STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965330	**07/18/2013**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arcadia Oaks Assisted Living	**1013 East Gibson Street Arcadia, FL 34266**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
Z827-Unlicensed Activity-07/18/2013

Revisit Repeat Tags:
0010-Admissions - Continued Residency-58a-5.0181(4) Fac

This is the results of a revisit to two Complaint Surveys, CCR# 2013002380 and CCR#2013001667 at Arcadia oaks. The complaint survey was completed on . . . . . This revisit was completed on . . . . . .

The citations originally cited were re-cited on this visit.

The following is a description of non-compliance:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation and interview, the facility failed to ensure 2 (Residents #6 and #21) of 30 residents sampled were appropriate for continued residency.

The findings include:

1. Observation of Resident #6 on , required all supplies to be opened and placed on the table for her. The med tech had to verbally cue the resident multiple times to get her to open the glucometer strips. Resident had to be verbally cued to place the strip into the glucometer. Resident had to be prompted to open the needle. Resident had to be prompted to place the needle on lancet. Resident had a difficult time trying to turn the lancet to place on the needle. The Med tech had to open the . . . . . swab for the resident. The resident had to be prompted to wipe her finger with the . . . . . swab. She had to be prompted to poke her finger with the lancet. The resident had to be prompted to place her finger next to the glucometer strip. She couldn't hold the glucometer and therefore the med tech held the glucometer for her. She had to be prompted to read the glucometer.

During an interview on , Resident #6 stated, "I do this all the time. But, I don't know why." She did not know what the number on the glucometer meant. Resident #6 has sliding scale coverage and did not understand when to administer . . . . . to herself and when to hold it.

2. Observation of Resident #21 on , revealed the resident was given the glucometer strip bottle by the med tech. The resident attempted to open it with prompts from the med tech. The resident's wife tried to open the bottle and after many attempts was unable to open the bottle. At that time the med tech took the bottle and opened the top. The med tech took a strip out. The med tech took the glucometer and had the wife assist with placing the strip in the bottom of the glucometer. Resident #21 was then handed the lancet and the needle. He was prompted to remove the covering of the needle. He was unable to do this. His wife took the needle and pulled the tab off the top. The resident was then prompted to twist the needle onto the lancet. Resident #21 was unable to do this after many attempts. The wife also tried. She was unable to twist the needle on the lancet after multiple attempts. The med assistant twisted the needle onto the lancet. Resident #21's wife then twisted the

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lancet and took top off. The wife then took an [illegible] wipe and cleansed the resident's finger. The wife then poked the resident's finger. The wife placed the glucometer against the resident's finger until the glucometer beeped. The glucometer read 248. Resident #21 was prompted to take the lid off of the [illegible] pen. He was unable to perform that task. The wife didn't understand how to take the lid off either. The med tech took the lid off of the [illegible] pen and handed the pen to the resident. The med tech then told the resident what to dial the pen to. Resident #21 was able to dial the [illegible] pen. The residents wife wiped the area to be injected with [illegible]. Resident #21 injected himself with 5 units of [illegible]

During an interview on [illegible] at approximately 11:45 a.m., Resident #21 was asked what he would do if his [illegible] glucose was 20. Resident #21 said, "I don't know." Resident #21 was asked what he would do if his glucose was 400. Resident #21 said, "I don't know." These questions were asked of Resident #21's wife also. She replied the same. She did say that she might be able to learn. Both residents are wheel chair bound and had issues with fine motor movement.

Class III

Z827-Unlicensed Activity 408.812, FS

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Arcadia Oaks Assisted Living
1013 East Gibson Street
Arcadia, FL 34266

RE: REVISED

Dear Administrator:

This letter reports the revised findings of a revisit survey conducted on 2013by representatives of this office. After additional review Tag Z827 "Unlicensed Activity" was corrected as a result of this survey.

You are directed to provide a plan of correction to the Fort Myers Field Office for the identified deficiency within ten calendar days of receipt of this faxed report. The plan should be directed to the attention of Mr. Harold Williams, Field Office Manager and mailed to:

Agency for Health Care Administration

Health Quality Assurance, Fort Myers Field Office

2295 Victoria Avenue, Suite 340

Fort Myers, FL 323901

Phone: (239) 335-1315

Fax: (239) 338-2372

The survey resulted in findings of noncompliance with the following areas:

1) A010 Admissions – Continued Residency. Class III, uncorrected

The facility failed to ensure 2 of 30 residents sampled were appropriate for continued residency.

Your directed plan of correction must include the following:

1) The Administrator and all staff that assist with the self-administration of medications immediately take the Department of Elder Affairs Assistance with Self-Administration of Medications in an Assisted Living Facility training.

2) Immediately evaluate all residents to determine if they require assistance with self-administration of medication or administration of medication. For those who require administration ensure that this is done as required by a nurse (LPN or RN) or is done by an unpaid family member.

A Directed Plan of Correction is not intended as the sole intervention(s) to be instituted by a provider, but is intended to impose directed interventions to address immediate concerns with identified deficient practice.

Please be advised that nothing in this DPOC limits the Agencies authority and responsibility to impose administrative sanctions as provided by law.

Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected 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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Enclosure: State Form