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 |
|---|---|---|---|
| | AL11967885 | A. BUILDING: _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| JACOBS LADDER FAMILY II ASSISTED LIVING | 123 BOCA CIEGA ROAD COCOA BEACH, FL 32931 |

| (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 |
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| A 000 | Initial Comments<br><br>conducted Assisted Living Facility complaint inspection CCR#2012012808 in conjunction with the ECC/LNS monitoring visit. The complaint was substantiated.<br><br>There were deficiencies found at the time of the visit related to CCR#2012012808 and pertaining to ECC/LNS. | A 000 | | |
| A 008 | 58A-5.0181(2) FAC Admissions - Health Assessment<br><br>(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection.<br>(a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following:<br>1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations;<br>2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living;<br>3. Any nursing or services required by the individual;<br>4. Any special diet required by the individual;<br>5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication;<br>6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff;<br>7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met | A 008 | | |

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| A 008 | Continued From page 1<br><br>in an assisted living facility; and<br>8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.<br>(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, _____ 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:<br>1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.<br>a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.<br>b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.<br>c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.<br>2. The facility administrator, or designee, must | A 008 | | |

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| A 008 | Continued From page 2<br>complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:<br>a. Extended congregate care (ECC) services in facilities holding an ECC license;<br>b. Services under community living support plans in facilities holding limited mental health licenses;<br>c. Medicaid assistive care services; and<br>d. Medicaid waiver services.<br>(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.<br>(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).<br>(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.<br>(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a _____ order for residents who do not wish _____ to be administered in the case of _____ or _____ | A 008 | | |

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| A 008 | Continued From page 3<br><br>(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure the required sections on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 were completed for 1 of 3 sampled residents (#3).<br><br>Findings:<br><br>Resident record review for #3 revealed an Assisted Living Facility health assessment forms (1823) dated and with diagnoses of and<br>The 1823's did not indicate what type of assistance the resident needed with medications.<br><br>Interview with the manager on at approximately 4 PM who stated she was not aware the 1823 did have the required information.<br><br>Class III | A 008 | | |

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| A 052 | Continued From page 4 | A 052 | | |
| A 052 | 58A-5.0185(3) FAC Medication - Assistance with Self-Admin<br><br>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br>(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.<br>(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.<br>(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.<br>(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:<br>1. The health care provider may prescribe a medication schedule which coincides with the | A 052 | | |

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| A 052 | Continued From page 5 | A 052 | | |

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 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

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| A 052 | Continued From page 6 | A 052 | | |

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 observations, record review and interview the facility failed to ensure that when staff provided assistance with self-administration of medications, the staff followed the appropriate procedure to take the medication, in its dispensed, properly labeled container to the resident and in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container, return to storage and document on the Medication Observation Record for 3 of 3 sampled residents, (#1, 2 & 3) that resulted in 1 of 3 sampled residents (#2) receiving the wrong medications and was sent to the emergency evaluation.

Findings:

1. Resident record review for resident #2 revealed an Assisted Living Facility health assessment form (1823) dated 2/2 stated diagnoses of dementia, hernia stated the

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| A 052 | Continued From page 7<br>resident had moderate . The resident needed assistance with self administration of medications. The resident was observed on at approximately 10 AM and was sitting in the living . He was very hard of hearing and unable to understand questions that were directed to him.<br>The agency received information that revealed the resident received the following medications that were prescribed for another resident: (for 25 milligrams (mg), (for 5 mg, (for 10 mg, (for 0.125 mg and (for memory) 10 mg on during the AM medication pass.<br>Phone interview with Staff C on at approximately 3:10 PM who stated we were giving medications to different residents, all the medications were kept in a bin with their names on it. There were medications being passed for 2 residents at the same time and the medications were being prepoured at that time and they got mixed up. There were 2 cups on the counter for the residents, the wrong one got picked up and delivered. I was working the 11-7 AM shift and working late that morning when the resident asked me for his pills. The pills were already poured in the cup and I am not sure if I poured the medications or another staff member poured them, as it was so long ago. I got retrained on passing medications and we have changed the way we assist with medications. The resident went to the ER and he was ok.<br>Review of facility notes revealed there was no documentation the physician was notified the resident was given the wrong medication on<br><br>The staff did not follow the proper procedure for assisting the resident with self-administration of medications and did not take the medication in its | A 052 | | |

