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
	AL11963949	A. BUILDING _____ B. WING _____	R 11/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT COLLEGE PARK	5612 26TH STREET WEST BRADENTON, FL 34207

(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 revisit survey was conducted on 11/28/12 to the limited nursing services (LNS) monitoring visit conducted on 09/27/12. Emeritus at College Park, assisted living facility, corrected previous deficiencies that were cited. A new deficiency was identified and cited, A 0053.	{A 000}		
A 053	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as blood glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including blood glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in	A 053		

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A 053	Continued From page 1	A 053		

the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review the facility failed to properly follow orders for insulin administration of one of two residents sampled, Resident #6. Failure to follow the physician orders puts the resident at risk for adverse effect, related to not receiving the appropriate medication when needed.
Findings include:
During the medication observation on 11/28/12 at 12:10 pm a blood sugar monitoring test was performed by Staff A and Resident #6 has a blood sugar reading of 139. After the blood sugar test was complete Staff A told the residents that insulin coverage was not needed. The resident left the nurses' station. There was no insulin administered to the resident.
Record review of the Medication Administration Record (MOR) revealed Staff A signed the MOR and made slash in the box, indicating that no insulin had been administered. Review of the order for insulin revealed that the Staff A verified that insulin was to be administered per the order on the MOR. MOR shows the resident' s sliding scale started at 101. The resident was to receive

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	AL11963949	A. BUILDING _____ B. WING _____	R 11/28/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT COLLEGE PARK	**5612 26TH STREET WEST BRADENTON, FL 34207**

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A 053	Continued From page 2 insulin coverage for a blood sugar of 101 to 150. Resident #6 should have been given 2 units of Novolog, per the sliding scale order. Staff B was present at nurses ' station and was present during the time that the insulin was not administered. Staff B saw that the insulin was not administer to Resident #6,after the blood sugar was checked. Staff A stated that " it was her fault " and she stated that resident#6 had been having blood sugars in the 200 ' s. After Staff B asked about Resident #6 not getting the insulin as ordered, the resident was brought back to the nurses' station and the insulin coverage was administered, per the order by Staff A. Isolated	A 053		

AH Form Approved
12/10/2012

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11963949	A. Building B. Wing	11/28/2012

Name of Facility	Street Address, City, State, Zip Code
EMERITUS AT COLLEGE PARK	5612 26TH STREET WEST BRADENTON, FL 34207

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
ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	Correction Completed 11/28/2012	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 11/28/2012	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency ✓	Reviewed By [signature]	Date: 12/10/12	Signature of Surveyor:	Date:
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on: 9/27/2012		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

December 10, 2012

Administrator
Emeritus at College Park
5612 26th Street West
Bradenton, FL 34207

Dear Administrator:

This letter reports the findings of a state licensure survey revisit that was conducted on November 28, 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the new deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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 Caufman
Field Office Manager

PRC/kpr

Enclosures: State Form & Revisit Report

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161