STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911225	09/24/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At River Oaks	925 South River Road Englewood, FL 34223	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= B

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR# 2013008071 conducted at Emeritus at River Oaks, an Assisted Living Facility (ALF) on ...

There was 1 allegation in the complaint which was Substantiated and resulted in deficiencies at A0054 and A0056.

A concern was also evaluated during this survey, and there were deficiencies cited at A0030, A 0091 and A0165.

The following is a description of non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on a review of resident records and interview with administrative staff, the facility failed to ensure there was adequate supervision of 1 (Resident #5) of 6 residents reviewed.

The findings include:

A review of Resident #5's record revealed the resident was found on the floor in the ... the aide on ... at 7:45 a.m. The resident's face was ... ' and there were ... on both legs. The patient was transported to the hospital by the paramedics.

The documentation in the event statement dated ... revealed the resident care aide had seen the resident at 10:30 p.m. on ... The aide further stated he observed the resident's ... 2-3 hours on rounds. The ... a window which was able to be viewed through. The aide stated the last time he noted the resident's feet through the window was between 1:30-2 a.m. on ... The resident was not seen again by staff until found on the floor on ... at 7:45 a.m.

A second aide statement provided to the surveyor noted she had seen the resident at 9:15 p.m. on ... when she assisted the resident with her clothing as the resident needed assistance.

The 1823 health assessment dated on ... and signed by the physician, revealed the resident needed assistance with bathing, ambulation (uses a scooter at times), and dressing. The resident was independent in eating ... and transferring, but need supervision with toileting.

An Adult protective service report stated an interview with the Emergency ... nurse at the hospital where this resident was taken was performed on ... at 12:53 p.m. In the interview the nurse stated the resident had ... on the feet lower legs, and upper thighs. There was an older ... on the shoulder as well

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as other area that the skin was missing completely. The resident head and lips were [redacted] and there was dried [redacted] in the mouth and on the lips. The [redacted] (a laboratory test which checks of muscle issues) indicated there was muscle breakdown in the body. "Usually this occurs when the body is against something hard for not moving."

Interview with the Regional Manager on [redacted] revealed the facility does not perform "Rounds" on residents. They do an assessment, and if the resident is independent they only will do checks on the Resident at specific intervals. The policy related to resident checks states the following: "All residents are checked during meal census. If the need for more frequent checks is identified during the evaluation process, appropriate care shall be documented on the resident's service plan."

A review of this resident's service plan was assessed on [redacted] revealed the resident was oriented to person, place, time and situation. The resident has difficult with hearing and needs cueing and gestures for instructions and directions. For mobility, the resident required cueing for mobility to and from meals, activities, beauty shop, and/or common areas. The resident was evaluated for independence in transfers but needs assistance with dressing and standby assistance or oversight with bathing/showering. The resident needs assistance with wash hair, upper and lower extremities and towel drying.

A review of training provided to staff on [redacted] revealed the need for [redacted] frequently. Try for every 2 hours."

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on a review of resident records and interview with administrative staff, the facility failed to ensure 1 (Resident #5) of 6 residents reviewed was in a safe environment.

The findings include:

A review of Resident #5's record revealed the resident was found on the floor in the [redacted] the aide on [redacted] at 7:45 a.m. The resident's face was [redacted] and there were [redacted] on both legs. The patient was transported to the hospital by the paramedics.

The documentation in the event statement dated [redacted] revealed the resident care aide had seen the resident at 10:30 p.m. on [redacted] The aide further stated he observed the resident's [redacted] 2-3 hours on rounds. The [redacted] a window which was able to be viewed through. The aide stated the last time he noted the resident's [redacted] feet through the window was between 1:30-2 a.m. on [redacted] The resident was not seen again by staff until found on the floor on [redacted] at 7:45 a.m.

A second aide statement provided to the surveyor noted she had seen the resident at 9:15 p.m. on [redacted] when she assisted the resident with her clothing as the resident needed assistance.

The 1823 health assessment dated on [redacted] and signed by the physician, revealed the resident needed assistance with bathing, ambulation (uses a scooter at times), and dressing. The resident was independent in eating [redacted] and transferring, but need supervision with toileting.

