

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963962	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HERON'S RUN			STREET ADDRESS, CITY, STATE, ZIP CODE 2939 S. HAVERHILL ROAD WEST PALM BEACH, FL 33415		
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A 000	Initial Comments An Assisted Living Facility complaint inspection (CCR #2012013325) was conducted on Heron's Run, had licensure deficiencies found at the time of the visit. Note: The revisit to complaint inspection CCR #2012011565 was conducted in conjunction with this inspection. Please refer to 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 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	A 052			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0899

Q8P511

If continuation sheet 1 of 9

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A 052	Continued From page 1 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. (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	A 052			

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A 052	Continued From page 2 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 record review and interviews, the facility failed to ensure 1 out of 3 sampled residents (Resident #3) received the correct medication from a staff member at the facility. The findings include: On _____ at approximately 2 PM, the Health and Wellness Director (HWD) was interviewed and while reviewing an adverse incident report dated _____, explained that Resident #3 had received another resident's medication by accident. The HWD (a licensed practical nurse	A 052			

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A 052	Continued From page 3 (LPN)) stated that she was observing a new LPN during medication pass at 8 AM on _____ as part of her training and orientation tasks. The HWD was called away from the new employee for a brief time and upon return found that the new LPN had given the wrong morning medication to Resident #3 who had the same first name as another resident. She immediately contacted the resident's doctor and family to notify them of the error and was directed by the doctor to monitor Resident #3's _____ sugar as she had taken an anti-hype _____ medication _____ and to withhold some of her prescribed medication for the day. The resident's _____ sugar readings remained stable until the following day. The resident received all of her prescriptions on _____ according to the _____ MORs. The HWD checked the resident's _____ sugar at 7 AM on _____ and it was within normal range (122). However, she was found unresponsive at 4 PM in her apartment. She was admitted to the hospital and diagnosed with low _____ sugar (49) and a _____. She returned to the facility on _____ with an _____ to treat her UTI. The above findings were documented on a one and fifteen day adverse incident report. Class III	A 052			
A 165 SS=D	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance program; adverse incidents and reporting requirements - (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality	A 165			

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A 165	Continued From page 4 assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. _____; 2. _____ or spinal damage; 3. Permanent _____; 4. _____ or _____ of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United	A 165			

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A 165	Continued From page 5 States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility's investigation into the adverse incident. (6) _____, neglect, or _____ must be reported to the Department of Children and Family Services as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. (8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board. (9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board. (10) The Department of Elderly Affairs may adopt rules necessary to administer this section.	A 165			

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A 165	Continued From page 6 Adverse Incident Report. (1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, _____, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at http://ahca.myflorida.com/reporting/index.shtml; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated _____, 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure a one day adverse incident	A 165			

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A 165	Continued From page 7 report was submitted to the Agency within one business day of the occurrence, for 1 out of 1 sampled resident (Resident#3). The findings include: On at approximately 2 PM, the Health and Wellness Director (HWD) was interviewed and while reviewing an adverse incident report dated, explained that Resident #3 had received another resident's medication by accident. The HWD (licensed practical nurse(LPN)) stated that she was observing a new LPN during medication pass at 8 AM on as part of her training and orientation tasks. The HWD was called away from the new employee for a brief time and upon return found that the new LPN had given the wrong morning medication to Resident #3 who had the same first name as another resident. She immediately contacted the resident's doctor and family to notify them of the error and was directed by the doctor to monitor Resident #3's I sugar as she had taken an anti-hype medication and to withhold some of her prescribed medication for the day. The resident's I sugar readings remained stable until the following day. The resident received all of her prescriptions on according to the MORs. The HWD checked the resident's I sugar at 7 AM on and it was within normal range (122). However, she was later found unresponsive at 4 PM in her apartment. She was admitted to the hospital and diagnosed with low sugar (49) and a (UTI). She returned to the facility on with an to treat her UTI. The above findings were documented on a one day adverse incident report but not submitted to the Agency until beyond the required	A 165			

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A 165	Continued From page 8 1 and 15 day requirement of the occurrence of the incident. Class III	A 165			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Heron's Run
2939 S. Haverhill Road
West Palm Beach, FL 33415

Re: CCR #2012013325

Dear Administrator:

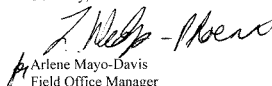
This letter reports the findings of a state licensure survey that was conducted on . 2013 by a representative of this office.

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 **May 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/dmb

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



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