STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910252	07/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Inn At Freedom Square (the)	10801 Johnson Blvd. Seminole, FL 33772	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey with limited nursing services (LNS) was conducted on .

The Inn at Freedom Square, assisted living facility, had deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

Based on observation, record review and interviews, the facility failed to transcribe an order for care for 1 (Resident #8) of 6 sampled residents (2 residents sampled for Limited Nursing Services (LNS) components and 4 residents observed during the morning med pass).

Findings include:

Review of the LNS log revealed Resident #8 was admitted to the facility on with an . An order was received on for a home health to provide care and monthly changes. The facility nursing staff, per interview with the facility ' s director of nurses (DON) on at approximately 1:30pm and again on at 1:55pm, were responsible to check its residents with daily for flow and amount, color, placement, obstruction and initial the medication observation record (MOR) that the nurses changed the bedside bag used at night to a leg bag during the day. The monthly nursing assessments indicated both Residents #7 or #8 were assessed as required but Resident #8 did not have the daily change of the leg bag to bedside bag entered onto the MOR.

Interview with the DON on at 1:50pm revealed he was unaware that the monitoring and leg bag to bedside task was never transcribed onto the MORs but acknowledged that it wasn ' t. He assured the surveyor that the nursing monitoring and care was provided on a daily basis by the staff nurses and he observed Resident #7 and #8 ' s himself at a minimum of monthly basis and spoke directly to the nurses responsible for providing the monitoring and bag changes. Additionally, he said home health provided the monthly changes as ordered.

Surveyor confirmed with Staff A and Staff E, both licensed practical nurses (LPN) during telephone interviews on at approximately 1:00pm and 2:00pm that they were aware that Resident #8 had a and they provide daily monitoring of it and change the bag from a bedside bag when they arrive in the am to a leg bag in the morning.

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Record review revealed the home health agency did provide the changes as ordered, the most recent change was the day of the survey,

Interview with Resident #8 on at 3:15pm confirmed that the facility ' s nurses do check his daily and make the switch from leg bag during the day to bedside bag at night. Additionally,he said the nurses were very attentive and responsive and he verbalized no medical care concerns with the care received by facility nurses.

CLASS III

N278-LNS - Records 58A-5.031(3) FAC

Based on observation, record review and interviews, the facility failed to assure its Limited Nursing Services (LNS) documentation requirements were complete including the daily monitoring and care for 2 (Residents #7 and #8)- added to expand the sample) of 2 residents receiving indwelling care and monitoring.

Findings include:

Review of the facility's LNS log revealed Resident #7 began LNS services in . The service ordered was maintenance of an . The LNS service was listed as leg bag in am (morning), bedside bag at hs (bedtime). Home health nursing (3rd party) was to change the monthly.

Review of Resident #7's daily medication observation records (MORS) revealed the ordered LNS service listed but inconsistently documented the daily care was provided. In and , the MOR had each shift listed: 7am-3pm, 3pm-11pm abd 11pm-7am. Nurses initialed they provided the daily care. In , the MOR listed 2 shifts 11p-7am and 3pm-11pm. Each day was initaled by nurses indicating the ordered 2x day monitoring and bag change was done. Further review of the MORS revealed the months of , , and did not have the care initialed by the nurses that they had completed the task ordered.

Observation of Resident #7 on revealed she was sitting in a chair in the activities the memory care unit. She was observed to use a walker independently to participate in an interview with the surveyor. She was observed to be well with hair brushed wore make up. She was dressed appropriate for the environment. She was alert and oriented however, initially she told the surveyor that she did not have a at al but shortly after and with a little prompting, she remembered that she did have a and indicated by touching her left thigh where the tubing was (attached to her leg) under her long pants which allowed her to move without restriction. She said the nurses check her daily, change the bag to the bedside bag at night and to the leg bag in the morning. She said she had no problems with the and that if she has any problems, staff address it.

Review of Resident #7's monthly LNS RN assessments provided by the director of nurses (DON) addressed the general status of the resident and indicated there had been no complaints or signs or symptoms of tract

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or any other problems with the for each month prior.

Review of the facility's LNS book revealed Resident #8 was ordered LNS services begining . An order dated directed home health care for care and maintenance and change monthly and as needed. Continued review of the LNS book had the required monthly assessments that addressed the general status of the resident as well as the status of his . Review of the residents MORs from to revealed no transcription of the order to the MOR of the ordered care (cited under 0054).

Interview with Resident #8 on at approximately 2:15pm on in his apartment in the memory care unit revealed nurses help him with all of his and his wife's medical needs and a home health nurse also visits. He did not tell the surveyor that he had a during the survey and it was not known during the interview that he had one. He was observed to be well , wore clean clothes, was clean shaven, hair was brushed and there were no malodors in the apartment.

Telephone interview with Resident #8 on at 3:15pm confirmed that the facility ' s nurses do check his daily and make the switch from leg bag during the day to bedside bag at night. Additionally, he said the nurses were very attentive and responsive and he verbalized no medical care concerns with the care received by facility nurses.

Interview with Staff A (licensed practical nurses) on at approximately 2:00pm revealed she does provide care for Residents #7 and #8. She went on to say that she is required to document on the daily MOR that the was checked and that the bag was changed from a bedside bag used at night to a leg bag during the day. She said the assigned nurse checks the daily to determine if the flows freely and checks the postition of it to assure there is no obstruction, checks to assure it is in place with no tugging or pulling, that the skin in the surrounding area is clean and free from irrigation. She went on to say that sometimes a resident with , such as Resident #7 pulls the out and if and when that happens, the home health agency is notified and they come and insert a new . She said the nurses are assiged specific residents and it is her responsibility to review the monthly physician orders match the MOR. They then color code by highlighting both the medications and treatments so that each shift knew what they were responsible to document. She acknowledged that Resident #7's MORs were intially signed daily and whoever was responsible to assure the MORs were highlighted didn't do it, therefore the documentation of the daily care stopped although the care did not.

Telephone interview with Staff E (LPN) on at 1:00pm revealed she has cared for both Residents #7 and #8. She said she is required to observe any assigned residents with a on a daily basis checking for appropriate placement, look for pulling or tugging of the tubing, check for patency, color and clarity of . She said both of the residents also have home health nursing who also provide monitoring and monthly and/or prn (as needed) changes. She additionally said the specific LPNs assigned to each resident is responsible to assure the monthly physician order sheets match what the MOR has on it and the nurse highlight with color coding the treatments and medications based on what shift the care or treatment is due. She said she had been initialing the care but when the highlight was no longer on the MOR, she stopped intialling also.

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She said she absolutely did provide the monitoring and care ordered.

Interview with the DON on at approximately 1:30 p.m. revealed it was the responsibility of the facility's licensed nurses to initial that they monitored the and changed the bag from the bedside bag at night to the leg bag in the morning. He pointed out that this had been done for Resident #7 for the months of - 2013 but acknowledged they did not document on the MORs for 04-current 2013. He said the order for Resident #8 was never transcribed onto the MOR (separate deficiency). He said he did not know why the nurses did not document as they were required to do so and acknowledged that he had not noticed that the information was missing during his routine monitoring of the nurses work and relied more on his own assessment of the resident and speaking directly to the nurses.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Inn at Freedom Square (The)
10801 Johnson Blvd.
Seminole, FL 33772

Dear Administrator:

This letter reports the findings of a biennial state licensure survey that was conducted on , 2013, by a representative of this office.

Attached is the provider's copy of the State (5000-3547) 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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