

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910251	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R
NAME OF PROVIDER OR SUPPLIER INDIAN OAKS MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 11355 131ST STREET N LARGO, FL 33774	
(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)
{A 000}	Initial Comments Assisted Living Facility A revisit was conducted in conjunction with two complaint surveys, CCR# 2012009832 and CCR# 2012007852. Indian Oaks Manor assisted living facility had uncorrected deficiencies found at the time of the revisit.	{A 000}	
{A 052}	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse, or an unlicensed staff member, who is at least trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the	{A 052}	

AHCA Form 3020-0001

TITLE

(X8) DATE

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

STATE FORM

0000

HLQN12

If continuation sheet 1 of 8

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{A 052}	Continued From page 1 medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility; 2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record; 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging; (e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. (f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or	{A 052}	

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{A 052}	Continued From page 2 crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) or preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to insure that staff followed the correct procedure for assistance with self-administration of medication for at least one of one (Resident #2) sampled residents. Failure to properly assist with self-administration of medication can place residents at risk through medication errors. Findings include: On at approximately 7:45 a.m., AHCA staff observed Employee B preparing medications for Resident #2. Employee B was at the	{A 052}		

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{A 052}	Continued From page 3 medication cart in the main dining Resident #2 was in her Employee B pulled out labeled medications in bubble packs from the medication cart. Employee B then popped the medications into a souffle' cup. After popping the medications into the souffle' cup, Employee B initiated the MORS. Once she prepared the medications for Resident #2, Employee B prepared the medications for other residents in the same manner. At one point, Employee B stated she had to use the rest stacked the souffle' cups on top of one another in the medication cart, locked the medication cart and went to use the rest Upon returning to the cart, Employee B placed the souffle' cups of medication on a plate and took them to the residents. Employee B approached Resident #2 and handed her the souffle' cup with water. Employee B did not advise the resident what medications she was receiving or provide her any information on the medications. AHCA staff observed written instructions in the front of the MORS book advising that the MORS are to be initiated after the residents are observed taking their medications. AHCA staff interviewed the administrator on The administrator acknowledged the findings and stated he would expect at a minimum that the souffle' cups have the resident's initials on them. Class III Widespread	{A 052}		
{A 093}	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS.	{A 093}		

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{A 093}	Continued From page 4 (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, _____ and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEAs Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in	{A 093}		

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{A 093}	Continued From page 5 the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months. (e) Therapeutic diets shall be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility. 2. The facility shall document a resident's refusal to comply with a therapeutic diet and notification to the resident's health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident's responsible party refusing the diet is acceptable documentation of a resident's preferences. In such instances daily documentation is not necessary. (f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal.	{A 093}		

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{A 093}	Continued From page 6 Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand. (h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to have their menu reviewed annually by a dietician and failed to serve the items listed on their menu or make nutritionally appropriate substitutions.	{A 093}		

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{A 093}	Continued From page 7 Findings include: On _____, AHCA staff reviewed the facility's posted menu. The menu was signed by a dietitian on _____. The menu indicated that breakfast was to consist of hot or _____ cereal, a sausage patty, fruit and toast. AHCA staff observed the residents eating breakfast on _____. The residents were eating _____ cereal or oatmeal, a banana and toast. No meat was served with breakfast. The facility administrator was interviewed on _____ at approximately 1:00 p.m. and acknowledged the findings. The administrator also stated the cook had called in sick on this date. Class III Widespread	{A 093}	

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11910251(Y2) Multiple Construction
A. Building
B. Wing(Y3) Date of Revisit
9/27/2012Name of Facility
INDIAN OAKS MANORStreet Address, City, State, Zip Code
11355 131ST STREET N
LARGO, FL 33774

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0008		ID Prefix A0030		ID Prefix A0053	
Reg. # 58A-5.0181(2) FAC		Reg. # 58A-5.0182(6) FAC: 429.28		Reg. # 58A-5.0185(4) FAC	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix A0079		ID Prefix		ID Prefix	
Reg. # 58A-5.019(4) FAC		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	
	Correction Completed		Correction Completed		Correction Completed
ID Prefix		ID Prefix		ID Prefix	
Reg. #		Reg. #		Reg. #	
LSC		LSC		LSC	

Reviewed By

State Agency

Reviewed By

CMS RO

Reviewed By

Reviewed By

Date:

10/8/12

Date:

Signature of Surveyor:

Signature of Surveyor:

Date:

Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES

NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

....., 2012

Administrator
Indian Oaks Manor
11355 131st Street N
Largo, FL 33774

Dear Administrator:

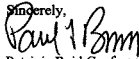
Re: Revisit & CCR# 2012009832 & CCR# 2012007852

This letter reports the findings of a state licensure survey revisit and two complaint surveys that were conducted on 27, 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the uncorrected deficiencies that were identified on the day of the visit relative to the revisit. 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,

for Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosures: Revisit Report & State Form 3020

