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 |
|---|---|---|---|
| | AL11932588 | A. BUILDING _____ B. WING _____ | |

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| CALUSA HARBOUR | 2525 E. FIRST STREET FORT MYERS, FL 33901 |

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| A 000 | Initial Comments<br><br>These are the results of a Change of Ownership and Limited Nursing Services survey completed on : through at Calusa Harbour an Assisted Living Facility. At the time of the survey the census was 146 with 0 At the time of the survey deficiencies were identified. | A 000 | | |
| A 008 | 58A-5.0181(2) FAC Admissions - Health Assessment<br><br>(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection.<br>(a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following:<br>1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations;<br>2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living;<br>3. Any nursing or services required by the individual;<br>4. Any special diet required by the individual;<br>5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication;<br>6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff;<br>7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and<br>8. The date of the examination, and the name, | A 008 | | |

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| A 008 | Continued From page 1 | A 008 | | |

signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, [illegible] 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic

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| A 008 | Continued From page 2 | A 008 | | |

documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a ..... order for residents who do not wish ..... to be administered in the case of ..... or .....
(g) A resident placed on a temporary emergency basis by the Department of Children and Family

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| A 008 | Continued From page 3<br><br>Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure 1 (Resident #9) of 3 resident record reviewed had a completed resident health assessments form 1823.<br><br>The findings include:<br><br>Record review for Resident #9 found that the only 1823 in the file did not have the date of the examine or the health provider's telephone number and address.<br><br>On ____ at 10:30 a.m., the Administrator stated that Resident #9's 1823 were in the resident's record.<br><br>Class III | A 008 | | |
| A 052 | 58A-5.0185(3) FAC Medication - Assistance with Self-Admin<br><br>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br>(a) For facilities which provide assistance with | A 052 | | |

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| A 052 | Continued From page 4 | A 052 | | |

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 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

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| A 052 | Continued From page 5 | A 052 | | |

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 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

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| A 052 | Continued From page 6 | A 052 | | |

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, staff record review, and interview the facility failed to insure that staff followed the proper procedure for assistance with self administration of medications for 1 (Staff D) of 3 staff observed assisting with self administration of medications.

The findings include:

On [redacted]: Staff D, a Medication Technician, was observed pouring medication at the medication cart into a pill cup. She then placed the medication containers back into the medication cart. She walked to resident's [redacted] a Medication Observation Record (MOR) and the cup of medications. At the resident's [redacted] realized it was the wrong MOR. She returned to the medication cart to get the correct MOR.

A review of the MOR at the medication cart revealed Staff D had already signed the MOR indicating that she had already given the medications. Staff D then returning to the resident's [redacted] told Resident #4 what the medications was prior to giving the pills to the resident.

Interview with Assisted Living Coordinator on [redacted] at 11:35 a.m., who provided

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| A 052 | Continued From page 7<br><br>documentation of staff D receiving her Initial 4 Hour Assistance with Self Medication training on _____. There is documentation of Staff D receiving a 2 hour medication refresher course on _____. The next documentation of Medication Training is a certificate of completion of a 24 hour Medication Training Program Refresher dated _____. The last documentation of a 2 hour Medication Refresher Course training is dated _____. The Assisted Living Coordinator stated she has no further documentation of medication training for Staff D.<br><br>Class III | A 052 | | |
| A 092 | 58A-5.020(1) FAC Food Service - General Responsibilities<br><br>Food Service Standards.<br>(1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall:<br>(a) Be responsible for total food services and the day to day supervision of food services staff.<br>(b) Perform his/her duties in a safe and sanitary manner.<br>(c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets.<br>(d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and observation the facility | A 092 | | |

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| A 092 | Continued From page 8 | A 092 | | |

failed to provided the residents of the second seating for breakfast and clean and sanitary dining service.

The findings include:

On [redacted] at 10:30 a.m. Resident #9 stated she eats at the second seating for breakfast and there are dirty dishes left on the table and the tables are filthy.

On [redacted] at 8:00 a.m. the Food and Beverage Director stated the second seating starts at 8:15 a.m., however, some people from the first seating are still eating.

On [redacted] at 8:15 Resident #9 was observed seated in the dining [redacted] to be served. A second resident was observed at the table eating. Resident #9 stated that resident was from the first seating.

On [redacted] at 8:30 a.m., residents were observed being served. Tables were observed to have soiled dishes on the table. The table cloths of various table were observed to be soiled from the first seating.

On [redacted] at 8:30 a.m., the Food and Beverage Director stated all dishes are suppose to be removed from the tables and the table cloths are suppose to be changed prior to the second seating.

On [redacted] at 8:32 the dining staff were observed clearing dishes and replacing table cloths for residents who were sitting at the tables waiting to be served.

Class III

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Calusa Harbour
2525 E. First Street
Fort Myers, Florida 33901

Dear Administrator:

Re: Change of Ownership and Limited Nursing Services survey

This letter reports the findings of a Change of Ownership and Limited Nursing Services 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 , 2013 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 this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form
XG90

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