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An Adult protective service report stated an interview with the Emergency nurse at the hospital where this resident was taken was performed on at 12:53 p.m. In the interview the nurse stated the resident had on the feet lower legs, and upper thighs. There was an older on the shoulder as well as other area that the skin was missing completely. The resident head and lips were and there was dried in the mouth and on the lips. The (a laboratory test which checks of muscle issues) indicated there was muscle breakdown in the body. "Usually this occurs when the body is against something hard for not moving."

Interview with the Regional Manager on revealed the facility does not perform "Rounds" on residents. They do an assessment, and if the resident is independent they only will do checks on the Resident at specific intervals. The policy related to resident checks states the following: "All residents are checked during meal census. If the need for more frequent checks is identified during the evaluation process, appropriate care shall be documented on the resident's service plan."

A review of this resident's service plan was assessed on revealed the resident was oriented to person, place, time and situation. The resident has difficult with hearing and needs cueing and gestures for instructions and directions. For mobility, the resident required cueing for mobility to and from meals, activities, beauty shop, and/or common areas. The resident was evaluated for independence in transfers but needs assistance with dressing and standby assistance or oversight with bathing/showering. The resident needs assistance with wash hair, upper and lower extremities and towel drying.

A review of training provided to staff on revealed the need for frequently. Try for every 2 hours."

Class III

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

Based on a review of resident's records and interview with administrative staff, the facility failed to ensure all physician ordered medications were transferred to the current Medication Observation Record (MOR) and administered as ordered for 1 (Resident #4) of 5 residents reviewed.

The findings include:

While reviewing Resident #4's medical record, there was noted a letter from the resident's daughter stating the resident had not received medications for the past 3 years. There was a note written by an unknown person indicating the resident had been getting the medications since 1 of 2013.

Review of the MORs for 2012 and 2011 revealed the resident did not receive any medication for during this time span. There was not a complete set of MORs for 2010 for review, but for what was present, the resident did not receive any medication.

Further review of the record revealed on there were physician's orders to instill 1 drop of into both eyes once at bedtime. The resident received this medication from through . After this, the medication just stops and it is not on the MOR for through of 2013.

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Interview with the LPN (Licensed Practical Nurse) on at 3:45 p.m., she stated she had called the pharmacy and they could not look that far back into the computer to determine what had happened to this medication. She also contacted the company that prints the MORs and they also could not confirm the reason this did not continue on the resident's MORs.

There was physician's order in of 2013 which was printed version of the medications on the MOR. This list did not contain any orders for medications. Interview with the regional nurse on at 3:00 p.m., indicated agreement that these printed orders are for medications which had already appeared on the printed MORs and would not contain any medications that had never been entered into the computer.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC

Based on a review of resident records and interview with administrative staff, the facility failed to ensure 1 (Resident #4) of 5 resident medications were renewed in a timely manner

The findings include:

A review of Resident #4's record revealed in there was a physician's order for 1 drop in both eyes daily at night. This medication was given through the 31st of of 2012. The medication was not carried over to the Medication Observation Record (MOR) of 2013 and no medication was reordered for this resident in a timely manner.

Class III

091-Training - Documentation & Monitoring 58A-5.0191(12) FAC

Based on a review of training to staff after an incident, the training did not contain all of the required elements.

The findings include:

Information provided to the surveyor for the training performed after a resident revealed the training did not contain a title, the program agenda, the number of hours for the training, the trainees name, dated signature and credentials and the professional license number if applicable. There should be a training certificate for this training none of the staff had this documentation.

Class

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on a review of resident record, interview with administrative staff, the agency failed to file an adverse incident report to the state as required for 1 (Resident #4) of 1 resident reviewed

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The findings include:

Resident #4 had a [redacted] that resulted in injury to the resident on [redacted]. A review of the health assessment form 1823 dated [redacted] stated the resident needed supervision with toileting and assistance with bathing, dressing and ambulation for which the resident used a scooter. The resident was transferred to the hospital by emergency transport and remained in the hospital. There was no adverse incident report either a 24 hour report or a 15 day report done on this resident.

Class [redacted]

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At River Oaks
925 South River Road
Englewood, FL 34223

Re: CCR #2013008071

Dear Administrator:

This letter reports the findings of a complaint 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 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. 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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