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
	AL11967587	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RETREAT AT WATERSONG (THE)	7365 ORCHESTRA LN MELBOURNE, FL 32940

(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 Complaint inspection CCR#2012012869 was conducted. The facility had deficiencies found during the inspection.	A 000		
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.	A 025		

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A 025	Continued From page 1	A 025		

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure it provided care and services appropriate to the needs of 1 of 3 sampled residents (2) and failed to ensure accurate assistance with self-administration of physician ordered medication.
Findings:
Resident record review for resident #2 at approximately 11:30 AM revealed a health assessment report dated [redacted] that indicated diagnoses of [redacted] and [redacted]. She was alert and oriented. Assistance was needed with self-administration of medications. She was under the care of hospice since [redacted] with diagnoses of [redacted] and she needed [redacted] at 2 L/M.
Facility notes indicated on [redacted] resident was admitted. She was alert and oriented, to time, name, and place, non-ambulatory but stood transferred, used wheelchair for transportation.
[redacted] 10:55 PM constantly on call light, hostile towards staff. "No [redacted] just wants to sit on potty. Water bags under eyes".
[redacted] 4:30 A. "Resident received 2 ml of [redacted] at 12:20 AM, MD notified, hospice notified, family notified, Vitals stable. Monitoring vitals closely. Nurse at bedside.
[redacted] 110 AM "Sleeping in bed, nurse by bedside. Vitals stable and WNL. Nurse monitoring resident and vitals very closely"
[redacted] 4 PM continuous crisis care (cc) at bedside. Call to ARNP (Advance Registered Nurse Practitioner) to see if can resume meds.
[redacted] 5:50 PM Hospice RN (Registered Nurse) called, [redacted] noted. CC nurse called

Agency for Health Care Administration

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A 025	Continued From page 2	A 025		

hospice RN.
9 AM "late entry for at 4 PM resident awake and responsive. Resident alert and oriented but with slight
11:45 new orders for hydration, "watch for if becomes alert, capable of drinking d/c Resident in bed, nurse at bedside constantly, monitoring vitals closely.
3:15 PM Family refused ARNP, and doctor informed.
6 PM in place with small amount of yellow at 2 l/m via n/c
7 PM output 50 cc. Family left, would not return until resident passes away
9 PM Output 50 cc, intake 100 cc approx.
1150 PM Resident expired at 11 AM.
Funeral home arrived at 6 PM
Prescription ordered indicated new order 2 mg/l/ml conc 0.25 oral every 4 hours as needed to give for and
Order dated 10/8 indicated 2mg/ml give 0.25 mg 8 PM every night also give every 4 hours as needed. Give now a dose of for
The Medication observation record (MOR) indicated con 2 mg/l for give 0.25ml by mouth at 8PM. Another page indicated con 2 mg/l for give 0.25ml by mouth as needed.
MD visit note dated seen and examined on emergency basis due to unresponsiveness. Received 4 mg [illegible] 3 doses [illegible]. fluids, were ordered.
ARNP visit note dated indicated "Asked to see patient due to decline. Crisis care in place. No meds for 2 days or no PO intake since Sunday other than small amount of applesauce.

Agency for Health Care Administration

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A 025	Continued From page 3 She said ouch when abd pressed. "Order dated . . . indicated indicated GM 1- l or . . every 24 hrs. x 7 doses, . . . with differential x 3 days every AM then re-eval. Call output to me tonight and 7-3 tomorrow . . Monday f/u . Order dated . . . indicated-Stat chest x-ray diagnosis . , CMP, . . . with differential, place . cath . Hospice notes indicate that on . start 6:40 end 8:26 PM indicated . elevated, HR low- normal for resident. CC nurse administered Roxanol 5 mg. Daughter does not want mother to go to hospital. . . . 11:01 IS to 12:55 PM. Nurse arrived to assess resident. Resident . but follows some commands, adb distended, scattered rales. . cath inserted, return 1200 cc yellow . , awaiting x ray results. . 3:01 RN arrived to insert , director called and said resident had . per x ray. Resident still unresponsive, breathing become more shallow. Family refused . . . . Resident "is presently in dying process". The 15 day adverse report dated . . . . . indicated the analysis and corrective action: " Resident received 2 . . l OF . . . at 12:30 AM on . . instead of the prescribed amount of .25mL. Medication error was realized two hours later". The family, hospice and physician were notified. "crisis care was started as an immediate intervention. Resident slept and began waking up around 3 PM on . Crisis scare remained as precaution. On . . . . resident experienced . difficulty, chest x ray was taken. The X ray revealed . . . was prescribed. The family declined . . . . . She was made comfortable and passed way at 11 AM on . . . . "Resident's physician was unable to conclude if the medication error	A 025		

Agency for Health Care Administration

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A 025	Continued From page 4	A 025		

contributed to her _____. All multi-dose vials or liquid _____ were removed and replaced with pre-filled syringes.

Staff A was hired on _____ and was a Certified Nursing Assistant (CNA). She attended the initial 4 hour medication training on _____, the training was provided by Guardian Pharmacy, per personnel record review. She also attended a medical errors training on _____.

A handwritten note dated _____ provided by the facility and presented as the staff written statement indicated {name}the resident called at 12:15 to use the B/C when putting her back to bed she asked for something to help her sleep. The nurse prior to leaving told me I could give {name _____ any time after 12 AM. At approx. 12:30 AM I gave {name} what I thought was .25 ml of _____. It was 2 full syringe which equals to 2 ml".

