State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11912046	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
LIVEWELL AT CORAL PLAZA	5850 MARGATE BLVD. MARGATE, FL 33063

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 A0010 Reg. # 58A-5.0181(4) FAC LSC	Correction Completed	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed	ID Prefix A0079 Reg. # 58A-5.019(4) FAC LSC	Correction Completed
ID Prefix A0092 Reg. # 58A-5.020(1) FAC 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
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date:	Signature of Surveyor:	Date:
	TWP	4/4/13	L. Wiley - Phone for J. Berg	4/4/13
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

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
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{A 000}	Initial Comments An Assisted Living Facility Change of Ownership (CHOW) revisit survey was conducted on at Livewell at Coral Plaza. During the revisit survey conducted , the following citations were corrected: A010, A055, A079 and A092. The following citations were not corrected: A052 and A160. This survey was conducted in conjunction with the complaint inspections CCR #2013000401, CCR #2013000640 and CCR #2013001065. Reference the separate report.	{A 000}		
{A 052} SS=D	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 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	{A 052}		

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{A 052}	Continued From page 1	{A 052}		

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.
(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.

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{A 052}	Continued From page 2 (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. (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, interview and record review, the facility failed to correct their deficient practice of ensuring medications were administered following pharmaceutical instructions for 1 out of 8 sampled residents observed for medication pass observation, (Resident #3) and failed to follow protocol for the	{A 052}		

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{A 052}	Continued From page 3	{A 052}		

administration of eye drops for 1 out of 1 residents observed receiving eye drops (Resident #5).

The findings include:

1) On at 9:20 AM medication pass observation was conducted with the Certified Nursing Assistant (CNA) medication technician for Resident #3. After the CNA dispensed the medications from the pharmacy prepared medication packet labeled for at 9:00 AM the list of medications was reviewed to include 5mg medication), take one tablet by mouth daily before breakfast. Additionally, the resident received 5mg (high medication) take one tablet by mouth twice daily, "hold for SBP less than 130." The CNA administered the medications to Resident #3. An interview was conducted with the CNA inquiring what time breakfast is served and she stated it is served at 7:30 AM. Additionally, she was asked what the resident's was this morning and she stated indicating the was 120 which was below the set parameter of 130 and the medication should have been held. The CNA had no further comment at this time.

2) On at 9:30 AM medication pass observation was conducted with the CNA medication technician for Resident #5. In addition to oral medications, the resident was to receive Lubricant eye drops every 2 hours. The CNA was observed to ask the resident to tilt his head back and placing the eye dropper approximately 6 inches above the resident's left eye, squeezed a drop into the left corner of his eye which then rolled down his left cheek. The CNA, then moved

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{A 052}	Continued From page 4 to the right eye, she placed the eye dropper approximately 6 inches above the resident's right eye and squeezed a drop towards the right eye some of the drop entering his eye and the rest running down his right cheek. The resident stated "I think it went in." The CNA recapped the eye drops, handed the resident a tissue and instructed him to wipe his eyes. The CNA failed to instill the eye drops into the conjunctival ... of the eye as is standard protocol for the instillation of eye drops. This is an uncorrected citation from the ... change in ownership/capacity increase survey. Class III	{A 052}		
A 058 SS=D	429.42 FS; 58A-5.033 FAC Pharmacy & Dietary; Uncorrected Deficiencies Uncorrected deficiencies: Pharmacy and dietary services.- (1) Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or dietary services, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the consultant services of a licensed pharmacist, a licensed registered nurse, or a registered or licensed dietitian, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required. (2) A corrective action plan for deficiencies	A 058		

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A 058	Continued From page 5 related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening. (4) EMPLOYMENT OF A CONSULTANT. (a) Medication Deficiencies. 1. If a Class I, Class II, or uncorrected Class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by agency personnel pursuant to an inspection of the facility, the agency shall notify the facility in writing that the facility must employ, on staff or by contract, the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse, as determined by the agency. 2. The initial on-site consultant visit shall take place within 7 working days of the identification of a Class I or Class II deficiency and within 14 working days of the identification of an uncorrected Class III deficiency. The facility shall have available for review by the agency a copy of the pharmacist ' s or registered nurse ' s license and a signed and dated recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit. 3. The facility shall provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency shall provide the facility with written notification of such determination.	A 058		

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A 058	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on observations, interviews and record review, the facility continued to not ensure resident medications were received as prescribed and in accordance with accepted industry standards for 2 out of 5 sampled residents (Resident #3 and #5). The findings include: Tag A052 identified deficient practices in that facility staff failed to ensure medications were administered following pharmaceutical instructions for Resident #3; and failed to follow protocol for the administration of eye drops for Resident #5. Based on this uncorrected Class III deficiency, the facility must employ the consultant services of a Licensed Pharmacist or Registered Nurse to provide on-site consultation until the deficient practice related to medications is corrected. The initial on-site visit shall take place within 14 working days. The signed and dated corrective action plan shall be available within 10 working days of the consultant's initial on-site visit. Updates to the corrective action plan shall be provided to AHCA at least quarterly until written notification by the consultant and facility Administrator that the deficient practices are corrected, and staff have been trained to ensure proper medication standards are followed and the consultant services are determined to be no longer required. AHCA will provide written notification of such determination. Class III	A 058		
{A 160} SS=D	58A-5.024(1) FAC Records - Facility	{A 160}		

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{A 160}	Continued From page 7 Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is , the date of Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent	{A 160}		

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{A 160}	Continued From page 8	{A 160}		

recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with [redacted] or related [redacted], a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C.
(l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter

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{A 160}	Continued From page 9 69A-40, F.A.C., issued within the last two (2) years. (n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure incident reports were fully completed with all required information for 1 out of 11 sampled residents (Resident #6). The findings include: Review of facility and Resident #6's records revealed he was alert and oriented and was involved in an alleged physical altercation with another resident on . In an interview conducted at 1:03 PM, Resident #6 stated the side of his head swelled up as a result of the altercation. In interviews conducted at 1:40 PM, 1:45 PM and	{A 160}		

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{A 160}	Continued From page 10	{A 160}		

1:51 PM, three alert and oriented residents stated Resident #6 was hit on the head with a cane and repeatedly punched in the back of the head during the altercation.

Further review revealed the following documentation:

1. A facility Comment/Complaint Form related to Resident #6 disclosed, "please see attached". A one-page typed narrative titled, "Grievance for [Resident #6]" was attached.

2. Resident #6's Wellness record notes dated [redacted] disclosed information related to the incident.

The facility's standard incident report form was not completed. There was no documentation available showing the residents were assessed for injuries or if any medical services were provided; who witnessed the event or any individual witness statements.

This was discussed with the Administrator, Assistant Administrator and Resident Services Director on [redacted] at 5:13 PM. All parties revealed no further documentation was available for review.

This is an uncorrected citation from the [redacted] change in ownership/capacity increase survey.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Livewell At Coral Plaza
5850 Margate Blvd.
Margate, FL 33063

Dear Administrator:

This letter reports the findings of a revisit survey conducted on . 2013 by a representatives of this office. Attached is the provider's copy of the State Revisit Report, which indicates the previously cited deficiencies that were found corrected. Also enclosed is the provider's copy of the Statement of Deficiencies (State Form 3020), which references the uncorrected and new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies 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 (561) 381-5840.

Sincerely,

for Arlene C. Davis
Field Office Manager

AMD
Enclosure

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

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Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924