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
	AL11964810	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT CONWAY	**5501 EAST MICHIGAN STREET ORLANDO, FL 32822**

(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 conducted Assisted Living Facility with Limited Nursing Services complaint inspection CCR#2012006753. The Assisted Living Facility with Limited Nursing Services biennial relicensure survey and CCR#2012006647 were conducted at that time. The allegation regarding Quality of Care/Treatment substantiated and cited on CCR#2012006647. The allegation regarding Unqualified Personnel was substantiated. Emeritus of Conway had a deficiency found at the time of the visit.	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	AN277		

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AN277	Continued From page 1 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 and interview the facility failed to ensure for 2 of 6 residents (#4 & 6) who received a Limited Nursing Service (LNS), they employed qualified staff to perform the service and obtained an physician's order for the service for 1 of 6 residents (#4). Findings: 1. Record review for resident #4 revealed an Assisted Living Facility Health Assessment Form (1823) dated [redacted] with diagnoses of [redacted] normal pressure [redacted] with [redacted] and The resident needed supervision with eating and assistance with ambulation, bathing, dressing, [redacted] toileting and transferring. The resident was admitted on [redacted] Observation on [redacted] at approximately 1:45 PM revealed the resident had an ankle brace on a table next to the bed. Interview with the resident at that time who stated she did not have the use of her right hand. Interview with the unlicensed staff who stated they put the right ankle brace on and took it off, and she did not wear it every day. The resident was not identified as receiving LNS service during the entrance conference.	AN277		

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AN277	Continued From page 2 There was no documentation to indicate a physician order was obtained to apply and removed the brace and the unlicensed staff was performing the nursing service. Interview on [redacted] at approximately 4:15 PM with 2 nurses who were not aware the resident took off the leg brace. Also, she was a new admission and they had seen a decline since she had been there. 2. Record review revealed an Assisted Living Facility Health Assessment Form (1823) dated [redacted] with diagnoses of [redacted] and [redacted] type 2 and stated the resident was [redacted] The resident was independent with ambulation, eating and transferring and needed supervision with bathing, dressing, [redacted] and toileting. The resident was identified as receiving an LNS service during the entrance conference. Review of physician order dated [redacted] stated [redacted] at 2 liters/minute, apply at bedtime and remove in AM. Interview with the nurse on [redacted] at approximately 3 PM who stated the unlicensed staff removed the [redacted] from the residents and stated she was not aware the unlicensed staff was not able to assist with [redacted] She also stated they recently had an in-service for unlicensed staff on [redacted] assistance. Review of the In-service/Training Attendance Record revealed on [redacted] the unlicensed staff received 10 minutes of training on [redacted] Assistance. Review of the facility's policy and procedure for	AN277		

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AN277	Continued From page 3 Management revised on revealed that after instruction from the Resident Care Director or designee Care-Staff may assist the resident with applying the cannula, prongs inserted gently into the resident's nostrils and securing the tubing around ears and under the chin sliding the adapter to adjust fit. The he concentrator or tank may be turned on. Check the flow and if it is incorrect, seek assistance of the nurse or shift supervisor to correct. Inspect skin daily for signs of irritation from the cannula and areas underneath straps as necessary to prevent pressure of irritation to skin. Class III	AN277		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Emeritus At Conway
5501 East Michigan Street
Orlando, FL 32822

Dear Administrator:

Re: CCR #2012006753

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) 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.

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(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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