| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966840 | 01/06/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| English Estates Alf | 1340 Oxford Rd Maitland, FL 32751 | |
| 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 - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - N275 - 58a-5.031 Fac - