

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965330	(X3) DATE SURVEY COMPLETED 10/16/2013
NAME OF PROVIDER OR SUPPLIER Arcadia Oaks Assisted Living	STREET ADDRESS, CITY, STATE, ZIP CODE 1013 East Gibson Street Arcadia, FL 34266	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-10/16/2013

Revisit New Tags:

0025-Resident Care - Supervision-58a-5.0182(1) Fac

Specific Tag Findings:

These are the results of an unannounced revisit of two Complaint Surveys, CCR# 2013002380 and CCR# 2013001667 on 10/16/13 at Arcadia Oaks an Assisted Living Facility (ALF) in Arcadia, Florida.

The following is a description of non-compliance:

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

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

Based on observation, interview, and record review, the facility failed to assess the ability of Resident #15 to self-administer medications and for the same resident to administer medications to another resident (Resident #29) of 4 residents surveyed resulting in both residents not receiving medications as ordered by the physician.

The findings include:

On initial entry into the facility at 7:00 a.m. on [redacted] the Administrator was asked for a list of residents who needed [redacted] administration. She stated there were two residents in the facility that received [redacted]. She stated Resident #15 self-administers his [redacted] and he administers [redacted] to his spouse (Resident #29).

Review of the record shows Resident #15 is an [redacted] who suffers from [redacted] and Prostrate [redacted].

The resident's spouse (Resident #29) is a [redacted] female who suffers from [redacted] and [redacted] and memory [redacted].

At 7:20 a.m. on [redacted], Resident #15 was observed obtaining a [redacted] sugar from Resident #29. The [redacted] sugar level was noted to be 70. Resident #15 stated he would wait until the resident ate breakfast before administering his wife's [redacted] to her. He was asked about Resident #29's sliding scale. He produced a hand written sliding scale that showed Resident #29 was not to receive any coverage of [redacted] with a [redacted] sugar less than 150. He stated that he would give 11 units of Lantus for a [redacted] sugar of 150 to 199, 12 units for a [redacted] sugar of 200-249, 13 units for a [redacted] sugar 250-299, 14 units for a [redacted] sugar of 300 to 349, and 15 units for a [redacted] sugar of 350-400 or greater. The resident stated that both he and his wife received the same [redacted] dose with a Lantus injectable pen.

At 8:30 a.m. on [redacted], Resident #15 was observed administering 10 units of Lantus [redacted] with an injectable pen.

Review of the "Resident Update Log dated [redacted] reads, "Family member (Daughter) came to us around 2pm complaining (Resident #29) did not receive [redacted] from (Resident #15). I went down and told (Resident #15) how important it is for him to let us know sooner so that we may get (Resident #29) to him first thing in the am so he

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can do her . He needs to call the front desk..."

Review of Resident #15's 1823 shows under, service requirements: Assistance with medications."

Under section 2 B of the same form the medical doctor documented the resident needed assistance with self-administration of medications.

Review of the resident's orders shows he is to receive 8 units of Lantus every night at bedtime. The resident has no current orders for coverage with a sliding scale of

Review of Resident #29's 1823 shows she needs assistance with self-administration of medications.

Resident #29's orders dated shows:

Discontinue Lantus pens

Lantus 10 units in the a.m. and 10 units in the pm.

Regular sliding scale

If glucose 150-200 give 1 unit
200-250 give 2 units
250-300 give 3 units
300-350 give 4 units
350-400 give 5 units

The orders show Resident #15 would not receive the same dose of Lantus as his wife. He would not receive a sliding scale.

The orders Show Resident #29 should not receive Lantus with a pen. And she should receive a sliding scale with regular Lantus not Lantus. She would receive a separate injection for her sliding scale.

An interview was conducted with the Administrator at 9:20 a.m. on . She was asked who had assessed Resident #15's ability to self-administer his medications. She stated, "The doctor." She was then asked to show were the residents medical doctor had documented he was able to self-administer his own medications. She left the 10 minutes and came back and stated she was unable to find documentation of this.

An interview was conducted by phone with the medical doctor of both Resident #15 and Resident #29 at 10:00 a.m. on . The physician was asked about his documentation on Resident #15's 1823 as to the resident's need for assistance with self-administration medications. He stated what Resident #15 needs are to be monitored frequently to ensure that he is able to self-administer his medications properly. He stated He needed to be monitored on a daily basis as to his ability to administer Lantus to Resident #29. He was then told of the observations made of the resident using an Lantus pen and stating he would use sliding scale coverage for both he and his wife with Lantus. The Medical doctor stated, "I see why you are concerned." He stated he

AGENCY FOR HEALTH CARE
ADMINISTRATION

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FORM APPROVED

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would send orders to the Facility to monitor the resident's ability to self-administer all his medications and to ensure the resident is giving his spouse the correct dosage on a daily basis.

An interview was conducted with the Administrator at 10:30 a.m. on . She verified the need to monitor Resident #15's ability to self-administer his medications and to monitor his ability to administer to his spouse. She stated she would be working with the medical doctor to ensure both residents received the correct dosages of medications. She stated she would be ensuring that all residents who self-administer there medications would be assessed to ensure their ability to do so.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

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

Dear Administrator:

This letter reports the findings of a **second** Complaint Revisit Survey conducted on 16, 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

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

