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
	AL11911459	A. BUILDING: _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE FOUNTAINS AT LAKE POINTE W	3270 LAKE POINTE BLVD SARASOTA, FL 34231

(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	{A 000}		

This is to report the results of a revisit to the Biennial survey completed on , at The Fountains at Lake Pointe Woods, an Assisted Living Facility (ALF) with a licensed capacity of 110 residents. The facility is located in Sarasota, Florida. This revisit survey was conducted on

The Fountains at Lake Pointe Woods had deficeinceis found at the time of the revisit survey.

The following is a description of the noncompliance:

{A 030}	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures	{A 030}		

(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

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{A 030}	Continued From page 1	{A 030}		

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)96 or 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

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{A 030}	Continued From page 2	{A 030}		

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 [redacted] 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 not be considered a physical [redacted]

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 [redacted] 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

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{A 030}	Continued From page 3	{A 030}		

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.
(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

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{A 030}	Continued From page 4	{A 030}		

provided herein, the facility shall show good cause in a court of competent jurisdiction.
(I) 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 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 interview and record review, the facility failed to provide a community standard of health care by failing to follow physician's orders for 1 (Resident #5) of 3 residents sampled by administering a medication when it should have been held and not monitoring pulse and before administering a medication with pulse and perimeters.

The findings include:

A medical doctor writes perimeters for a medication in order to prevent adverse effects. Side effects caused by the medication include severe (slowing of the rhythm) and These side effects can occur without warning while the resident is taking the medication on a regular basis. Taking the medication if the rate is less than 60 could cause the resident to go into failure. Taking

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{A 030}	Continued From page 5	{A 030}		

the medication when the
is less than 110 could cause a
episode where the resident would become
or even lose . In both instances
there is the potential of .

Resident #5 has resided at the facility since
of 2012. Review of AHCA Form 1823
- Resident Health Assessment for Assisted Living
Facilities, dated : docuemnted the resident
suffers from multiple chronic illnesses including
, and
. The resident was assessed as
"Alert and oriented with some having short term
memory loss." He was assessed as needing
assistance with self-administration of medication.

Review of medication list on the admitting AHCA
Form 1823 documents the resident was receiving
12.5 milligrams (MG) twice daily hold
for less than 110 or :
rate less than 60.

Review of the current physicians order reviewed
and signed by the physician on
documents Resident #5 still receiving
12.5 MG by mouth twice daily hold for
less than 110 or pulse less than
60.

Review of the 2012 Medication
Observation Record (MOR) notes Resident #5
was having taken twice daily until
. The record documented on 3
occasions during the month of 2012 the
medication should have been held and was given.

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{A 030}	Continued From page 6	{A 030}		

On , Resident #5's AM was recorded as . The MOR noted the medication was given by a Resident Assistant at 8:00 a.m. on . On the AM is recorded as . The MOR shows was given by an on at 8:00 a.m. On the resident's AM is recorded as . The MOR shows was given by an at 8:00 a.m. on .

The MOR then shows an order received which reads, "Take 1 x weekly on Friday." The resident is the recorded weekly on the monthly MOR's until 2013. The MOR shows the resident's monitored on and at 8:00 a.m. only. There is no further documentation of during the month of 2013. The resident's is documented weekly on the MOR through and of 2013. There is no documentation in the resident's record the Facility was monitoring the resident's pulse before administering as ordered by the physician. There is no documentation the Facility was monitoring the resident's twice daily before administering to the resident.

An interview was conducted with Staff A at 11:00 a.m. on . She was asked if she took Resident #5's pulse and before allowing him to take . She stated "We take the resident's once weekly." She was not aware she needed to monitor the resident's and pulse before giving him the medication . She confirmed the resident's pulse and was not

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being taken twice daily.

An interview was conducted with the LPN supervisor. She confirmed the resident's pulse and were not being monitored twice daily before he was allowed to take She confirmed the perimeter of the order would mean the resident's pulse and should be taken before giving the medication. She confirmed the resident received the medication three times in the month of 2012 when it should not have been given due to having a low

Class III

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911459	A. Building B. Wing	6/13/2013

Name of Facility	Street Address, City, State, Zip Code
THE FOUNTAINS AT LAKE POINTE W	3270 LAKE POINTE BLVD SARASOTA, FL 34231

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC		ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By [signature] HFES	Date: 7-1-13	Signature of Surveyor: [signature] Larry Taylor, RNS	Date: 7-1-13
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ... MINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
The Fountains At Lake Pointe W
3270 Lake Pointe Blvd
Sarasota, FL 34231

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2013 by a representative of this office.

Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2013.**

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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosures: State Form and Revisit Report

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

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Fort Myers, FL 33901
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