STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	10/08/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Florida Shores Assisted Living	1229 Mango Tree Drive Edgewater, FL 32132	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0055 - 58a-5.0185(6) Fac - Medication - Storage And Disposal S-S= D
St - A - 0081 - 58a-5.0191(2) Fac - Training - Staff In-Service S-S= D
St - A - 0082 - 58a-5.0191(3) Fac - Training - S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - N276 - 58a-5.031(1) Fac - Lns - Nursing Services S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

A biennial licensure survey with Limited Nursing Services was conducted on , 2013. Florida Shores Assisted Living Facility had licensure deficiencies found at the time of the visit.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on observation, record review and resident and staff interview, the facility failed to have one resident (Resident #7) meet admission criteria, 1 of 8 sampled residents.

The findings include:

Review of resident record revealed Resident #7 was admitted to the facility on with a diagnosis of . She had a Health Assessment (HA) revealing she also had and The HA also revealed she was total care for ambulation, bathing, dressing, toileting, and transferring. It also revealed she was admitted with a and was receiving care at the hospital. The HA did not have a weight on it and under this section written in was "wheelchair bound".

Resident #7 was interviewed on at 9 a.m. She stated she was a paraplegic and could not move from the waist down. She stated she had a speciality chair equipped for her van to get her out of bed with a slide board. She confirmed she did have a on her bottom and went to the hospital weekly for treatments. They told her that it was almost healed. She stated she needed full side rails on her bed so she could position herself in bed. She stated she also had a because she was unable to empty her on her own. She stated she did have home health come see her here.

The Resident was observed on at 9 a.m. She had full side rails on both sides of her bed. A tubing was observed hanging from the bed and going into a plastic grocery bag. The grocery bag was sitting on the floor. The resident confirmed this was her

The Administrator was interviewed on at 9:30 a.m. He confirmed the resident's health assessment did

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reveal the resident had a [redacted] and needed total care with activities of daily living. He did confirm she had a [redacted] and home health nursing came out weekly and as needed to take care of it. He had called them yesterday because her [redacted] was leaking and home health came in yesterday and replaced the [redacted] He did confirm that the resident had full side rails on the bed. He also confirmed the [redacted] bag was sitting on the floor.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review, resident interview, and staff interview , the facility failed to limit physical [redacted] to only half bed rails with physician order for 1 of 8 sampled residents, Resident #7.

The findings include:

On [redacted] at 9 a.m. Resident #7 was observed to have full bed rails on each side of her bed. The Resident was interviewed at the same time and stated she needed them to position herself in bed. She could not lower them by herself to transfer out of her bed. She was a paraplegic.

Review of the resident's clinical record did not reveal a physician's order for these bed rails.

The Administrator was interviewed on [redacted] at 9:30 a.m. He confirmed the resident did have full bed rails on her bed because that was what she wanted. He confirmed he did not have a physician's order for it in the clinical record. He knew that full bed rails were not allowed in the facility.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review and resident interview and staff interview, the facility failed to properly assist with self administration of medication for 2 of 8 sampled residents, Residents # 7 and #8.

The findings include:

1. Resident #7 had a [redacted] health assessment revealing that she needed assistance with self administration of medications. On [redacted] at 9 a.m. an eye drop [redacted] 0.005%) was noted on top of the resident's bedside table. She stated she instilled one drop in her left eye at night. She did it by herself and she keeps it on her bedside table. She did not put it in her right eye because it is too far gone due to [redacted]
Review of the resident's [redacted] 2013 MOR did not reveal this medication.
The Administrator on [redacted] at 9:15 a.m. confirmed the medication was not on the MOR. He did not know she was taking this medication until today.

2. Resident #8 had a [redacted] health assessment revealing that he needed assistance with self administration of medications. The Resident's [redacted] 2013 Medication Observation Record (MOR) revealed he was receiving a [redacted] treatment three times a day. Unlicensed facility staff was signing the MOR at 8 am, 2 pm, and 8 pm. The Resident's MOR also had [redacted] 50 mg tab , take one tab by mouth every 4-6 hours as needed written on it. It did not have an indication for use.

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The Administrator on at 10:15 a.m. confirmed that unlicensed staff was signing the MOR for the resident's treatments. He also confirmed that the Resident's order on the MOR did not have an indication for use but he knew it was for pain.

Class III

0055-Medication - Storage and Disposal 58A-5.0185(6) FAC
Based on observation and staff interview, the facility failed to secure centrally stored medications in a locked compartment for Residents #2, #6, #7,and #8 , 4 of 8 sampled residents. In addition, facility staff medications were also left unsecured.

The findings include:

On at 8:35 a.m. a prescription medication medication) was observed sitting on top of the Administrator's desk located next to the main hallway. It belonged to Resident #2. Next to it was a bag full of prescription medications. The Administrator stated it was not the resident's. They were his medications. On the same counter was a bottle of over the counter with the name of Resident #6 on it. The Administrator stated he had not put them away yet.

On at 9 a.m. eye drops was observed on bed side table for Resident #7. This medication was not centrally stored. The Administrator confirmed this at 9:10 a.m. and removed it from

On at 10:10 a.m. a box of vial was observed on his beside table. He stated it was left in his he could use them as he needed to.

