D's file did not contain any documentation indicating she completed training. The administrator was interviewed on at approximately 12:00 p.m. and acknowledged the findings.	A 090		

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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A 090	Continued From page 18 Class III Pattern	A 090		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Midway Manor Retirement Residence
1754 Ensley Avenue
Clearwater, FL 33756

Dear Administrator:

Re: Biennial with LNS & **CCR# 2012006579**

This letter reports the findings of a biennial state licensure survey with limited nursing services (LNS) and a complaint survey that were conducted on , 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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