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
	AL11942866	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARDS OF HORIZON LLC (THE)	26455 RAMPART BLVD. PUNTA GORDA, FL 33983

(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 These are the results of a second follow up to a Biennial survey conducted on [redacted] at Courtyard Assisted Living. One of the two previously cited deficiencies was cleared and one deficiency was recited.	{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 [redacted] 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.	{A 052}		

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{A 052}	Continued From page 1 (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 crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route.	{A 052}		

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{A 052}	Continued From page 2 (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 properly assist 6 (Residents #15, #16, #24, #25 #26, and #27) of 7 residents with assistance with self-administration of medication by not preparing the medication in the presence of the residents and/or not reading the label to the residents. Due to an Uncorrected Class III deficiency in the area of medications (A 0609) under Chapter 429.256 F.S, and Chapter 58A-5.0185 F.A.C. the facility must: Employ a Licensed Consultant Pharmacist other than the pharmacist currently consulting for the facility. The initial onsite Consultant Pharmacist visit must take place within 14 days of identification of the Uncorrected Class III	{A 052}		

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{A 052}	Continued From page 3 deficiency identified on . The facility must have available for review by the Agency a copy of the Consultant Pharmacist's license. The facility must submit the Consultant Pharmacist's corrective action plan to the Agency no later than 10 working days subsequent to the initial onsite consultant visit. Mail a copy of the corrective action plan to: Harold D. Williams, Field Office Manager Agency for Health Care Administration Health Quality Assurance 2295 Victoria Avenue, Fort Myers, Florida 33901 The Consultant Pharmacist must be retained and provide quarterly updates until such time as the Agency has verified the correction of all medication systems. The findings include: 1. On at 6:19 a.m. Staff G, an unlicensed staff member, was observed preparing medication for Resident #16 in the hallway outside of her door. Staff G sanitized her hands then pulled a bottle of medicine out of the medication cart. She shook a single pill from the pill bottle into a souffle cup. She entered Resident #16's , called the resident by her name, and told the resident, "I got your pill." After observing the resident swallow the medication, she handed her a cup of water and exited the . On at approximately 6:23 a.m. Staff G	{A 052}		

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{A 052}	Continued From page 4	{A 052}		

was observed preparing the medication for Resident #24 in the hallway. Staff G knocked on the door, extended her hand to the resident and stated, Staff G did not prepare the medication in the presence of the Resident #24.

On at approximately 6:25 a.m. Staff G was observed preparing Resident #15's medication in the hallway. She then entered the resident's handed the resident a small soufflé cup. She observed the resident swallow her medication and gave the resident a cup of water. Staff G did not read the label or notify the resident of which medication was in the soufflé cup.

On at approximately 6:30 a.m. Staff G was observed preparing Resident #25's medication in the hallway. After placing the resident's medication in soufflé cup, Staff G knocked on Resident #25's door, handed Resident #25 the soufflé cup, and a cup of water. Staff G did not read the label to Resident #25.

On at approximately 6:35 a.m. Staff G was observed preparing Resident #26's medication in the hallway. Staff G entered the gave Resident #26 the medication in a small white soufflé cup. Staff G did not read the label to Resident #26.

On at 6:40 a.m. Staff G was observed preparing Residents #27 outside of Resident #27's door. When Staff G entered Resident #27's engaged in a brief conversation with the Resident #27. Staff G did not discuss the medication with Resident #27. Staff G did not read the label to Resident #27.

2. Staff G was interviewed on at 6:55

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{A 052}	Continued From page 5 a.m. She confirmed she does not read the medication labels to residents. She added, "Most of them know what pill I'm going to give them." Class III	{A 052}		

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11942866	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
COURTYARDS OF HORIZON LLC (THE)	26455 RAMPART BLVD. PUNTA GORDA, FL 33983

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 A0030 Reg. # 58A-5.0182(6) FAC; 429.28 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	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: 2-8-13	Signature of Surveyor: [signature]	Date: 2-8-13
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	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

REVISED
2013

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Courtyards Of Horizon LLC (The)
26455 Rampart Blvd.
Punta Gorda, Florida 33983

Dear Administrator:

This letter reports the findings of a 2nd follow up survey conducted on 2013 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiency identified during the revisit.

You are directed to provide a plan of correction to the Fort Myers Field Office for the identified deficiencies within **ten calendar days** of receipt of this faxed report. The plan should be directed to the attention of Mr. Harold Williams, Field Office Manager and mailed to:

Agency for Health Care Administration
Health Quality Assurance, Fort Myers Field Office
2295 Victoria Avenue, Suite 340
Fort Myers, FL 323901
Phone: (239) 335-1315
Fax: (239) 338-2372

The survey resulted in findings of noncompliance with the following areas:

1) A 52 - Assistance with Self Administration of Medications - Uncorrected Class III
Your Assisted Living Facility failed to ensure staff assisting residents with medications read the label of each medication to each resident at the time of the medication pass, thereby allowing the residents to exercise their rights. This noncompliance possesses a potential threat to the health and welfare of residents living in your facility.

Your plan of correction must include the following:

1) Immediate hiring of a Consultant Pharmacist to evaluate the complete medication system utilized in your facility; assess the technique of each staff providing medication assistance and outlining a plan of correction.

2) Description of how you plan to address all medication issues identified during the revisit survey and through the consultant process.

3) Evidence of an agreement for the services of a Pharmacist Consultant who is Florida licensed.

REVISED
2013

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

The agreement must provide for, at a minimum, onsite, quarterly consultation. The duration of this agreement must be for at least one year. Prior to discontinuation of this consultant's services, the Agency will conduct an onsite inspection to determine if these services must continue.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **The deficiency shall be corrected no later than 2013.**

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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosures: State Form and Revisit Report

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

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372