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
	AL11911678	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHPOINTE RETIREMENT COMMUNITY	**5100 NORTHPOINTE PARKWAY PENSACOLA, FL 32514**

(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 An unnanounced complaint survey (CCR # 2013004131) was conducted at Northpoint Retirement Community on . Deficient practice was cited at the time of the survey.	A 000		
A 030 SS=G	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 , 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)96- or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.	A 030		

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A 030	Continued From page 1	A 030		

(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 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

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A 030	Continued From page 2	A 030		

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 attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.

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A 030	Continued From page 3	A 030		

(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 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

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A 030	Continued From page 4 special interest groups. This Statute or Rule is not met as evidenced by: Based on observations, staff and resident interview and record review, the facility failed to provide adequate and appropriate healthcare for 2 of 2 residents (Residents #5 and #6) observed during medication pass, and failed to provide privacy for 1 of 2 residents (Resident #5) during medication pass. The facility also failed to provide needed repairs for 5 of 8 observed (, 230, 236, 273, and 281) and provide for clean furnishing in day second floor in front of to ensure a safe clean environment. The findings are: 1. On about 11:45 am Resident #5 was observed to take her in the dining the presence of other residents. On 2:05 pm she was asked how she felt about giving the to herself in the dining . She stated, "I do not like taking my in the dining . It is an invasion of privacy". 2. A medication pass for Resident # 5 was observed again about 4:46 on . The Med Tech (Employee C) was observed to assist the resident with 24 units (long acting). The resident was also given 6 units (intermediate acting and short acting mixture), and 4 units (rapid acting) according to health care provider directions at the same time. The health care provider 's order reads: 24 units SQ ( ) every HS (hours sleep). Employee D was asked to confirm the order on about 5:20 pm. She said, "Yes it is supposed to be given at bedtime, I will go and call	A 030		

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A 030	Continued From page 5	A 030		

the doctor right now" .
3. Resident #6 was observed to take Lantus 24 units every evening at 5 pm according to directions with Employee C. Once the medication was put into the syringe the resident took the syringe and pushed it through his jacket to administer. Employee C said nothing to the resident.
4. During tour first about 10:00 am on observed has a hole in the plaster about 3 feet long going straight into the the baseboard. She also has the corner scraped showing metal on the wall from the baseboard to about 3 feet. The wall to the left has scuff marks.
The tour continued as residents were in their about 2 pm: entering ceiling to the left corner. The border is falling down. There is brown substance on the ceiling and underneath where the border was. There are a few dark spots on the ceiling. Some areas of the popcorn ceiling has come off.
has a door that is broken at the bottom in 2 places with holes facing the hallway. There is also linoleum coming up in the the doorframe on the right side entering.
The couch in the day front of is stained and dirty looking. had a hole in the door.
is a Suite: The scarred walls on the right side coming in the door and heading to the . The resident complains that the carpet has never been cleaned. Some dirt was seen around the TV on the carpet. The air vent in the living area has dirt around the vent and ceiling. There is tape around the commode seat . The resident says it is cracked. There are roaches in the to the resident none were seen. He stated, " They tell me it is because I keep food in my " .

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A 030	Continued From page 6 Outside there is a , in the hallway about the size of a baseball. The tiles in front of the two elevators on the first floor has broken tiles that are sharp. A tour was conducted with the Administrator about 3:00 pm on . He confirmed the problems found and said they would be taken care of as soon as possible. He confirmed the tiles are sharp in front of elevator: "we will have to fill them". He felt the hole in front of 208. He confirmed hole in sheet rock metal grating seen- . Confirmed ceiling damaged and needs repair. Confirmed has hole in door and linoleum is coming up in -- blames this on the resident's motorized wheelchair. The sofa is in day filthy--- " we will be getting rid of it ". hole in door about the size of a silver dollar. confirmed walls are scarred The Administrator does not know when carpet was cleaned vent in ceiling in living area is dirty. The Administrator stated, "He has roaches because he cooks in his . We have told him not to". He looked at the commode seat that is taped because it is cracked and said yes I see that. Class II	A 030		
A 052 SS=G	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	A 052		

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A 052	Continued From page 7	A 052		

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 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

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A 052	Continued From page 8	A 052		

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 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

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A 052	Continued From page 9	A 052		

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, staff interview and record review, the facility failed to provide appropriate assistance with medication for 2 of 2 residents (#5 and #6) during medication pass.
The findings are:
1. Resident #5 was observed being assisted with two types of about 11:45 am on . The resident was being assisted with and using a flex pen. The Med Tech (Employee C) was observed to dial the number of units on the flex pen for both types of and hand them to the resident.
2. On about 4:46 pm Resident # 5 was observed taking . The Med Tech (Employee C) was observed to assist the resident with 24 units (long acting). The Med Tech held the syringe and the plunger with the resident and told her to stop and start as it was being put into the syringe. The resident stated, " Can't you do this I cannot see it. You usually do it " . The resident was also given 6 units (intermediate acting and short acting mixture) using a flex pen, and 4 units (rapid acting) using a flex pen according to health care provider directions at the same time. The Med Tech (Employee C) dialed in the number on the flex pen for both and the resident checked the number. The health care provider 's order reads: 24 units SQ ( ) every HS (hours sleep). Employee D was asked to confirm the order on about 5:20 pm. She said, " Yes it is supposed to be given at bedtime, I will go and call the doctor right now" .
3. Resident #6 was observed to take Lantus 24 units every evening about 5 pm according to

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A 052	Continued From page 10 directions with the Med Tech (Employee C). The Med Tech (Employee C) held the syringe and the plunger with Resident #6 telling him when to stop and start pulling the into the syringe. Once the medication was put into the syringe the resident took the syringe and pushed it through his jacket to administer. Employee C said nothing to the resident. Class II	A 052		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Northpointe Retirement Community
5100 Northpointe Parkway
Pensacola, FL 32514

Dear Administrator:

Re: CCR #2013004131

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 me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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