STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964518	08/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Sunshine Meadows	1809 18th Street Sarasota, FL 34234	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0011 - 58a-5.0181(5) Fac - Admissions - Discharge S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

An unannounced Biennial survey was conducted from . . through . . . at Sunshine Meadows, an Assisted Living Facility (ALF).

The following is a description of non-compliance:

0011-Admissions - Discharge 58A-5.0181(5) FAC

Based on observation, record review, and interview the facility failed to provide a discharge notice when criteria for residency was not met for 1 (Resident #2) of 2 residents reviewed.

The findings include:

Observation on . . . at approximately 11:30 a.m., revealed Resident #2 exiting the elevator onto the first floor. He informed the staff who were nearby he needed socks put on his feet. White gauze dressings were observed on his left heel and the top of his left great toe. Staff indicated the resident had . ' on his feet.

The facility holds a standard, LNS (Limited Nursing Service) license.
Review of the demographic work sheet documents Resident #2 was admitted to the ALF (Assisted Living Facility) on . . .

Review of the record documents the resident was admitted to the . . . . | care center . . . and under the "Comments" section of the form, the following is documented: "... . . . | care to the left lateral heel every other day (home health per resident preference) ...change days with dress on, then HH (Home Health) to remove dressings, wash heel/ with soap/water, irrigate hole with syringe, tuck a small strip of Aquacel AG into , foam . . | mefix tape. Avoid shoes for now-causes pressure. Please arrange . to see (MD-podiatry), for shoe/c revision-causing . . F/u in 2 weeks."

On , physician's orders/notes document the following: "...(HHA) to eval and tx (treat) . . left foot and right lateral heel . . . . /OT (physical . eval and tx, LE (lower extremity) , gait training ...Add 2 . . (diagnoses) to chart, . . (Chronic Kidney . , NO shoes, black ones are causing pressure (arrow over) heels."

On , documentation by the . . . | care center reveals the following: "...obtain circulation studies...of the lower extremitie . | insufficiency, non-healing . . . . and pain. Daily wash-3 . . . right foot/left foot-soap/water-paint with . apply protective dressing. Please order and apply prevalon or foam boots to both feet-protections from pressure and . . . . . To be worn at all times."

On . . documentation reveals the frequency of . . . . | care was changed to every other day.

On , the . . . | care center notes include, "...okay to ambulate without foam boots, wear in bed only."

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During an interview with the Limited Nursing Supervisor on at 4:00 p.m., she was unsure as to whether the wounds on the resident's heel(s) were or She stated the ALF has been communicating with the HHA who said they were but when asked if she clarified the wounds with the physician at the care center, she stated she had not.

The surveyor requested documentation from the care center to ascertain the correct diagnosis of the wounds being treated by the HHA. Review of the History and Physical dated provided by the care center revealed that it documents the resident with lateral calcaneus from

Interview with the care ARNP (Advanced Registered Nurse Practitioner) on at approximately 11:20 a.m., confirmed the resident presented to their center on with "Two" pressure sores to the lateral calcaneus areas on his feet. She stated the one on the right heel had recently healed and they are still treating the one on his left heel.

Observation in the presence of the home health nurse on at 11:45 a.m., revealed the resident in his in his wheelchair. A small, dry, pin point open area with a grayish colored base was observed to his left calcaneus. Both of the resident's lower legs were

According to Florida Rule 58a-5.0181(4):..."criteria for continued residency in any licensed facility shall be the same as the criteria for admission....(b) A resident requiring care of a pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident's record; and
3. If the resident's condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility."

Interview with the Executive Director on at 12:30 p.m., confirmed she did not provide a discharge notice to the resident back in as she was going by the information provided to her by the home health agency who informed her the resident had to his feet.

The resident developed "Two" pressure sores to the calcaneus areas on his feet on and the facility failed to serve a discharge notice related to Resident #2's inability to meet criteria for continued residency in the ALF.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation, record review and interview the facility failed to ensure an unlicensed staff member was able to administer the correct dose of a medicated gel to 1 (Resident #11) of 5 residents observed during assistance with self-administration of medication.

The findings include:

Observation on at 9:40 a.m., during assistance with self administration of medications for Resident #11 revealed Staff "E" preparing medications which included Voltaren 1% gel. She squeezed a small amount of the

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gel (10 cc's) and put it into a plastic pill cup. She was unable to determine the amount of the gel inside of the cup.

