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
	AL11964946	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT MELBOURNE	1765 WEST HIBISCUS BLVD MELBOURNE, FL 32901

(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 with LNS complaint inspection CCR#2013000791. The complaint was substantiated. Emeritus at Melbourne had a deficiency found at the time of the visit.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in	A 025		

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A 025	Continued From page 1 the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 14 sampled residents (#3) was not given a medication documented that she was to, that resulted in an reaction requiring emergency treatment. Findings: Confidential interview revealed resident #3 was alert and oriented and was a retired nurse. Resident record review revealed an Assisted Living Facility health assessment form (1823) dated stated diagnoses of elevated lipids and . The resident was independent with ambulation, dressing, eating, toileting and transferring and needed supervision with bathing. The resident needed assistance with self-administration of medications. Review of the 1823 stated known (for lipids), Isosorbide (for (for pain), and for pain). Review of facility notes revealed: 2 PM resident complained of and chest . Order received and was faxed and noted. 11 AM resident on and as per ordered, stated she had x1 this AM. Encouraged to increase fluids, refused AM meal, encouraged to stay in , will continue to monitor status. at 9 AM resident went to the Emergency (ER) via 911 at approximately 6 PM on . Resident discharged form ER and	A 025		

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A 025	Continued From page 2 went on leave of absence with family. Review of Healthcare Provider Communication Form dated 12/3 ... cough, ... congestion, ... of shortness ... breathing treatment; temperature 99.0. Physician order dated 12/3 ... Tamiflu ... flu symptoms) 75 milligrams (mg) twice a day for 5 days and Levaquin ... mg daily for 10 days. Review of Healthcare Provider Communication Form dated ... the resident had allergy ... Levaquin. ... administered on ... prescribed, resident complained of side effects of itching and unable to read, family took to ER on ... order dated ... discontinue Levaquin. ... resident having itching and hives. ... regarding event: when nurse informed medical doctor of resident condition never reminded him or resident allergy ... Levaquin. ... pharmacy which the order was sent to did not have her allergies. ... was never checked for allergies. ... action taken: Nurse will notify physician of allergies ... getting medication orders, will also notify pharmacy if not using regular pharmacy. Nurses and Med Tech will check all new medications for allergies ... to giving. Review of Event Investigation dated ... on 12/3 ... approximately 5 PM the resident received an order for Levaquin ... mg daily for 10 days. Order was sent to another pharmacy to be filled and the resident received 2 doses of antibiotic ... 12/3 ... took resident to hospital on ... 6.	A 025		

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A 025	Continued From page 3 Review of the [redacted] 2012 and 2013 Medication Observation Record revealed: 500 mg twice a day was charted as given, initials in box at 5 PM on [redacted] and [redacted]. Review of Hospital Disposition/Discharged Patient Medications Report dated [redacted] stated medications given in Emergency [redacted] 0.9% [redacted] 1000 milliliters x2. [redacted] 125 mg [redacted] push once, (for [redacted] 10 mg [redacted] push once and 50 mg [redacted] push once. Follow-up with primary physician in 3-5 days. Interview with Nurse A on [redacted] at approximately 2 PM, who stated she got the order from the physician, the resident had flu like symptoms and she got the order for [redacted] and sent it to a pharmacy that delivered the medications quickly. The resident started the medication on [redacted] a med tech gave the medicine. The resident was alert and oriented. She worked 7-5:30 PM that day. She had a lot of flu symptoms. I offered her ginger ale and crackers. We had a hydration cart and snacks taking residents food and fluids. I called to her [redacted] checked on her throughout the day, she did not want anything. She did not complain; she had similar flu symptoms that the other residents had. Interview with the RCD on [redacted] at approximately 1:15 PM who stated the resident's prescription was sent to the pharmacy and the resident usually got her meds from another pharmacy that delivered daily from 1 PM to 5 PM. The prescription was sent to the pharmacy that would deliver sooner. The physician wanted her to get it right away, as everyone in the building	A 025		

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A 025	Continued From page 4 had the flu and she was showing the same symptoms. When the medication is delivered, they check to make sure it's the right person, not the . It was a med tech who gave the medication. Now, the nurses and the med techs check all medications for dosages and The resident was discharged from the ER to the family's home and did not return to the facility. Class II	A 025		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Emeritus At Melbourne
1765 West Hibiscus Blvd
Melbourne, FL 32901

Dear Administrator:

Re: CCR #2013000791

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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