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
	AL11965402	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT PORT ORANGE	1675 DUNLAWTON AVENUE PORT ORANGE, FL 32127

(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 unannounced complaint survey, CCR # 2013002672, was conducted at Emeritus At Port Orange on , 2013. Emeritus At Port Orange had deficiencies at the time of the visit.	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 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)9 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.	A 030		

AHCA Form 3020-0001

TITLE (X6) DATE

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

Agency for Health Care Administration

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A 030	Continued From page 1 (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	A 030		

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A 030	Continued From page 2 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.	A 030		

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A 030	Continued From page 3 (g) Share a [illegible] 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 [illegible] 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 [illegible] 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	A 030		

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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 staff interview and record review, the facility failed to provide adequate and appropraite health care with established and recognized standards regarding using non licensed staff to administer for 1 of 3 sampled residents. (#2) The findings include: Record review for Resident #2 found she was admitted to the facility on Record review of the most recent AHCA 1823 dated found Resident #2 is alert with and needs assistance with medication. Record review of the nursing notes for Resident #2 found documentation ofdaily administration of Resident #2 was observed on at 1:30 p.m. She was stiting in her wheelchair beside the medication cart near her She had a portable tank on the back of her chair that was in use. During an interview with Resident #2 on at 1:30 pm, she stated that staff at the facility put her on. During an interview with Caregiver/Medication Tech standing at the medication cart on at 1:30 p.m., the medication tech stated she put the resident's on her this morning when she got her up. She stated she turned her concentrator off and when she put her in the chair she turned on the portable tank. She stated she did this because hospice had not come.	A 030		

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A 030	Continued From page 5 Class III	A 030		
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 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	A 053		

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A 053	Continued From page 6 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 staff interview and record review, the facility failed to administer medications per the physician orders for 1 of 3 sampled residents. (#1) The findings include: Resident #1 was admitted to the facility on [redacted] Record review of the AHCA Form 1823 revealed the resident was diagnosed with [redacted] and The resident came in the facility on [redacted] with physician orders for [redacted] 1 unit every six hours. Review of the Febrruary 2013 Medication Observation Record (MOR) found the the every 6 hours and as needed was recorded on the [redacted] 2013. The [redacted] was documented as administered on the MOR on [redacted] at 2:00 p.m. and 8:00 p.m. During an interview on [redacted] at 12:30 p.m. with the nurse that works the 10:00 a.m. to 8:00 pm shift at the facility, she stated she does the [redacted] treatments. She stated Resident #1 came in from Hospice on [redacted] with an order for [redacted] treatments. She stated she called the Hospice and spoke to the Hospice nurse and asked them to come in because she was told that assisted living facilities could not give treatments more than two times a day. She stated she gave the resident a [redacted] treatment on [redacted]	A 053		

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A 053	Continued From page 7 and did not document the MOR because she was not allowed to give the treatment. She stated she left a note for the nurse the next day to clarify the orders with the Hospice. She stated when she returned to work on [redacted] the treatment was not clarified. She further reported she gave a treatment on [redacted] but did not record it on the MOR. An interview with the Administrator and the Regional Consultant on [redacted] at approximately 1:30 p.m. confirmed the findings. Both stated they did not know where the nurse heard an ALF could not give treatments more than twice a day. Class III	A 053		
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 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	A 054		

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A 054	Continued From page 8 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 staff interview and record review, the facility failed to document medications given for 1 of 3 sampled residents. (#1) The findings include: Resident #1 was admitted to the facility on Record review of the AHCA Form 1823 revealed the resident was diagnosed with and The resident came in the facility on with physician orders for 1 unit every six hours. Review of the Febrruary 2013 Medication Observation Record (MOR) found the the every 6 hours and as needed was recorded on the 2013. The was documented as administered on the MOR on at 2:00 p.m. and 8:00 p.m. During an interview on at 12:30 p.m. with the nurse that works the 10:00 a.m. to 8:00 pm shift at the facility, she stated she does the treatments. She stated Resident #1 came in from Hospice on with an order for treatments. She stated she gave the resident a treatment on and	A 054		

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A 054	Continued From page 9 did not document the MOR because she was not allowed to give the treatment. She stated she left a note for the nurse the next day to clarify the orders with the Hospice. She stated when she returned to work on the treatment was not clarified. She further reported she gave a treatment on but did not record it on the MOR. An interview with the Administrator and the Regional Consultant on at approximately 1:30 p.m. confirmed the findings. Class III	A 054		
AN276	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S. (a) Conducting passive range of motion exercises. (b) Applying ice caps or collars. (c) Applying heat, including dry heat, hot water bottle, heating aquathermia, moist heat, hot compresses, sitz bath and hot soaks. (d) Cutting the toenails of residents or residents with a documented problem if the written approval of the resident ' s health care provider has been obtained. (e) Performing ear and eye irrigations. (f) Conducting a dipstick test. (g) Replacement of an established self maintained indwelling or performance of an intermittent (h) Performing stool removal therapies. (i) Applying and changing routine dressings that	AN276		

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AN276	Continued From page 10	AN276		

do not require packing or irrigation, but are for [redacted] and closed surgical wounds.
(j) Care for [redacted] pressure sores. Care for [redacted] or 4 pressure sores are not permitted under this rule.
(k) Caring for casts, braces and [redacted] Care for head braces, such as a [redacted] is not permitted under this rule.
(l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse.
(m) For hospice patients, providing any nursing service permitted within the scope of the nurse ' s license including 24-hour nursing supervision.
(n) Assisting, applying, caring for and monitoring the application of anti-em[redacted] stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers ' guidelines.
(o) Administration and regulation of portable

(p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS).
(q) [redacted] care and maintenance.

This Statute or Rule is not met as evidenced by:
Based on staff interview and recird review, the facility failed to provide a qualified and licensed nurse to administer [redacted] treatments for 1 out of 1 sampled residents (#2) recieving limited nursing services, out of 3 residents in the sample.

The findings include:

Record review for Resident #2 found she was admitted to the facility on [redacted] Record

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AN276	Continued From page 11 review of the most recent AHCA 1823 dated [redacted] found Resident #2 is alert with [redacted] and needs assistance with medication. Record review of the nursing notes for Resident #2 found the resident was recieving limited nursing services and the documentation of daily administration of [redacted] Resident #2 was observed on [redacted] at 1:30 p.m. She was stiting in her wheelchair beside the medication cart near her [redacted]. She had a portable [redacted] tank on the back of her chair that was in use. During an interview with Resident #2 on [redacted] at 1:30 p.m., she stated that staff at the facility put her [redacted] on. During an interview with Caregiver/Medication Tech standing at the medication cart on [redacted] at 1:30 p.m., the medication tech stated she put the resident's [redacted] on her this morning when she got her up. She stated she turned her [redacted] concentrator off and when she put her in the chair she turned on the portable tank. She stated she did this because hospice had not come. Class III	AN276		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Emeritus at Port Orange
1675 Dunlawton Avenue
Port Orange, FL 32127

Re: CCR #2013002672

Dear Administrator:

This letter reports the findings of a state licensure complaint 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 .

Sincerely,

Jana Mayerus for Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

NH/KW/sm
Enclosure

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054