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
	AL11911459	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FOUNTAINS AT LAKE POINTE W	3270 LAKE POINTE BLVD SARASOTA, FL 34231

(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 These are the results of a Biennial survey conducted on 3/2[illegible] - 3/2[illegible] The Fountains at Lake Pointe Woods, an Assisted Living Facility (ALF) with a licensed capacity of 110 residents. The following is a description of non-compliance:	A 000		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with Disabilities, 1(800)3[illegible] 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	A 030		

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A 030	Continued From page 1	A 030		

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 alcohol . . . . tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(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 restraints . . . . 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

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

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

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attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a . . . his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , 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

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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 failed to ensure an inhaler medication was administered in accordance with physician's orders for 1 (Resident #14) of 4 residents reviewed for self-administration of medications. In addition, the facility failed to provide a safe homelike environment free from loss of property for 3 (Residents #2, #5 and #16) of 16 residents.

The findings include:

1. Observation on [redacted] at 8:11 a.m., revealed the Medication Technician (MT) preparing to assist Resident #14 with her morning medications. She went into the resident's [redacted] washed her hands. She unlocked a cabinet inside the [redacted] removed the resident's medications from the cabinet. The resident was sitting at her dining [redacted] and the MT layed a tissue and water in front of the resident on the table. She donned a pair of gloves. Included in the medications she removed was an [redacted] inhaler. The MT shook the inhaler and handed the inhaler to the resident. The resident inhaled 2 puffs of the medication, wiped the mouthpiece and rinsed out her mouth in a cup.

Review of the label on the [redacted] inhaler documented the following: [redacted] HFA inhaler,

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use as directed, rinse mouth after using."

The Director of Nursing (DON) provided physician's orders dated ... for the ... medication which read the following: ... HFA 17 mcg., 2 puffs 4 times a day prn (as needed)."

Review of the MOR (Medication Observation Record) for ... documented the following: ... use as directed, rinse mouth after using." Further review of the MOR documented the resident received this medication "routinely" at 8:00 a.m. instead of 4 times a day, prn, as ordered by the physician.

Immediately following this observation, the med tech confirmed she had no directions for use of the ... on the label or the MOR. When asked how she would know the correct dose the resident was supposed to receive, she stated, "I don't know."

2. On ... at 2:45 p.m., Resident #5 stated the one thing he has to say about the facility is that there is too much robbery going on. The big thing is no security. "In ... I went to bed one night and my billfold was in my pants pocket. When I woke up my billfold was lying on top of my pants and $51.00 I had in my billfold was gone. I called security and left a message. They never called back. I also told the previous Administrator but she never did anything about it. Staff have keys and can come in without letting you know. I have taken to hiding my billfold when I go to sleep at night. Since then I have woken up in the morning and found my keys on my pants and not in my pocket. He stated, "Last Friday ... a random resident said have you heard about the latest robbery? The police was in to investigate

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it."

On at 2:55 p.m., the random resident identified by Resident #5 stated, "Last Friday another resident had reported personal property was taken out of their the police came in to investigate the incident."

4. On at 3:15 p.m., the Administrator stated when missing property is reported he completes an unusual occurrence report. The occurrence is investigated and certainly if staff were involved there would be corrective action taken. He stated that on Resident #16 reported that he had two missing items. He stated he called the police in response to the report. He filled out an Unusual Occurrence Report dated It states Resident #16 reported "2" missing items a gold plated goblet and a wooden 4" x 6" decorative booklet. The action taken is noted that staff were in-service. The Administrator also stated that he has no record of any other property loss being reported. He stated he has no unusual occurrence report concerning Resident #5's robbery.

5. On at 11:37 a.m., Resident #2 stated that when they first came to the facility they had some new towels come up missing. About 4 weeks ago I had 2 cameras in a bag. One was a Cannon camera. The other was not a fancy camera but it had some pictures on it. We (resident & wife who is independent) came back to the 4 weeks ago and noticed that the bag was gone. We reported it but never heard back from it.

