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
	AL11965368	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT OCOEE	80 NORTH CLARK RD OCOEE, FL 34761

(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 Complaint Inspection CCR#2012006478 at Emeritus Ocoee Assisted Living Facility (ALF) located at 80 North Clarke Road, Ocoee Florida 2 of the 4 Allegations were substantiated. The ALF had deficiencies found at the time of the visit.	A 000		
A 004	58A-5.016 FAC Licensure - Requirements License Requirements. (1) SERVICE PROHIBITION. An ALF may not hold itself out to the public as providing any service other than a service for which it is licensed to provide. (2) LICENSE TRANSFER PROHIBITION. Licenses are not transferable. Whenever a facility is sold or ownership is transferred, including leasing, the transferor and transferee must comply with the provisions of Section 429.41, F.S., and the transferee must submit a change of ownership license application pursuant to Rule 58A-5.014, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility ' s capacity shall not be made without prior approval from the Agency Central Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation requirements as referenced in Rule 58A-5.0161, F.A.C. (4) CHANGE IN USE OF SPACE REQUIRING FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, shall not be made without	A 004		

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A 004	Continued From page 1 prior approval from the Agency Field Office. Approval shall be based on the compliance with the physical plant standards provided in Rule 58A-5.023, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation standards as referenced in Rule 58A-5.0161, F.A.C. (5) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on contiguous property. " Contiguous property " means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Part I, Chapter 429, F.S., and this rule chapter. (6) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 58A-5.0161, F.A.C., shall be submitted annually to the Agency Central Office. The annual inspections shall be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Section 429.14, F.S., and Rule 58A-5.033, F.A.C. (7) MEDICAID WAIVER RESIDENTS. Upon request, the facility administrator or designee must identify Medicaid waiver residents to the agency and the department for monitoring purposes authorized by state and federal laws. (8) THIRD PARTY SERVICES. (a) In instances when residents require services from a third party provider, the facility administrator or designee must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals, unless residents or	A 004		

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A 004	Continued From page 2 their representatives decline the assistance. The declination of assistance must be reviewed at least annually. These actions must be documented in the resident ' s record. (b) In instances when residents or their representatives arrange for third party services, the facility administrator or designee, when requested by residents or representatives, must take action to assist in facilitating the provision of those services and coordinate with the provider to meet the specific service goals. These actions must be documented in the resident ' s record. (c) The facility ' s facilitation and coordination as described under this subsection does not represent a guarantee that residents will receive third party services. If the facility ' s efforts at facilitation and coordination are unsuccessful, the facility should include this documentation in the resident ' s record, explaining the reason or reasons its efforts were unsuccessful, which will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure it did not provide services other than a service for which it was licensed to provide for 1 of 10 sampled residents (#9). Findings: Record review for Resident #9 revealed an Resident Health Assessment form 1823 that was dated . . . with diagnosis of . . . and e . . . and there was an order for 2 liter via nasal cannula, continuous. The resident was admitted to the facility on . . .	A 004		

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A 004	Continued From page 3 Further record review revealed service notes that documented the following: at 10 AM-Resident requires assistance with Resident voiced not being able to manage her at 8 AM-CNA reported finding resident in bed not in place with bluish discoloration around mouth she was slow to respond to physical stimuli but came around when applied. 9:50 AM-Resident noted in hallway walking with a walker or wheelchair with a piece of her nasal cannula. Resident noted with and unsteady gait. Resident assisted to a chair and given her 9 AM-Resident found on the floor of her apartment at 7:30 AM. The resident was non-compliant with use. AM-911 called resident noted to be short of breath and started at 2 Liters. Ambulance arrived and she was transported to the hospital. The resident had several incidents when she did not have on her and had The was ordered for continuous use. The staff noted that they assisted the resident and told staff she could not manage the The facility had a standard license and could not provide assistance with , which was a Limited Nursing Service. The administrator stated that the resident was later discharged to another facility that provided a higher level of care. Class III	A 004		
A 007	58A-5.0181(1) FAC Admissions - Criteria	A 007		

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A 007	Continued From page 4 Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable which is likely to be transmitted to other residents or staff; however, a person who has may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent to provide such assistance as required under Section 429.256, F.S. 2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident. (f) Any special dietary needs can be met by the facility.	A 007		

