STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964817	09/12/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arden Courts Manorcare Health	6125 Rattlesnake Hammock Road Naples, FL 34113	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0057 - 58a-5.0185(8) Fac - Medication - Over The Counter (otc) Products S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0085 - 58a-5.0191(6) Fac - Training - Nutrition & Food Service S-S= D

Specific Tag Findings:
An unannounced Biennial and Limited Nursing Service (LNS) survey was conducted on through at Arden Court-Lely an Assisted Living Facility.

The following is a description of non-compliance:

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on record review, observation and interview, the facility failed to ensure that medications are labeled, for over the counter medications, to reflect the physician's specific order.

The findings include:

1. During a medication pass, on at 8:25 a.m., Staff B was observed to administer one Citracal and D 200 mg, 250 mg tablet by mouth to Resident #15. The label on the bottle of this medication stated, "Citracal 200 mg and D 250 mg tablet take one tablet daily." The physician's order and Medication Observation Record (MOR) stated, "Citracal and D Petites, take one tablet by mouth every day." When questioned at 8:45 a.m. this date, the Director of Nursing (DON) stated she would call the pharmacy to find out if this over the counter medication was what the physician ordered.

In addition, at this time, Staff B was observed to administer one 81 mg chewable tablet to Resident #15. The label on the bottle of this medication stated, 81 mg chewable tablet, take 4-6 tablets every 4 hours (as needed)." The physician's order, and MOR, stated, 81 mg chewable tablet, 1 tablet by mouth every day."

2. During a medication pass, on at 9:45 a.m., Staff B was observed to administer one C 500 mg tablet by mouth to Resident #16. The manufacturer's label on the pill container stated, C 500 mg take 1, 2 or 3 times a day." The physician's order, and MOR, state C 500 mg tablet, take one tablet every day by mouth."

In addition, at this time, Staff B was observed to administer one 600 mg with D tablet by mouth to Resident #16. The manufacturer's label on the pill container stated, 600 mg with D, take 2 tablets daily." The physician's order, and MOR, stated, 600 mg with D, take one tablet every day by mouth."

3. Review of the medical record for Resident #14, on at 11:30 a.m., revealed physician's order, and MOR, that stated, 81 mg tablet, give 1 tablet by mouth every day." The medication container, for Resident #14, stated, 81 mg chewable tablet, take 4-6 tablets every 4 hours as needed." This medication is not and does not reflect the stated physician order.

4. Interview of the Administrator and DON, on at 11:30 a.m., revealed that labeling over the counter medication, with the resident's name, is their policy when an over the counter medication is ordered by the

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physician; however, they acknowledged an over the counter medication must be labeled to reflect the specific physician's order.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and confirmed by staff interview, the facility failed to ensure 3 (Employees B, E and G) of 7 employees reviewed had a statement from a health care provider stating the person is free from communicable including annually.

The findings include:

1. Employee B was hired She had a test on and that was negative. A review of her summary record revealed the last time the ARNP diagnosed she was free from was

2. Employee #E was hired He had tests on and A review of his summary record revealed the last time the ARNP or physician diagnosed he was free from was

3. Employee #G was hired on She had a test on and A review of her summary record revealed the last time the ARNP diagnosed she was free from communicable and was

4. Interview with the Executive Director and Director of Resident Services on at 2:00 p.m., revealed they were not aware the health care provider needed to assess the employees to be free from annually.

Class III

0085-Training - Nutrition & Food Service 58A-5.0191(6) FAC
Based on record review and interview with staff, the facility failed to ensure the food service director, Employee E, obtained 2 hours continuing education pertinent to nutrition and food service in an Assisted Living Facility (ALF).

The findings include:

1. Employee E is the food service director who has been employed since
Record review revealed he had a safe serve course dated . There was no other documentation that he had continuing in-services.

2. Interview with the Executive Director (ED) on confirmed he does not have the required 2 hours continuing education in 2012 or 2013. The ED stated she has set him up for training in the next couple of weeks. The ED stated the food service director has been doing the nutrition training for new employees.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Arden Courts Manorcare Health
6125 Rattlesnake Hammock Road
Naples, FL 34113

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Service (LNS) 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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