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
	AL11967130	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACOB'S LADDER FAMILY ASSISTED LIVING,	946 BRUNSWICK LANE ROCKLEDGE, FL 32955

(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 Complaint Inspection #2012011923 was conducted on . Jacob's Ladder Assisted Living had deficieincies at the time of the visit.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure physician orders were followed for 1 of 3 sampled residents who received treatments (#2). Findings: Resident record review revealed resident #2 had an Assisted Living Facility health assessment form (1823) dated with diagnoses of valve regurgitation, and and stated the resident was The resident needed assistance with self-administration of medications. The resident was observed during the inspection and was not interviewable due to her status. Review of the Medication Observation Records for 2013 read: (bronchodilator) inhalation every 6 hours as needed for The treatments were charted as given at 8 AM on through Review of the physician order dated stated (for) 1 vial inhalation three times a day. The facility was giving the treatment once a day. Interview with the administrator on at approximately 4 PM stated the resident received the breathing treatment once a day and she needed to get the order changed. Class III	A 025		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY	A 030		

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A 030	Continued From page 2	A 030		

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.
(d) The statewide toll-free telephone number of the Florida Hotline " 1(800)9€ 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

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A 030	Continued From page 3 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 429.28(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 ..... shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order 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,	A 030		

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 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 , 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 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 observation, record review and interview, the facility did not ensure the use of physical restraints only with a written order from the resident's physician biannually and with	A 030		

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A 030	Continued From page 6 the consent of the resident or the resident's representative for 1 of 3 sampled residents (#1). Findings: Tour of the facility at approximately 10 AM on revealed resident #1's bed had half side rails. Resident record review revealed resident #1 had an Assisted Living Facility health assessment form (1823) dated with diagnoses of incontinence, dysuria, pain, Parkinson's and The resident needed supervision with ambulation, eating, transferring, toileting and assistance with bathing and dressing with medications. Observation at approximately 2 PM revealed the resident was in bed with the rails up. The resident was not interviewable due to his status. The resident was unable to raise and lower the side rails. Record review did not reveal a physician's order for the use of the half side rails or consent from the resident's representative. Interview with the administrator on at approximately 4 PM who stated the resident needed an order and consent for the use of the rails. Class III	A 030		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal	A 055		

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A 055	Continued From page 7 (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 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, , or area at all times; 2. Located in an area free of dampness and	A 055		

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A 055	Continued From page 8	A 055		

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 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

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A 055	Continued From page 9 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 observation, record review and interview the facility failed to ensure Medication Observation Records (MOR) were up to date for 3 of 3 sampled residents (#1, 2 & 3), and centrally stored medications for 1 of 3 sampled residents were kept in a locked storage area at all times (#2). Findings: 1. Review of a note written titled "Missing Initials and or Signatures" in the Medication Observation Record (MOR) book stated: "If your name is listed, please go back and initial or sign in appropriate places. Thank you." Record review revealed residents #1, #2 and #3 received assistance with self-administration of medications. Resident #2 toe cream (name not mentioned) 12/ - Staff E name mentioned (crossed out), which indicated completed 12/ - Staff D name mentioned 12/ - Staff F name mentioned (crossed out) Resident #3 Tylenol (for pain and sleep) 500 milligrams (mg.) as needed for pain and at bedtime for sleep	A 055		

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A 055	Continued From page 10 - Staff E (crossed out) - Staff H (crossed out) - Staff F (crossed out) - 8 AM Staff E Zantac stomach) 150 mg. daily 12/ - E (crossed out) 12/ - G (crossed out) Monteluvast (for asthma) AM Staff E Resident #1 Potassium milliequivalents daily 12/ AM - Staff E Caridopa-Levodropa (sic) (for Parkinson's disease) times a day 12/ PM - Staff H (crossed out) Nystatin D 12/ D 12/ H (crossed out) 12/ D Calmoseptine with diaper change 12/ D 12/ H (crossed out) Interview with the administrator and manager on 1/0 approximately 4 PM stated a staff member wrote the note for other staff to fill in missing initials/signatures on the MORs. 2. Observation on 1/0 approximately 11 AM revealed the following medications were unsecured in the refrigerator: 2 Humalog Pens 75 Dulcolax (laxative).	A 055		

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A 055	Continued From page 11 The following medication was in the [illegible] at approximately 11 AM : One tube of [illegible] cream Interview with the administrator on [illegible] at 11:05 AM stated the medications needed to be locked up. Class III	A 055		
A 077	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least [illegible]; 2. If employed on or after [illegible], 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after [illegible] 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities	A 077		

