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
	AL11910038	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INN AT LAKESHORE VILLAS (THE)	16001 LAKESHORE VILLA DRIVE TAMPA, FL 33613

(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 complaint survey, CCR# 20130000642, was conducted on . The Inn at Lakeshore Villas, assisted living facility, had deficiencies found at the time of the visit.	A 000		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.	A 030		

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A 030	Continued From page 1 (d) The statewide toll-free telephone number of the Florida [redacted] Hotline " 1(800)96-[redacted] or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.26(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical [redacted] shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order	A 030		

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A 030	Continued From page 2	A 030		

biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s

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A 030	Continued From page 3	A 030		

representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally l, the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the

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A 030	Continued From page 4 residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to meet the resident health care needs for one of six sampled residents, Resident #3. Resident #3 did not receive sugar monitoring and medication as ordered by the physician on admission to the facility. Resident #3 was hospitalized related to elevated sugar levels. Findings include: A review of Resident #3's record during the survey, indicates that the resident was admitted from the facility's skilled nursing section on . According to the Health Assesment Form (AHCA 1823) signed and dated , Resident #3's medical history includes a diagnosis of mellitus. A further review of the AHCA Form 1823 includes a medication list addendum. The addendum indicates that Resident #3 is to have with sliding scale coverage and Novilin , 10 units at 9:00 a.m. and 14 units at 9:00 p.m. A review of Resident #3's Medication Observation Record (MOR) on the date of the survey reveals that Resident 3's sugar was not monitored nor was administered to the resident as prescribed. A review on the date of the survey of Resident 3's nurses notes dated with a time of 10:00 a.m.indicate that resident was unable to get out of bed or answer phone when family member called.	A 030		

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A 030	Continued From page 5 Notes indicate that resident requested to go to the hospital. Notes further indicate 911 was called and Resident 3 was transported to the hospital by ambulance. Nurses notes dated at 10:30 p.m. indicate resident is being held at the hospital for observation. After the survey, hospital records were requested from the admitting hospital that Resident #3 went to on . A review of the hospital records by supervisory staff at the Agency field office on indicate that Resident #3 was admitted on at 12:42 p.m. The admitting diagnosis was . Hospital record review further indicates that Resident #3 had a sugar level of 443 when brought to the emergency . The resident was treated with an and held for observation. Resident #3 was released from the hospital on and returned to the facility. When discharged from the hospital the inulin was changed to sliding scale and 25 units. A Record review of the facility medication observation record (MOR) on the date of the survey found the facility continued to administer the and checking the sugar twice daily from to / . On / the resident was sent back to the facilty's skilled nursing section. During interview with the Administrator and Resident Care Coordinator on at approximately 4:00 pm it was revealed that there were errors in the procedure when the resident was transferred from the sister facility. The facility provided documentation that they are providing ongoing education regarding the medication orders. Class II	A 030		

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A 054	Continued From page 6	A 054		
A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider; the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that residents received medication as ordered for 2 of 6 sampled residents, Resident #1 and #3. By not receiving the medications as ordered the facility placed the residents at risk for complications, related to the	A 054		

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A 054	Continued From page 7 resident's conditions. Resident #3 had to be sent out to the hospital for further evaluation due to medical complications, related to not receiving and not having their sugar monitored. Resident #1 did not receive ordered medications for the treatment of high and retention of fluid. Findings include: 1. Resident #3 was not provided or sugar monitoring, as prescribed on the health assessment form and orders on the form 1823 and medication sheet provided to the facility. Resident #3 went from to without their sugar monitored or administered, as prescribed, per the facility records. According to the health assessment form 1823, the resident has a history of . Orders were obtained on at 5:00 pm for and sugar monitoring, after admission to the hospital for overnight observations. Record review of the Nurses notes for Resident #3 on the date of the survey revealed that emergency transport arrived on at approximately 11:40 am the resident was sent to the hospital on at approximately 12:15 pm, via emergency transport to a local hospital. The resident was kept overnight at a local hospital related to uncontrolled sugar levels. The resident had on and and the elevated, uncontrolled sugar could be the cause of contributing to the cause of the resident . During an interview with the Administrator and Resident Care Coordinator on at approximately 4:00 pm it was revealed that there were errors in the procedure and documentation was provided that the facility has ongoing education regarding the medication orders. 2. Resident #1 did not have medications	A 054		

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A 054	Continued From page 8 available from to / . The medications were circled on the medication observation record as not given and reason documented was " not available " . There was no record that revealed why the medications were not available. Medications that were not available included medications for , and fluid retention. Class II	A 054		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of	A 055		

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A 055	Continued From page 9 physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be: 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, [illegible], or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has	A 055		

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A 055	Continued From page 10 ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, observations and interview the facility failed to properly store and dispose of medications for current and discharged residents. By the facility having discontinued medications, overstocked medications and medications for residents no longer residing in the facility leads to the potential of a medication error to occur. Findings include: During the tour of the facility on three medication carts were seen in the nursing area on the third floor. The carts were not labeled. Per the Resident Care Coordinator (RCC) there is an east cart and west cart. The 3rd cart was said to be for discontinued medications.	A 055		

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A 055	Continued From page 11	A 055		

Interview with the RCC on at approximately 10:50 am it was stated that the residents ' medications are held by the facility until the expiration date of the medications. The RCC states that she discovered this third cart of discontinued medications this past Friday and it was audited. The auditing sheet reveled that only 19 medications have been listed so far, on the "discontinued medications" form. Three of the resident names were not listed as current residents and on resident this list had expired on . This revealed that many of these medications may be beyond 30 days of the discontinuation.
The cart with the discontinued medications contained the following: an disk exp with no name on the box and interview with the RCC it was not know who the medication belonged to., drops 0.125/ml expires on , filled and dispensed on for a resident that was discharged from the facility prior to / , ear wax removal kit for a resident that is not currently in this section of the facility, solution ( ) to be reconstituted at 500mg/5ml take 5 ml for 7 days, this order is no longer on the MOR for the resident. There are approximately 100 medication bottles in the drawer. In the 2nd drawer there would be an approximation of 150 medication cards of unused medications that are still being held for the residents. The 3rd drawer has approximately 40 cards for medications, 5 boxes of inhalers, 4 boxes of patches. The was filled on , , , and . The patch was order to apply daily on for 12 hours and off for 12 hours. Each box is labeled as 30 patches per box. Interview the RCC revealed it is unclear when the medication was discontinued; no order for the medication was found. There are approximately

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A 055	Continued From page 12 10 other medications also in this drawer ranging from supplements, to enemas and medications. Continuing to hold these discontinued medications places the residents at risk of receiving expired medication or potentially the wrong medication. Class III	A 055		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Inn At Lakeshore Villas (The)
16001 Lakeshore Villa Drive
Tampa, FL 33613

Dear Administrator:

Re: **CCR# 2013000642**

This letter reports the findings of a complaint survey that was conducted on , 2013, by a 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul J Brown

Patricia Reid Caufman
for Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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