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| A 052 | Continued From page 8<br><br>dispensed, properly labeled container to the resident and in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container, return the medication to storage for resident #1 resulting in him taking the wrong medications and going to the emergency evaluation.<br>Interview with #2's family member on ____ at approximately 11:30 AM who stated there was a problem once with medications, a while back, he got the wrong medications. I got a call and he was at the hospital. They wanted to make sure everything was all right. The girl apologized. He went to the hospital to get checked out, and he was there a few hours. I picked him up from the hospital.<br>Interview with administrator on ____ at approximately 11:30 AM who stated the resident got the wrong medicine, she sent him to the hospital to be evaluated, he was ok, they sent him back in a few hours. There were no discharge instructions.<br>2. Observation of the medication pass on ____ at approximately 12:30 PM for resident #1 revealed, the resident received assistance with self-administration of medications and the staff did not wash their hands, took medication bottle out of storage, signed the Medication Observation Record (MOR), put the medication in the cup, took medication in the cup to the resident, stated name of medication and returned the medication to locked storage.<br>3. Observation of the medication pass on ____ at approximately 12:40 PM for resident #3 revealed, the resident received assistance with self-administration of medications, the staff did not wash hands between residents, got tissue and eye drops, signed the MOR, stated to resident I have your eye drops, instilled eye | A 052 | | |

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| A 052 | Continued From page 9<br><br>drops, returned the eye drops to locked storage, and did not wash her hands.<br>The staff did not follow the proper procedure for assisting residents with self-administration of medications and did not take the medication in its dispensed, properly labeled container to the resident and in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container, return the medication to storage and document on the Medication Observation Record for residents #1 and #3.<br>Interview with the med tech on 2/2[illegible] approximately 12:45 PM, who stated she did not wash her hands before, between or after assisting with medications and charted on the MORs before giving the medications.<br><br>Interview with the manager on 2/2[illegible] approximately 4 PM who was not aware the staff were not following the proper procedure when assisting resident #1 and #3 with medications.<br><br>Class II | A 052 | | |
| A 165 | 429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report<br><br>Internal risk management and quality assurance program; adverse incidents and reporting requirements.-<br>(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality 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 | A 165 | | |

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| A 165 | Continued From page 10 | A 165 | | |

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 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

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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.

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

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| A 165 | Continued From page 12<br><br>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.<br>(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.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview the facility failed to ensure an adverse incident report was submitted within one business day when 1 of 3 sampled residents (#2) was sent to the emergency evaluation when he was given another resident's medications. | A 165 | | |

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 |
|---|---|---|---|
| | AL11967885 | A. BUILDING: _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JACOBS LADDER FAMILY II ASSISTED LIVING | 123 BOCA CIEGA ROAD COCOA BEACH, FL 32931 |

| (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 165 | Continued From page 13<br>Findings:<br><br>Resident record review for resident #2 revealed an Assisted Living Facility health assessment form (1823) dated [redacted] that stated diagnoses of [redacted] and [redacted] and stated the resident had moderate [redacted]. The resident needed assistance with self administration of medications. The resident was observed on [redacted] at approximately 10 AM and was sitting in the living [redacted]. He was very hard of hearing and unable to understand questions that were directed to him.<br>The agency received information that revealed the resident received the following medications that were prescribed for another resident: [redacted] (for [redacted] 25 milligrams (mg), [redacted] (for [redacted] 5 mg, [redacted] (for [redacted] 10 mg, [redacted] (for [redacted] 0.125 mg and [redacted] (for memory) 10 mg on [redacted] during the AM medication pass.<br>Phone interview with Staff C on [redacted] at approximately 3:10 PM who stated we were giving medications to different residents, all the medications were kept in a bin with their names on it. There were medications being passed for 2 residents at the same time, and the medications were being prepoured at that time and they got mixed up. There were 2 cups on the counter for the residents, the wrong one got picked up and delivered. I was working the 11-7 AM shift and working late that morning when the resident asked me for his pills. The pills were already poured in the cup and I am not sure if I poured the medications or another staff member poured them, as it was so long ago. I got retrained on passing medications and we have changed the way we assist with medications. The resident went to the ER and he was ok. | A 165 | | |

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 |
|---|---|---|---|
| | AL11967885 | A. BUILDING: _____ B. WING _____ | 02/26/2013 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JACOBS LADDER FAMILY II ASSISTED LIVING | 123 BOCA CIEGA ROAD COCOA BEACH, FL 32931 |

| (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 165 | Continued From page 14<br>Review of facility notes revealed there was no documentation the physician was notified the resident was given the wrong medication on<br><br>The staff did not follow the proper procedure for assisting the resident with self-administration of medications and did not take the medication in its dispensed, properly labeled container to the resident and in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container, return the medication to storage for resident #1 resulting in him taking the wrong medications and going to the emergency evaluation.<br>Interview with #2's family member on at approximately 11:30 AM who stated there was a problem once with medications, a while back, he got the wrong medications. I got a call and he was at the hospital. They wanted to make sure everything was all right. The girl apologized. He went to the hospital to get checked out, and he was there a few hours. I picked him up from the hospital.<br>Interview with administrator on at approximately 11:30 AM who stated the resident got the wrong medicine, I sent him to the hospital to be evaluated, he was ok, they sent him back in a few hours. There were no discharge instructions. I did not fill out an adverse incident report, I did not feel it was an adverse, he did not receive any treatment.<br>Class III | A 165 | | |

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Jacobs Ladder Family Ii Assisted Living
123 Boca Ciega Road
Cocoa Beach, FL 32931

Dear Administrator:

**Re: CCR #2012012808**

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 **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,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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