The performance and improvement plan dated _____ indicated date oh hire _____ and she was given a verbal warning and termination because of insubordination -Monday _____ at 12:30 "poor judgment displayed within scope of practice that resulted in a negative outcome towards a resident . Watersong cannot risk future mistakes of this magnitude, thus it is to the best interest of the company to terminate employment relations" . The termination was immediate.

The administrator stated at approximately 1 PM that normally the medications for Oceania, the secure memory care unit, Lakeside and Island House were given by the nurses and the unlicensed staff assisted the residents at Coastal House. Resident #2 lived in Island House, but that night there was no nurse available. Therefore the unlicensed staff assisted the residents with medications.

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A 025	Continued From page 5 The nurse present during the exit at approximately 2:30 PM stated that really an injustice had been done to the staff, to allow her to pass medications after having being trained not so long ago. The administrator was informed a deficiency would be cited as a Class II and all deficiencies were submitted to the office and were subject to administrative review. She acknowledged understanding. Class II	A 025		
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	A 052		

Agency for Health Care Administration

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A 052	Continued From page 6	A 052		

appears to have been contaminated, shall not be returned to the container.
(c) Staff shall observe the resident take the 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

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A 052	Continued From page 7 medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or 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 record review and interview the facility allowed unlicensed staff to give a medication prescribed to be used as necessary/as needed /as desired which required judgment on the part of the unlicensed person to one of 3 sampled residents (#2). Findings: Resident record review for resident #2 at approximately 11:30 AM revealed a health assessment report dated ..... that	A 052		

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A 052	Continued From page 8	A 052		

indicated diagnoses of
and She was alert and oriented. Assistance was needed with self-administration of medications. She was under the care of hospice since with diagnoses of and needed at 2 L/M. Facility notes indicated on resident was admitted. She was alert and oriented, to time, name, and place, non-ambulatory but stood transferred, used wheelchair for transportation.
10:55 PM constantly on call light, hostile towards staff. "No just wants to sit on potty. Water bags under eyes".
4:30 A. "Resident received 2 ml of at 12:20 AM, MD notified, hospice notified, family notified, Vitals stable. Monitoring vitals closely. Nurse at bedside.
Prescription ordered indicated new order 2 mg/l\ml conc 0.25 oral every 4 hours as needed to give for and
Order dated 10/8 indicated 2mg/ml give 0.25 mg 8 PM every night also give every 4 hours as needed. Give now a dose of for
The Medication observation record (MOR) indicated con 2 mg/l for give 0.25ml by mouth at 8 PM. Another page indicated con 2mg/l for give 0.25ml by mouth as needed.
Staff A was hired on and was a Certified Nursing Assistant (CNA). She attended the initial 4 hour medication training on the training was provided by Guardian Pharmacy, per personnel record review. She also attended a medical errors training on
A handwritten note dated provided by the facility and presented as the staff written statement indicated {name}the resident called at

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A 052	Continued From page 9	A 052		

12:15 to use the B/C when putting her back to bed she asked for something to help her sleep. The nurse prior to leaving to me I could give {name any time after 12 AM. At approx 12:30 AM I gave {name}what I thought was .25 ml of It was 2 full syringe which equals to 2

The performance and improvement plan dated indicated date oh hire and she was given a verbal warning and termination because of insubordination -Monday at 12:30 "poor judgment displayed within scope of practice that resulted in a negative outcome towards a resident . Watersong cannot risk future mistakes of this magnitude, thus it is to the best interest of the company to terminate employment relations". The termination was immediate. The administrator stated at approximately 1 PM that normally the medications for Oceania, the secure memory care unit, Lakeside and Island House were given by the nurses; and the unlicensed staff assisted the residents at Coastal House. Resident #2 lived in Island House, but that night there was no nurse available, so the unlicensed staff assisted the residents with medications.

The nurse present during the exit at approximately 2:30 PM Stated that really an injustice had been done to the staff, to allow her to pass medications after having being trained not so long ago.

The administrator was informed deficiency would be cited as a Class II and all deficiencies were submitted to the office and were subject to administrative review. She acknowledged understanding.

Class III

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A 056	58A-5.0185(7) FAC Medication - Labeling and Orders	A 056		

(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 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

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A 056	Continued From page 11	A 056		

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 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

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A 056	Continued From page 12	A 056		

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 record review and interview the facility failed to ensure when the directions for use were "as needed" or "as directed," the health care provider was 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 must be specified.
Findings:
Resident record review for resident #2 at approximately 11:30 AM revealed a health assessment report dated that indicated diagnoses of and . She was alert and oriented. Assistance was needed with self-administration of medications. She was under the care of hospice since with diagnoses of and needed at 2 L/M. Prescription ordered indicated new order 2 mg/l\ml conc 0.25 oral every 4 hours as needed to give for and . Order dated 10/8 indicated 2mg/ml give 0.25 mg 8 PM every night also give every 4 hours as needed. Give now a dose of for The Medication observation record (MOR) indicated con 2mg/l for give 0.25ml by mouth at 8PM. Another page indicated con 2 mg/l for give 0.25ml by mouth as needed.
Continued review revealed no evidence to confirm the healthcare provider was contacted and revised orders were requested.
The administrator stated on at

Agency for Health Care Administration

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RETREAT AT WATERSONG (THE)	7365 ORCHESTRA LN MELBOURNE, FL 32940

(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 056	Continued From page 13 approximately 4 PM that she would let nursing know about it. Class III	A 056		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Retreat At Watersong (the)
7365 Orchestra Ln
Melbourne, FL 32940

Dear Administrator:

Re: CCR #2012012869

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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