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
	AL11965368	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT OCOEE	80 NORTH CLARK RD OCOEE, FL 34761

(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 conducted Assisted Living Facility complaint inspection CCR#2013001674. The complaint was substantiated. Emeritus at Ocoee had deficiencies found 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	A 030		

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A 030	Continued From page 1	A 030		

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 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

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A 030	Continued From page 2	A 030		

half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical [illegible]

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 [illegible] 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

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A 030	Continued From page 3	A 030		

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 includes access to ombudsman volunteers and

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A 030	Continued From page 4 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 observations and interviews the facility failed to ensure the residents lived in a safe and decent living environment that was free from pests and improperly installed light fixtures handrails. Findings: 1. Observation of the secured memory care unit (MCU) dining [redacted] on [redacted] revealed the following: At 11:25 AM 2 Flies were observed, one was on the dining [redacted] where the resident's snacks were and the other was flying around. At 11:40 AM a resident had a piece of cake in the plate in front of her and the fly was on the cake. At 12:30 PM a fly was observed on a fork next to one of the resident's plate. Staff were observed sitting at the table feeding residents, as they were feeding the residents and if a fly would fly by them they would only swat it away with their hand. At 12:45 PM the two flies were observed on the table while the residents were eating lunch. At 12:55 PM a fly was observed on a juice pitcher that was covered with saran wrap. At 1 PM a fly was flying around the cake and the staff was observed swatting it away with her hand. At 1:05 PM flies were observed flying from the residents drinking glasses.	A 030		

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A 030	Continued From page 5	A 030		

Further observations revealed that none of the staff made any effort to get rid of the flies.
Interviews with memory care director on . at approximately 2 PM revealed that she had reported that there were flies in the unit.

At approximately 1:15 PM the facility administrator was made aware there were flies in the unit.

During interview on , at approximately 2:05 PM with a staff from the pest control company who responded to the facility's call for flies in the MCU. He discussed different methods of treatments and stated the flies came in through the doors to the outside. Recommended keeping the doors closed to the facility and he would treat areas.
At approximately 2:30 PM the administrator and the pest control staff returned and they stated that they had chased the flies around and killed them both.
At approximately 5:10 PM observations of the memory care unit revealed that there were more flies, flying around in the dining .
Interview with the administrator on , at approximately 5:45 PM who stated the pest control company was going to put a light in the MCU to kill the flies.
2. Tour of the MCU and observation in 's at approximately 12:15 PM revealed the handrail next to the commode had a round metal plate that was from the wall that should cover the fixtures in the wall to hold the handrail in place. There were rough edges where the handrail attached to the wall that could cause injury when using the handrail. The recessed light fixture in the shower was falling out of the ceiling.

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A 030	Continued From page 6 Interview with the Maintenance Director on [redacted] at approximately 4 PM who stated he had not been informed the light fixture in the Class III	A 030		
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 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	A 056		

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A 056	Continued From page 7	A 056		

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 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

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A 056	Continued From page 8 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 medication review and interview the facility did not make every reasonable effort to ensure that prescriptions were filled or refilled in a timely manner for 2 of 8 sampled residents who received assistance with self-administration of medications (#2 and #4). Findings: Residents #2 and #4 received assistance with self-administration of medications. Review of the Medication Observations Record (MOR) for [redacted] for resident #2 revealed that on [redacted] and [redacted] there was a staff initials with a circle around in the boxes for Lunesta 3 mg tablet give one at bedtime. Review of the back of the MOR revealed it noted code 2 which meant-Drug temporarily unavailable, for [redacted]. The back of the MOR noted on [redacted] given pending delivery. Review of a Fax to the health care provider that was dated [redacted] revealed it noted: Resident needs refill prescription called into pharmacy (name listed) for Lunesta 3 Mg to take at bedtime out of medication.	A 056		

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A 056	Continued From page 9 The resident was out of medication on ... and the medication was not ordered until ... A service note documented on ... "daughter went to MD office to have Lunesta filled at outside pharmacy". Review of a Controlled Drug use record revealed that the 10 pills arrived and were given to the resident starting on ... and the last pill was given ... Interview with the Resident Care Director on ... at approximately 4 PM who stated she had search for documentation and she could not find any documentation to confirm that the facility had made every reasonable effort to refill the medication before it ran out. Record review for resident #4 revealed an MOR for ... that noted ... 5 mg one daily at 4 PM. On 5/5/ through ... the MOR had initials with circles in the spaces. The back of the MOR noted the medication was not given pending delivery. Interview with the memory care director on ... at approximately 4:30 PM who the facility staff was supposed to let her know a week in advance when the resident needed a refill so that she could call the family to provide the medications to the facility; she explained the staff did not tell her the medication was out until ... (four days later). Class III	A 056		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Emeritus At Ocoee
80 North Clark Rd
Ocoee, FL 34761

Dear Administrator:

Re: CCR #2013001674

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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2727 Mahan Drive
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