6. On the Administrator provided a "Concern/Grievance report" dated noting that Resident #2's wife had reported a camera

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A 030	Continued From page 7 missing. 7. On [redacted] at 11:50 a.m., Resident #16 stated we have had 5 things taken from our [redacted]. About 2 months ago we had 3 Hummel figurines taken. He stated these are very expensive. About 30 years ago we purchased these figurines in Switzerland and cost $85.00 each. We reported it to the last Administrator and never heard back. Then last Friday [redacted] we had come back from lunch and realized that a hand crafted bowl and a wine goblet and a wood jacketed book was gone. The bowl and the wine goblet cost $50.00 each. The book was an heirloom that my great grandmother had given to my father and he had given it to me. We had locked our door when we went to lunch. These items were sitting on our end table. When we came back right away we noticed the pieces were gone. Staff have keys to all the [redacted] and can come in anytime they want.	A 030		
A 054	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known [redacted] the resident may have; the name	A 054		

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of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to ensure the directions for use of a medication were accurately reflected on the MOR (Medication Observation Record) for 1 (Resident #14) of 4 residents reviewed for self-administration of medications.

The findings include:

1. Observation on at 8:11 a.m., revealed the Medication Technician (MT) preparing to assist Resident #14 with her morning medications. She went into the resident's washed her hands. She unlocked a cabinet inside the removed the resident's medications from the cabinet. The resident was sitting at her dining and the MT layed a tissue and water in front of the resident on the table. She donned a pair of gloves. Included in the medications she removed was an inhaler. The MT shook the inhaler and handed the inhaler to the resident. The resident inhaled 2 puffs of the medication, wiped the mouthpiece and rinsed out her mouth

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A 054	Continued From page 9 in a cup. Review of the label on the inhaler documented the following: HFA inhaler, use as directed, rinse mouth after using." Review of the MOR (Medication Observation Record) for documented the following: use as directed, rinse mouth after using." The Director of Nursing, (DON), provided physician's orders dated for the medication which read the following: HFA 17 mcg., 2 puffs 4 times a day prn (as needed)." The MOR failed to accurately reflect the directions for use of this medication. Immediately following this observation, the med tech confirmed she had no directions for use on the MOR as well as on the medication label for the When asked how she would know the correct dose the resident was supposed to receive, she stated, "I don't know."	A 054		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (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	A 056		

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recorded on each individual container:
1. The resident ' s name; and
2. Identification of each medicinal drug product in the container.
(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.
(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 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

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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, 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 observation, record review and interview, the facility failed to ensure the directions for use of a medication were properly labeled for 1 (Resident #14) of 4 residents reviewed for self-administration of medications.

The findings include:

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A 056	Continued From page 12	A 056		

1. Observation on [redacted] at 8:11 a.m., revealed the Medication Technician (MT) preparing to assist Resident #14 with her morning medications. She went into the resident's [redacted] washed her hands. She unlocked a cabinet inside the [redacted] removed the resident's medications from the cabinet. The resident was sitting at her dining [redacted] and the MT layed a tissue and water in front of the resident on the table. She donned a pair of gloves. Included in the medications she removed was an [redacted] inhaler. The MT shook the inhaler and handed the inhaler to the resident. The resident inhaled 2 puffs of the medication, wiped the mouthpiece and rinsed out her mouth in a cup.

Review of the label on the [redacted] inhaler documented the following: [redacted] HFA inhaler, use as directed, rinse mouth after using."

Review of the MOR (Medication Observation Record) for [redacted] documented the following: [redacted], use as directed, rinse mouth after using."

The Director of Nursing, (DON), provided physician's orders dated [redacted] for the [redacted] medication which read the following: [redacted] HFA 17 mcg., 2 puffs 4 times a day prn (as needed)."

The label of the medication failed to accurately reflect the directions for use of the medication as ordered by the physician.

Immediately following this observation, the med tech confirmed she had no directions for use on the MOR as well as on the medication label for

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
	AL11911459	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FOUNTAINS AT LAKE POINTE W	3270 LAKE POINTE BLVD SARASOTA, FL 34231

(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 056	Continued From page 13 the ..... When asked how she would know the correct dose the resident was supposed to receive, she stated, "I don't know."	A 056		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
The Fountains at Lake Pointe Woods
3270 Lake Pointe Blvd
Sarasota, Florida 34231

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

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Fort Myers, FL 33901
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