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A 077	Continued From page 12 or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least ; and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the administrator failed to ensure that Medication Observation Records (MORs) were not falsified/altered and were up-to-date for 3 of 3 sampled residents (#1, 2 & 3), failed to maintain the food supply in a safe manner, failed to ensure qualified staff was available to perform nursing services to 1 of 3 sampled residents admitted to Limited Nursing Services and that there were physician orders for each service, that those orders were followed, and that nursing progress notes and nursing assessments were maintained (#1), failed to ensure that physician orders were followed for 1 of 3 sampled residents for treatments (#2), failed to secure	A 077		

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A 077	Continued From page 13 centrally stored medications, and failed to obtain a physician's orders for physical [illegible] and failed to obtain consent for [illegible] for one sampled resident (#1). Findings: 1. Review of a note written titled "Missing Initials and or Signatures" in the Medication Observation Record book read, "If your name is listed, please go back and initial or sign in appropriate places." Review of [illegible] 2012 MORs for residents #1, #2 and #3 were found to have been falsified/altered, and not up-to date for residents who received assistance with self-administration of medications. 2. The agency was informed that the facility was not performing duties related to food service in a safe manner. Interview with the manager on [illegible] at approximately 10:30 AM who stated she was getting food donated to the facility weekly from the church. Observation on [illegible] at approximately 10:35 AM revealed there were English muffins that the manager stated were donated by the church that had an expiration date of [illegible]. Further observation of the refrigerator, freezer and deep freezer contents revealed the following foods were not labeled and improperly stored: frozen turkey, pie, bacon, sausage 2 containers of leftover food, fish, ribs, bread, hamburger patties and crabmeat. Review of the County Health Department Inspection Report dated [illegible] read, "There were 2 thermometers in the refrigerator both reading 40 degrees F; there was a	A 077		

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	AL11967130	A. BUILDING _____ B. WING _____	

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A 077	Continued From page 14 thermometer in the freezer reading below zero degree F. All cited violations were corrected on site. Staff was educated on date marking with date of preparation, Date Marking: Refrigerated, ready-to-eat (RTE) Potentially Hazardous Food (PHF) held for more than 24 hours marked with date of preparation, Refrigerated, ready-to-eat (except cured meats & aged cheese) prepared & packaged by another facility marked to indicate date the food shall be sold or served. RTE PHF subsequently froze, shall be marked with date of freezing, and 1) Marked that food shall be consumed with/in 24 hr. of thawing; or 2) When removed from freezer, marked with date of thawing Ready-to eat PHF discarded if not sold or served within 7 days from date of prep (excluding frozen). Ready-to-eat PHF from other approved sources discarded within 7 days after opening original package; or by the "sell by/use by" date, whichever comes first. RTE PHF not frozen and thawed more than once and discarded if not dated and/or the date had elapsed." "Violation #7 all food must be from approved source. Some of the bread (hot dog buns) in a zip lock bag, opened English muffins in original packaging with best buy date of , & other open packages of bread with sell buy date of & were accepted form a Church as a donation. Staff discarded the open packages from church. Per staff they started accepting donation of bread from Church couple of weeks ago." Code Reference: FAC: 64E-12.004 (1) (2) Food used in the facility shall be clean, wholesome, free from spoilage and safe for human consumption. No home canned foods." "Violation #12: Ensure to label & date all stored	A 077		

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A 077	Continued From page 15 food. Most food in the refrigerator was labeled/dated with the exception of raw bacon, raw sausage, salad, & deli meat that were discarded due to know knowing when it was stored. Ensure to avoid cross contamination. In the freezer and freezer chest raw frozen poultry, hamburger meat patties, beef, ribs and ready to eat prepackaged frozen foods like chicken nuggets, pies etc. were stored mixed together. At my notice staff took all food out and replaced it in such order, poultry at bottom shelf, other meats on second last shelf, and ready to eat prepackaged foods on top shelf to avoid cross contamination. Staff on site was educated on storing food properly in freezer & refrigerator in order to avoid and cross contamination." Code Reference FAC. Storage 64E-12.004(1)(2) "The facility shall protects food form dust, flies, rodents & other vermin, toxic materials, unclean equipment & utensils, unnecessary handling, and sneezes, flooding by sewage, overhead leakage & and all other sources of contamination at all times during storage, food preparation & service." 64E-12-111004(2) (11) Hot & storage units shall be provided with numerically scaled indicating thermometers accurate to + or - 3 degrees F. The thermometer shall be situated so that the temperature can be easily & readily observed." 3. Observation, record review and interview revealed resident #1, who was using had a and compression wraps, was not admitted to Limited Nursing Services, did not have qualified staff to perform nursing services, including maintaining , and application and removal of hose and compression wraps (farrow wraps), did not have physician orders for application and removal of compression hose, and were not following	A 077		

