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 |
|---|---|---|---|
| | AL11964707 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| INDIGO PALMS | 570 NATIONAL HEALTHCARE BLVD DAYTONA BEACH, FL 32114 |

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| A 000 | Initial Comments<br><br>An unannounced licensure complaint survey, CCR #2012010506, was conducted on [redacted] 11, 2012.<br>Indigo Palms had deficiencies found at the time of the visit. | A 000 | | |
| A 053 | 58A-5.0185(4) FAC Medication - Administration<br><br>(4) MEDICATION ADMINISTRATION.<br>(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.<br>(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.<br>(c) Medication administration includes the conducting of any examination or testing such as [redacted] 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.<br>(d) A facility which performs clinical laboratory tests for residents, including [redacted] 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 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 | A 053 | | |

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| A 053 | Continued From page 1<br><br>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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on Observation and staff interview, the facility failed to have a licensed nurse provide medication administration and (O2) to 1 of 1 residents who was not able to self administer the medication and treatment, Resident #1.<br><br>The findings included:<br><br>During an observation on at 6:08 am with Employee #2 while completing the medication pass for Resident #1, Employee #2 was observed to prepare 1 vial of Ipratr-a 0.5-3 mg, for use via a . During an interview with Employee #2 at the time of the preparation, Employee #2 reported she gave the medication every day at 6:00 am if the resident was willing to let her give it.<br><br>During an observation on at 6:15 am, Employee #2 was observed to pour 1 prepared ampule of Ipratr-a 0.5-3 mg, into and then handed the face mask of the to resident #3. Resident #3 took the mask off and reported it was not right. Employee #2 helped her re-apply the mask and turned on the machine. Employee #2 reported she was suppose to stay on the machine for 10--15 minutes but sometimes she | A 053 | | |

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| A 053 | Continued From page 2 | A 053 | | |

will take it off herself. Employee #2 reported that she usually left the [redacted] came back in a few minutes, because the resident will get mad if she stays.

During an interview at 6:26 am on [redacted] with with DON, he reported that the Med Technicians gave the [redacted] treatments at 6:00 am. He reported either the Med Technician or the Licensed Practical Nurse applied the [redacted] treatments during the day and on evenings the Med Technician applied the [redacted] treatment.

During an observation with the DON, at 6:29 am in [redacted], Employee #2 came into [redacted] and took the [redacted] mask off Resident #1 and turned off the [redacted] machine.

During an observation on [redacted] at 5:22 am in [redacted] with Resident #1, the O2 concentrator was observed running and set at 20 on the dial. The nasal cannula was lying on the floor unprotected next to the concentrator with the O2 flowing through the cannula and into the [redacted]. An attempt to interview resident #1 revealed the resident was [redacted] unable to state if she placed the O2 on herself or how and when the O2 was to be administered.

During an interview on [redacted] at 6:13 am with Employee #2 she reported that Resident #1 was able to put on her [redacted] but because of her [redacted] she did not always know to do it. She reported that the staff on 7-3 put in on her when she cannot do it herself.

During an observation at 6:29 am on [redacted] with with the DON in [redacted] with Resident #1 he acknowledged that the O2 was running through the cannula on the floor at 2 liters. He

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| A 053 | Continued From page 3<br><br>acknowledged that it should not be on and that the cannula was lying on the floor. He reported that Resident #1 will just take it off and start walking around. He reported that the staff try and check it on the all the time. He reported that sometimes the staff will find it on her bed or in her bed. The DON removed the O2 cannula from the O2 concentrator and reported to the resident that he had to get her a new one. He reported that the resident could turn on the portable O2 canisters located in the but that the staff of Med Technicians or the Licensed Nurses changed out the canisters for the Resident. He reported that the Aides would inform a Med technician or nurse when there was a need for a change in the O2. He reported that the Aides and Med Technicians knew when the Resident got fidgety that she needed O2 and would inform the staff that the Resident needed O2 since the Resident was not able to verbally communicate her needs all the time.<br>A record review was conducted with the DON at 6:40 am on for Resident #1. The findings revealed the Agency for Health Care Administration Form 1823 dated documented that the physician had ordered assistance with medications indicating resident not able to self administer.<br><br>Class: III | A 053 | | |
| A 167 | 58A-5.025(1) FAC Resident Contracts<br><br>Resident Contracts.<br>(1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions:<br>(a) A list of the specific services, supplies and accommodations to be provided by the facility to | A 167 | | |

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| A 167 | Continued From page 4 | A 167 | | |

the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services.
(b) The daily, weekly, or monthly rate.
(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract.
(d) A provision giving at least 30 days written notice prior to any rate increase.
(e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S.
(f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments.
(g) A refund policy which shall conform to Section 429.24(3), F.S.
(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility

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| A 167 | Continued From page 5<br><br>is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect.<br>(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.<br>(l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule.<br>(m) The facility ' s policies and procedures related to a properly executed<br><br>This Statute or Rule is not met as evidenced by:<br>Based on Resident Record review and staff interview, the facility failed to comply with admission requirements as written in the admission contract for 1 of 2 records reviewed (Resident #6)<br><br>The findings include:<br><br>A review of the admission contract for Resident #6 was completed on It revealed that | A 167 | | |

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| A 167 | Continued From page 6<br><br>refunds were to be returned to the resident or responsible party within 45 days of the official discharge. A review of the Nurses' notes revealed that Resident #6 was transferred from the facility on [redacted] and that her belongings were taken by the family on the same date via movers.<br><br>During an interview on [redacted] at 9:43 am with the administrator and DON, the DON reported that resident #6 was discharged on [redacted] at around 9:00 am. The administrator reported that this was the day that would be counted as her discharge date financially as well as physically. The Administrator and the DON both acknowledged that the resident had been officially discharged on [redacted]. The administrator reviewed the financial records and reported that refund check was issued on [redacted] with check number 4385 for the amount of $1,610.25. A review of the admission contract signed by the POA for Resident #6 revealed that the contract had a 45 day refund policy and that the [redacted] date exceeded 45 days from [redacted]. The administrator acknowledged that the check should have not been issued no later than [redacted].<br><br>Class III | A 167 | | |

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Indigo Palms
570 National Healthcare Blvd.
Daytona Beach, FL 32114

Re: CCR #2012010506

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2012 by representative 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. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

W/sm
Enclosure

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Tallahassee, FL 32308
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