Class III

0081-Training - Staff In-Service 58A-5.0191(2) FAC
Based on personnel record review and staff interview, the facility failed to ensure that employees had documentation of elopement training for 2 of 4 employees, Employees #A and #C and failed to have documentation for control for 1 of 4 employees, Employee A.

The findings include:

Employee A was hired as a Medication Technician on . Review of the employee's personnel record did not reveal elopement and control training had been completed.

Employee C was hired as a Caregiver in 2012. Review of the employee's personnel record did not reveal elopement training had been completed.

The Administrator was interviewed on at 11:39 a.m. He confirmed he did not have documentation for elopement and control training for these two employees.

Class III

0082-Training - 58A-5.0191(3) FAC

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Based on employee record review and staff interview, the facility failed ensure that employees received a one time course on and within 30 days of employment for 1 of 4 sampled employees, Employee C.

The findings include:

Employee C was hired as a Caregiver in 2012. Review of her employee record did not have documentation of completed training.

The Administrator was interviewed on at 11:35 a.m. and confirmed he did not have documentation of this training for this employee.

Class III

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and staff interview, the facility failed to ensure that employees had documentation of trainings for 3 of 4 employees, Employees #A and #C, and #B.

The findings include:

Employee A was hired as a Medication Technician on Review of the employee's personnel record did not reveal training for

Employee C was hired as a Caregiver in 2012. Review of the employee's personnel record did not reveal training for

Employee B, the Administrator's wife was also a caregiver at the facility for over 10 years. Her personnel record did not reveal training for

The Administrator was interviewed on at 11:39 a.m. He confirmed he did not have documentation for trainings for these employees.

Class III

0161-Records - Staff 58A-5.024(2) FAC
Based on personnel record review and staff interview, the facility failed to ensure that employees had documentation of participation in elopement drills for 3 of 4 employees, Employees #A and #C, and #B and failed to have one employee (#C) have evidence of free of communicable statement for 1 of 4 sampled employees.

The findings include:

Employee A was hired as a Medication Technician on Review of the employee's personnel record did not reveal participation in elopement drills.

Employee C was hired as a Caregiver in 2012. Review of the employee's personnel record did not reveal

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participation elopement drills or a free of communicable statement.

Employee B, the Administrator's wife was also a caregiver at the facility for over 10 years. Her personnel record did not reveal participation in of elopement drills.

The Administrator was interviewed on at 11:39 a.m. He confirmed he did not have documentation for elopement drills participation for Employees #A, #B, and #C. He also confirmed that he did not have a statement for free of communicable for Employee C.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on record review and staff interview, the facility failed to have resident contracts for 2 of 2 sampled residents, Residents # 7 and #8.

The findings include:

Resident #7 had an admission date of Review of the resident's record did not reveal a resident contract.

Resident #8 had an admission date of Review of the resident's record did not reveal a resident contract.

The Administrator was interviewed on at 9:52 a.m. He confirmed that he did not have contracts for these two residents yet.

Class III

N276-LNS - Nursing Services 58A-5.031(1) FAC
Based on observation, record review and resident and staff interview, the facility failed to provide Limited Nursing Services (LNS) for 1 of 8 sampled residents, Resident #8.

The findings include:

Resident #8 was admitted on with diagnoses of with and chronic His weight on admission was 113 and his health assessment (HA) revealed he was to have Ensure Plus (nutritional supplement) twice a day. It also revealed he needed assistance with medication administration and needed assistance with preparing meals.

On , 2013 at 9:41 a.m., Resident #8 was observed sitting in his recliner in his set a 3 liters per minute. He had support hose on both legs. He stated he had been putting them on himself and he knew they were not on quite right. He stated the heel portion should be over more so his toes stick out the front so the toes can be assessed for circulation. He stated they were hard to put on by himself. If he did not put them on his legs, they would swell really bad. He stated he wore his at all times. He panicked one night because it came off in the middle of the night and he could not find it right away. The resident stated that he did not touch the setting. He left it the way the home health personnel sets it. He stated he ran out of the

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Ensure yesterday.

Review of the clinical record did not reveal a physician's order for or support hose. The resident was receiving home health services and in their records, it did reveal an order for to be administered at 2 liters per minute on their Medication Profile Sheet. The Administrator on at 9:49 a.m. stated that the resident's was set at 3 liters per minute and the order was for 2 liters per minute. However, he did not have qualified staff to correct this. He would have to have home health come in or the resident to change it himself. The Administrator also stated he could not find an order for the support hose. He also stated that the resident's daughter was supposed to be bringing in the Ensure supplement. He actually thought it was Boost, not Ensure. He did not keep track of it. The Administrator stated the resident was not receiving LNS services for the , support hose, or supplemental drink.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on personnel record review and staff interview, the facility failed to ensure that employees had Level 2 background screenings for 2 of 4 employees, Employees #A and #C.

The findings include:

Employee A was hired as a Medication Technician on Review of the employee's personnel record did not reveal an eligible background screening.

Employee C was hired as a Caregiver in 2012. Review of the employee's personnel record did not reveal an eligible background screening.

The Administrator was interviewed on at 11:35 a.m. He confirmed he did not have evidence of background screening results for these two employees.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Florida Shores Assisted Living
1229 Mango Tree Drive
Edgewater, FL 32132

Dear Administrator:

This letter reports the findings of a state biennial licensure with Limited Nursing Services 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

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/KW/sm
Enclosure

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