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A 077	Continued From page 16 physician orders for administration, and nursing progress notes and nursing assessments were not maintained. 4. Physician orders were not followed for resident #2 for treatments, who received administration of medications. Review of the Medication Observation Records for 2013 stated: (bronchodilator) inhalation every 6 hours as needed for The treatments were charted as given at 8 AM on through Review of the physician order dated stated (for 1 vial inhalation three times a day. The facility was administering the treatment one time a day. 5. Centrally stored medication was not secured for resident #2, who received administration of medications. Observation on at approximately 11 AM revealed the following medications were unsecured in the refrigerator: 2 Kwik Pens suppositories The following medication was in the the counter, near the sink, one tube of cream. 6. Physician orders for physical and consent for their use was not obtained for resident #1.	A 077		

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A 077	Continued From page 17 Observation at approximately 2 PM revealed the resident was in bed with the half side rails up. The resident was not interviewable due to his [redacted] status. The resident was unable to raise and lower the side rails. Record review revealed there was no physician's order for the use of the half side rails or a signed consent from the resident's representative for the use of the rails. Class II	A 077		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable [redacted] including [redacted] Freedom from [redacted] must be documented on an annual basis. A person with a positive [redacted] test must submit a health care provider ' s statement that the person does not constitute a risk of communicating [redacted] Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable [redacted] he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing	A 078		

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A 078	Continued From page 18 services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure they had documentation of testing for 1 of 4 sampled staff (Staff C/administrator). Findings: Review of personnel files on revealed Staff C, did not have any current documentation of testing. Staff C had a negative test on and an update was due on Interview with the administrator on at	A 078		

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A 078	Continued From page 19 approximately 4 PM stated she had a recent chest X-ray completed. She was given an opportunity to submit the results and they were not received. Class III	A 078		
A 163	429.49 FS Records - Resident, Penalties for Alteration Resident records; penalties for alteration.- (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure staff did not falsify Medication Observation Records (MORs) for 3 of 3 sampled residents (#1, 2 & 3). Findings: 1. Review of a note on written titled "Missing Initials and or Signatures" in the Medication Observation Record book read, "If your name is listed, please go back and initial or sign in appropriate places. Thank you." Resident #2 Toe cream (name not mentioned) AM - Staff E name mentioned (crossed out,	A 163		

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A 163	Continued From page 20	A 163		

as completed)
AM - Staff D name mentioned
PM - Staff F name mentioned (crossed out)

Resident #3
PM (for pain and sleep) 500 milligrams (mg.) as needed for pain and at bedtime for sleep
12/8 - Staff E (crossed out)
- Staff H (crossed out)
- Staff F (crossed out)
- 8 AM Staff E
(for stomach) 150 mg daily
12/8 - Staff E (crossed out)
- Staff G (crossed out)
Monteluvast (for 8 AM Staff E

Resident #1
(supplement) 10 milliequivalents daily
9 AM - Staff E

Caridopa-Levodropa (sic) (for Parkinson's
three times a day
9 PM - Staff H (crossed out)

Staff D
Staff D
Staff H (crossed out)
Staff D

(cream) with diaper change
Staff D
Staff H (crossed out)

2. Review of the Medication Observation Records for 2012 for residents #1, #2 and #3, who received assistance with self-administration of medications revealed:
Resident #2

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A 163	Continued From page 21 apply a thin layer to toes twice a day 8 AM initialed by Staff E PM initialed by Staff F PM initialed by Staff F PM initialed by Staff G (for 25 mg. 1/2 tab twice a day PM initialed by Staff F PM initialed by Staff G at 9 p.m. the initials were crossed out. On and , different initials were written in box 25 mg. daily PM initialed by Staff F 20 mg daily PM initialed by Staff F 81 mg daily PM initialed by Staff F Resident #3 PM (for pain and sleep) 500 mg. as needed for pain and at bedtime for sleep 12/8 - initialed by Staff E 12/18 - initialed by Staff F - initialed by Staff H (for stomach) 150 mg. daily 12/8 - initialed by Staff E - initialed by Staff E Monteluvast (for 8 AM at 800 initials crossed out Resident #1 10 milliequivalents daily PM initialed by Staff F	A 163		

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A 163	Continued From page 22 Caridopa-Levodropa (sic) (for Parkinson's three times a day 9 PM - initialed by Staff H initialed by Staff F initialed by Staff F initialed by Staff F initialed by Staff F (cream) with diaper change initialed by Staff F initialed by Staff E Interview with the administrator and manager on at approximately 4 PM stated a staff member wrote the note for other staff to fill in missing initials/signatures on the MORs. Class II	A 163		
AN277	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which shall be maintained in the	AN277		

