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
	AL11953648	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERSIDE RETIREMENT ESTATES	**4540 BEE RIDGE ROAD SARASOTA, FL 34233**

(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 the unannounced Biennial survey completed on [redacted] at Waterside Retirement Estates, an Assisted Living Facility (ALF). The following is a description of non-compliance:	A 000		
A 053	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as [redacted] glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including [redacted] glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in	A 053		

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A 053	Continued From page 1	A 053		

performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure only licensed nursing staff administered medications and all medication technicians only assisted with self-administration of medications for 1 (Resident #4) of 3 observed for medications.

The findings include:

1. During the 2:00 p.m. medication pass on at 2:45 p.m., Staff H opened the drawer and removed a bottle and syringe. She then drew up 0.50 ml into a measured syringe, placing the syringe into a plastic cup and then put the box/label back into drawer locking drawer and the cart. Staff H took the syringe in the cup and went to Resident #4's Stating that she had her she took the syringe out of cup and placed the syringe under Resident #4's tongue and plunged the syringe shooting the medication into the resident's open mouth. Resident#4 was observed to open her mouth wide when Staff H came into the stated she had her .

2. On at 3:30 p.m., Staff H was asked why she did not hand the syringe to the resident.

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A 053	Continued From page 2 Staff H stated, "I guess for safety reasons to make sure she got all of it." When asked if she would put pills into the residents mouth she stated that no she would not she knows the resident has to take them themselves. When asked how the liquid medication was different that oral, she stated, "I guess it is not really. I understand and you are right. It is no different than pills." Class III	A 053		
A 167	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for	A 167		

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A 167	Continued From page 3	A 167		

terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect.
(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.
(l) The facility ' s policies and procedures for self-administration, assistance with

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A 167	Continued From page 4 self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed _ This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that resident contracted rates would not be increased without a 30 day prior notice and failed to ensure ancillary charges were included on the ancillary sheet for 1 (Resident #8) of 2 resident contracts reviewed. The findings include: 1. On _ _ _ _ at 4:30 p.m., during review of Resident #8's record the contract was requested and reviewed. The resident's contract was dated _ _ _ _ _ The contract was a Brookdale property contract. Exhibit A of the contract documents Personal Service Rate (PSR) "The current Personal Service Price Schedule is attached an Exhibit Z. See attached Personal Service Rate Report." A cost of $1795.00 was assigned to this contract. Review of the contract included Exhibits A, B, C, D, E, F, X and Y. No Exhibit Z was attached. Further review found a rate increase notice dated _ _ _ _ and a change in billing format (not a rate increase) notice dated _ _ _ _ As the contract lacked Exhibit Z, the personal service rates could not be retained for future reference. When asked what was being charged and how	A 167		

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A 167	Continued From page 5	A 167		

they determined what monetary amount to charge for personal care, the facility provided 2 Assessment Summary Reports (ASR). The ASR dated ... had a monthly PSR of $583.00 which matched the notice of ... The ASR dated ... had an increased rate of $1,100.00. No notice was found for this increase.

Interview with the Executive Director and Health and Wellness Director on ... at 6:00 p.m., revealed the assessment was done on ... after the family member expressed a concern about the residents need for services. The assessment found the resident had declined and now needed help with dressing and ... and ... The assessment was completed on ... and the rate was increased effective ... When asked about Exhibit Z and/or a 30 day prior notice, the health and Wellness Director and Executive Director both stated no written notice was given as increases occur based on the assessments.

2. A review of the Ancillary charges on Exhibits X and Y found no $1.00 fee for meal pick-up charge.

Also noted were services provided under a Limited Nursing Service or Extended Congregate Service license. These services were on Exhibit Y and included charges. Exhibit Y also had a column for "Available at this community" with boxes to be check. None were checked. The notation at the bottom of Exhibit Y documented, "Services on Exhibits X and Y are in addition to the Basic Service Rate or Personal Service Rate. Depending on licensure requirements and available staffing, not all services listed may be available at the community. Contact the Executive Director to verify if a listed service is

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A 167	Continued From page 6 available or for more information about other services that may be available." When asked about the boxes to be checked and the information at the bottom of the page, The Executive Director verified the boxes should be checked to show which services are available at this community, but were not checked. The Executive Director also verified the charge for the styrofoam container to take a meal to one's not on the ancillary charge sheets. Class III	A 167		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Waterside Retirement Estates
4540 Bee Ridge Road
Sarasota, FL 34233

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on , 2013 by representatives 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 surveyors. 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

Fort Myers Field Office
2295 Victoria Avenue, [illegible]
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372