After the resident self administered her medications, Staff "E" sanitized her hands and donned a pair of gloves. She went into the resident's , bent down next to the resident and applied the gel to the resident's right knee. After rubbing it into her knee, she removed her gloves, exited the sanitized her hands.

Review of the physician's order documents Voltaren Gel 1% apply to right knee 2 times a day as directed.

Review of the directions on the box of Voltaren documents the following instructions: "... Dosage: apply to skin over the affected area 4 times daily. Use the dosing card provided to measure the amount of Voltaren Gel to be applied."

Staff "E" was asked to remove the "Dosing card" from inside of the box of the gel. The plastic card offers two doses of the medications, 2 grams or 4 grams, in which the medication could be squeezed onto the card and used as a guide for an accurate dose of the medication.

The physician's orders for the medication was not clearly defined which prohibited Staff "E's" ability to assist the resident in receiving an accurate dose of the medicated gel to her knee.

Class III

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

Based on observation, record review and interview the facility failed to maintain complete and accurate documentation of services provided for 1 (Resident #2) of 5 residents receiving Limited Nursing Services (LNS) with and who is also receiving .

The findings include:

Observation on at approximately 11:30 a.m., revealed Resident #2 exiting the elevator onto the first floor. He informed the staff who were nearby he needed socks put on his feet. White gauze dressings were observed on his left heel and the top of his left great toe. Staff indicated the resident had on his feet.

The facility holds a standard, LNS (Limited Nursing Service) license.
Review of the demographic work sheet documents Resident #2 was admitted to the ALF (Assisted Living Facility) on .

Review of the record documents the resident was admitted to the care center and under the "Comments" section of the form, the following is documented: "... care to the left lateral heel every other day (home health per resident preference) ...change days with dress on, then HH (Home Health) to remove dressings, wash heel/ with soap/water, irrigate hole with syringe, tuck a small strip of Aquacel AG into , foam , mefix tape. Avoid shoes for now-causes pressure. Please arrange to see (MD-podiatry), for shoe/c revision-causing F/u in 2 weeks."

On , physician's orders/notes document the following: "...(HHA) to eval and tx (treat) left foot and right lateral heel /OT (physical eval and tx, LE (lower extremity) , gait training

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...Add 2 ... (diagnoses) to chart, ... (Chronic Kidney ..., ... NO shoes, black ones are causing pressure (arrow over) heels."

On ..., documentation by the ... care center reveals the following: "...obtain circulation studies...of the lower extremities ... insufficiency, non-healing ... and pain. Daily wash-3 ... right foot/left foot-soap/water-paint with ..., apply protective dressing. Please order and apply prevalon or foam boots to both feet-protections from pressure and ... To be worn at all times."

On ..., documentation reveals the frequency of ... care was changed to every other day.

On ..., the ... care center notes include, "...okay to ambulate without foam boots, wear in bed only."

Observation in the presence of the home health nurse on ... at 11:45 a.m., revealed the resident in his ... in his wheelchair. A small, dry, pin point open area with a grayish colored ... base was observed to his left calcaneus. Both of the resident's lower legs were ... Two pink colored foam boots with velcro straps were observed resting on top of a box in the resident's ... The resident stated he is unable to put the boots on by himself and that staff put the boots on him at night while he is in bed and take them off when he gets up in the a.m. The resident was wearing a nasal cannula and ... at 2 liters was observed being delivered continuously. He confirmed he knows how to put the ... on, but the nurses at the facility ensure it is set at the proper rate.

Review of the physician's orders dated ... documents the resident is ordered to receive ... at 2 liters/min prn via nasal cannula. Nurse to check liter control daily ongoing."

Review of the nursing notes between ... (previous LNS survey) through current document daily observation notes of the liter setting and ... use of the resident.

Record review also revealed there were no monthly assessments by the LNS supervisor which included a written review of information collected from observation of and interaction with a resident, the resident's record, and any other relevant sources; the analysis of the information; and recommendations for modification of the resident's care, if warranted.

During an interview with the Limited Nursing Supervisor, who is also an RN (Registered Nurse), on ... at 12:20 p.m., she stated she did not place the resident on LNS. She was unaware what the requirements were for the "Monthly assessments" and asked to make a copy of Florida's definition and requirements for assessments.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

.2013

Administrator
Sunshine Meadows
1809 18th Street
Sarasota, FL 34234

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on .2013 by representatives 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 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 surveyors. 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

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