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 |
|---|---|---|---|
| | AL11968252 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SPRINGS AT SHELL POINT RETIREMENT CON | 13901 SHELL POINT PLAZA FO... MYERS, FL 33908 |

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| A 000 | Initial Comments<br><br>These are the results of a Complaint Survey CCR# 2013002157 which was conducted at Springs at Shell Point Retirement Community on<br><br>There was 1 allegation which was substantiated.<br><br>The facility received citations as a result of this survey. | A 000 | | |
| A 054 | 58A-5.0185(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(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.<br>(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.<br>(c) For medications which serve as chemical , the facility shall, pursuant to Section | A 054 | | |

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| A 054 | Continued From page 1 | A 054 | | |

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 Medication Observation Records (MOR) reviewed, resident and staff interview, the facility did not ensure 1 (Resident #1) of 3 MORs was accurate and up-to-date.

The findings include:

An interview was conducted with Resident #1 at 9:30 a.m. on . She stated she does not know about any supplements that she is not getting from the staff. She takes her own supplements in her apartment.

A review of Resident #1's MOR for 2013 showed fish oil and are listed on the MOR. Documentation on the MOR shows she is not receiving these two supplements for the month of 2013. The reason documented for Resident #1 not receiving these supplements is "Awaiting delivery" on the back of the MOR. The order for the fish oil and was dated for the nurse to administer all medications. Further review of Resident #1's record showed on the doctor changed this order to show Resident #1 can self-administer her supplements including: and Resident #1's MOR did not show this change on .

An interview was conducted with the Licensed Practioner Nurse (LPN) at 10:45 a.m. on . She said she is waiting for the family member to supply these supplements so she can give them to Resident #1. She showed the surveyor a fax to the physician concerning these supplements. A

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| A 054 | Continued From page 2<br><br>review of the fax showed the LPN asked for an order for Resident #1 to self administer her Over-the-Counter (OTC) supplements on _____. The surveyor then showed the LPN an order dated _____ showing Resident #1 can self-administer the supplements. The LPN stated she did not know this order was in Resident #1's record. Resident #1's _____ MOR was not updated to show the change to self-administration for her supplements.<br><br>Class III | A 054 | | |
| A 056 | 58A-5.0185(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(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:<br>1. The resident ' s name; and<br>2. Identification of each medicinal drug product in the container.<br>(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.<br>(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 | A 056 | | |

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| A 056 | Continued From page 3 | A 056 | | |

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 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,

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| A 056 | Continued From page 4 | A 056 | | |

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 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 resident records reviewed, resident and staff interviews, the facility failed to ensure 2 (Residents #1 and #3) of 3 medications were filled timely and their physicians were notified when they did not receive their ordered medications.

The findings include:

1. An interview was conducted with Resident #1 at 9:30 a.m. on [redacted]. She stated she takes her own [redacted] in her apartment. A review of her Medication Observation Record (MOR) dated [redacted] 2013 shows fish oil 1,000 milligrams and [redacted] 500 milligrams are to be given once a day. A review of the physician order showed this was ordered on [redacted]. The MOR shows Resident #1 has not received these medications since the order was written on [redacted]. Documentation on the back of the MOR shows the reason for not getting these

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| A 056 | Continued From page 5 | A 056 | | |

supplements is "Awaiting delivery."

An interview was conducted with the Licensed Practinor Nurse (LPN) at 10:45 a.m. on ... She said Resident #1's family member supplies her medications and supplements. Resident #1 does not "Lack capacity" so she talks with the resident concerning her missing supplements. She talked with Resident #1 in the last two weeks about these missing supplements. She said the resident did not tell her she is taking her supplements on her own. At 10:50 a.m., the LPN and surveyor went to Resident #1's ... She showed the LPN and surveyor the supplements she is taking. She showed a bottle of multi-v ... and ... The LPN stated she did not know Resident #1 was taking her supplements on her own.

A review of Resident #1's physician orders show on ... staff are to administer the fish oil and ... The MOR showed she was not receiving these two supplements because the family member has no delivered them. A review of the nursing notes showed there is no documentation the facility asked the family member or Resident #1 when these two supplements will be delivered. There is no documentation the facility notified the physician Resident #1 has not received her supplements since the original order dated ...

2. A review of Resident #3's MOR showed he is not receiving ... 40 milligrams, two teaspoons, twice a day for appetite since ... The back of the MOR showed the reason for Resident #3 not receiving this medication was "Awaiting delivery." A review of Resident #3's chart showed the physician ordered this medication on ...

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| A 056 | Continued From page 6<br><br>An interview was conducted with the LPN on _____ at 11:05 a.m. She said Resident #3's son supplies his medications and is waiting for the son to bring in the _____. She did not talk with the son but it was her understanding he was asked about this missing medication. She said she has not talked with the physician concerning Resident #3's _____ not being given. A review of Resident #3's chart showed there was no documentation the family member was asked about this medication. There was no documentation in Resident #3's chart showing his physician was notified of him not receiving his prescribed medication. Further review of Resident #3's chart showed he was admitted to the facility _____ at 136 pounds. His weight was taken on _____ at 131 pounds. This is a five pound weight loss since admission.<br><br>Class III | A 056 | | |

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Springs At Shell Point Retirement Community, The
13901 Shell Point Plaza
Fort Myers, FL 33908

**Re: CCR #2013002157**

Dear Administrator:

This letter reports the findings of a state licensure 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 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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
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Tallahassee, FL 32308
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