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A 007	Continued From page 5 (g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S. (h) Not require licensed professional mental health treatment on a 24-hour a day basis. (i) Not be bedridden. (j) Not have any or 4 pressure sores. A resident requiring care of a pressure may be admitted provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility. (k) Not require any of the following nursing services: 1. Oral, or suctioning; 2. Assistance with tube feeding; 3. Monitoring of gases; 4. Intermittent positive pressure breathing or 5. Treatment of surgical or wounds, unless the surgical or and the condition which caused it have been stabilized and a plan of care developed. (l) Not require 24-hour nursing supervision. (m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. (n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on:	A 007		

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A 007	Continued From page 6 1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule; 2. The facility ' s admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and 3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C. (o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to take into consideration the accuracy of information on the Health Assessment Form (1823) that the resident required a 24 hour nursing or facility, had a communicable and was total care with transfers and ambulation which was in excess of the level of care the facility was licensed to provide for 1 of 10 sampled residents (#2). Findings: Record review for resident #2 revealed a Resident Health Assessment form 1823 that was dated that noted the resident had diagnosis of severe , , Positive , Resistant , (VRE) and cholelithiasis. The 1823 note special precautions: Contact VRE positive. The 1823 noted she had a communicable	A 007		

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A 007	Continued From page 7 which could be transmitted to other residents or staff and that she required 24 hours nursing or care which was in excess of the level of care that that facility was licensed to provide. The health care provider noted on the 1823 that she required total assistance with ambulation and transfers. Further record review revealed the following service notes: at 3 PM noted that a nurse was called to assist a CNA in providing person care for the resident because she was unable to stand and therefore causes hardship for 1 person. at 11:30 PM noted the CNA needed help lifting the resident from the chair and transferring her. at 3 PM-Requires personal care of 2 person Observations at approximately 4:50 PM revealed a staff member was trying to assist the resident with a transfer. The staff stated that the resident did not pivot with assistance she was total care with her Activities of Daily living. The staff was observed struggling to lift the resident by the back of her pants from the bed to the wheelchair. The resident would only slide close to the wheel chair on her bed. The resident could not assist with the transfer. Through interviews it was revealed that the resident was admitted to the facility without being able to transfer. The resident was placed on hospice in The administrator stated that the resident was admitted to the facility prior to his employment at the facility. Class III	A 007		

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A 025	Continued From page 8	A 025		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on resident record review and interview the facility failed to provide care and services and did not ensure that 1 of 10 sampled residents (#1) vital signs were checked and reported to the	A 025		

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A 025	Continued From page 9 physician as order and ... sugar testing was conducted as ordered and ... was received as ordered by the healthcare provider for 1 of 10 sampled residents (#8) Findings: 1. Record review for resident #1 revealed an Resident Health Assessment 1823 form that was dated ... with diagnosis that included malaise, A fib, ... failure, muscle spasms, ... and ... It noted he required assistance with all of his ADL's. Further record review revealed that the health care provider order dated ... noted " ALF staff to check ... daily-Monday and Tuesday Morning; Wednesday and Thursday afternoons, Friday and Saturday Evenings and Sunday at Bedtime." Review of the ... weekly log and Medications Observation Records (MOR) for ... and ... revealed the ... were not taken as ordered as follows: The MOR for ... had boxes drawn in to write the ... results on ... and ... and they were left blank the ... weekly log noted the ... was taken on ... and not on ... The space for ... (Thursday) at noon was left blank. The ... log did not note it was taken on ... (Wednesday). The MOR noted the results. The ... log noted that the ... was taken at 8 PM on ... instead of noon. There was no documentation to confirm that the ... was taken on ... The ... weekly log for ... noted: 8/2-(Thursday) the ... was taken at 4 PM- should have been taken in the afternoon 8/5/ (Sunday) the ... was taken at 8 AM -should have been taken at Bedtime	A 025		

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A 025	Continued From page 10 8/8(Wednesday) the was taken at 8 AM -should have been taken in the afternoon. 8/9(Thursday) the was taken at 8 AM -should have been taken in the afternoon (Sunday) the was taken at 4 PM and should have been taken at bedtime the was taken at 4 PM and should have been taken in the morning There was no documentation to confirm that the was taken on and An telephone order dated noted, Check Vital signs twice daily pulse below 60 call the advanced registered nurse practitioner (ARNP name noted), Temperature greater than 99 call ARNP. Review of the weekly log for noted: On the pulse was 50 and on the pulse was 53 and on the pulse was 54. Review of the service notes revealed that there was no documentation that the ARNP was called when the Pulse was less than 60. Further record review revealed that there was no documentation to confirm that the temperatures were taken as ordered. Further record review revealed that the last was taken on . There was no documentation to confirm that the order for was to be discontinued. The Director of Nursing stated at approximately 2 PM that if the ARNP was called regarding the Pulse below 60 it should have been noted in the service notes. She further stated that the temperatures were not taken as ordered. 2. Record review for resident #8 revealed an 1823 that was dated with diagnosis of Aphasia, Accident and . She required assistance with her medications. Review of the MOR for revealed that she	A 025		