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AN277	Continued From page 23 resident ' s file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure physician orders for were followed, an order was obtained for application and removal of compression devices, and they had qualified staff to perform the service for 1 of 3 sampled residents who received Limited Nursing Services (#1). Findings: Observation on at approximately 10 AM revealed resident #1 was using and had a The resident was not identified as receiving Limited Nursing Services (LNS) services during the entrance conference. Resident record review revealed resident #1 had an Assisted Living Facility health assessment form (1823) dated with diagnoses of incontinence, dysuria, pain, Parkinson's and The	AN277		

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AN277	Continued From page 24 resident needed supervision with ambulation, , eating, transferring, toileting and assistance with bathing and dressing with medications. At 12 PM on , the resident was observed in bed asleep with farrow wraps (lymphedema compression wraps) on the lower legs. Observation at approximately 2 PM on revealed the resident was in bed with the rails up and was set at 2.5 liters/minute. The resident was not interviewable according to his status. Interview with the unlicensed staff on said date at approximately 1 PM on stated she applied the compression wraps to the resident's legs. Review of the physician order dated revealed at 2 liters/minute. The resident was not receiving the correct liter of per the order. There was no documentation to indicate the facility had obtained an order for the farrow wraps. Review of facility notes revealed: 3-11 written by unlicensed staff, per administrator, I pushed the in more, and emptied bag. 11-8 written by unlicensed staff, resident complaining of 7-3 Has stockings that have to be put on in am and taken off at night (compression stockings). Stockings are 12 hours on and 12 hours off. Stockings have to be put on and taken off easily by inching. Skin can easily tear if not done easy. Note in book, "Please remove resident's at	AN277		

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AN277	Continued From page 25 night. Not to be on 24 hr only during the day." In an interview with administrator on at approximately 1:30 p.m., she stated the resident did not like to wear the leg wraps. She was asked if she should be charting it. She also stated the resident previously had hose. Further record review revealed there was no documentation to review to indicate the facility had nursing progress notes to document the use of the and application and removal of the hose or the compression wraps,or care or had conducted monthly nursing assessments. The unlicensed staff was advised to push the resident's into the was applying and removing the hose and the compression stockings/wraps, treatments they are not qualified to perform. Interview with the administrator on at approximately 2:30 PM stated the resident was not on Limited Nursing Services for the the compression hose/wraps, or care. She did not complete nursing progress notes or monthly nursing assessments, and did not have a physician's order for the compression wraps. Class III	AN277		
AN278	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing services.	AN278		

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AN278	Continued From page 26 (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 3 sampled residents (#1) who received a Limited Nursing Service had progress notes and a monthly nursing assessment maintained. Findings: Observation on [redacted] at approximately 10 AM revealed resident #1 had [redacted] in place and a [redacted] The resident was not identified as receiving Limited Nursing Service (LNS) service during the entrance conference. Resident record review revealed resident #1 had an Assisted Living Facility health assessment form (1823) dated [redacted] with diagnoses of [redacted], incontinence, dysuria, [redacted] pain, Parkinson's [redacted] and [redacted]. The resident needed supervision with ambulation, [redacted] eating, transferring, toileting and assistance with bathing and dressing with medications. At 12 PM on [redacted] the resident was observed in bed asleep with [redacted] farrow wraps (lymphedema compression wraps) on the lower legs.	AN278		

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JACOB'S LADDER FAMILY ASSISTED LIVING,	946 BRUNSWICK LANE ROCKLEDGE, FL 32955

(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
AN278	Continued From page 27 Observation at approximately 2 PM on [redacted] revealed the resident was in bed with the rails up and [redacted] was set at 2.5 liters/minute. The resident was not interviewable according to his [redacted] status. Interview with the unlicensed staff on [redacted] at approximately 1 PM who stated she applied the compression wraps to the resident's legs. Interview with administrator at that time who stated the resident did not like to wear the leg wraps and asked if she should be charting it. Review of facility notes revealed: [redacted] 3-11 written by unlicensed staff, per administrator, I pushed the [redacted] in more, and emptied [redacted] bag. [redacted] 11-8 written by unlicensed staff, resident complaining of [redacted] 7-3 Has stockings that have to be put on in am and taken off at night (compression stockings). Stockings are 12 hours on and 12 hours off. Stockings have to be put on and taken off easily by inching. Skin can easily tear if not done easy. Note in book, "Please remove resident's [redacted] at night. Not to be on 24 hr only during the day." Interview with the administrator on [redacted] approximately 2:30 PM who stated, the resident was not on Limited Nursing Services for [redacted] and [redacted] hose/compression wraps, or [redacted] and the nursing progress notes and monthly nursing assessments were not completed. Class III	AN278		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Jacob's Ladder Family
Assisted Living, LLC
946 Brunswick Lane
Rockledge, FL 32955

Dear Administrator:

Re: CCR #2012011923

This letter reports the findings of a state licensure survey that was conducted on , 2013 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 **, 1, 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 Lorraine Henry at .

Sincerely,

Theressa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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