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A 025	Continued From page 11 was to have an accu-check twice daily with ... 100 units/ml with a sliding scale. Further observation revealed that the MOR noted the accu-checks and ... were done at 7:30 AM and 4:30 PM. The only days that the accu-checks and ... was given was on 5/1 and 5/2, ... through ... and ... and ... The other days were left blank. The Resident Care Director (RCD) stated that she conducted the ... sugar (BS) testing on 5/1, ... through ... and ... and ... and gave the ... On 5/1 another nurse conducted the BS testing and gave the The RCD was asked to provide the MOR for ... and she stated that she had searched for the MOR and could not locate it. The order was followed in ... Interview with the Administrator at approximately 3:30 PM who stated that the staffing hours were cut back and possibly in ... and ... the nurses did not work after 4 PM and there was no nurse available to conduct the BS testing and administer the ... on the days that the MOR was left blank. Class III	A 025		
A 079	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335	A 079		

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A 079	Continued From page 12	A 079		

46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 residents over 95 add 42 staff hours per week.

2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.

4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.

5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.

6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.

7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.

8. Only on-the-job staff may be counted in

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A 079	Continued From page 13	A 079		

meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and

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
	AL11965368	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT OCOEE	80 NORTH CLARK RD OCOEE, FL 34761

(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 079	Continued From page 14 meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency. 3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility did not ensure there was a nurse available to provide [illegible] sugar testing and [illegible] administrator for 1 of 10 sampled residents (#8). Findings: Record review for resident #8 revealed an 1823 dated [illegible] with diagnosis of [illegible] Aphasia, [illegible] Accident and	A 079		

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A 079	Continued From page 15 She required assistance with her medications. Review of the MOR for revealed that she was to have an accu-check twice daily with 100 units/ml with a sliding scale. Further observation revealed that the MOR noted the accu-checks and was done at 7:30 AM and 4:30 PM. The only days that the accu-checks and was given was on 5/1 and 5/2, through and and . The other days were left blank. The Resident Care Director (RCD) stated that she gave the conducted the sugar (BS) testing on 5/1 , through and and . On 5/1 another nurse conducted the BS testing and gave the . The RCD was asked to provide the MOR for and she stated that she had searched for the MOR and could not locate it. The order was followed in . Review of the time sheets for and for the nurses revealed the only time they worked past 4 PM was on the following days: On until 6:08 PM; until 4:15; 6/5 until 4:57 PM; until 4:43 PM; until 4:29 PM; until 5 PM; until 4:40 PM. Interview with the Administrator at approximately 3:30 PM who stated that the nurses staffing hours were cut back and possibly in and the nurses did not work after 4 PM and there was no nurse available to conduct the BS testing and administer the on the days that the MOR was left blank. He stated after the facility realized a nurse was needed to provide the BS testing and the nursing schedule was changed.	A 079		

Agency for Health Care Administration

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A 079	Continued From page 16 Class III	A 079		
A 162	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.	A 162		

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A 162	Continued From page 17 (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule	A 162		

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A 162	Continued From page 18 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by:	A 162		

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A 162	Continued From page 19 Based on record review and interview the facility failed to ensure that the 1 of 10 sampled residents (#8) record had accurate health care provider's orders for medications and nursing services and medication observation record. Findings: Record review for resident #8 revealed a 1823 that was dated [redacted] with diagnosis of [redacted] Aphasia, [redacted] Accident and [redacted]. She required assistance with her medications. Review of the Medication Observation Record (MOR) for [redacted] revealed that she was to have an accu-check twice daily with [redacted] 100 units/ml with a sliding scale. The MOR noted that there was a sliding scale change effective [redacted]. Review of the health care provider's order that was dated [redacted] that noted [redacted] 100 units/ml with a sliding scale parameters noted. Further review of the order revealed it did not note how often the [redacted] sugars were to taken and the [redacted] given. A Service note [redacted] noted sliding scale 3 times daily. Further review of the record revealed that there was no written orders found for the sliding scale and [redacted] sugar checks. Further review of the record revealed the [redacted] MOR was not available for review. The Resident Care Director stated at approximately 2 PM that she could not locate the above orders nor could she locate the MOR for [redacted]. Class	A 162		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Emeritus At Ocoee
80 North Clark Rd
Ocoee, FL 34761

Dear Administrator:

Re: CCR #2012006478

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,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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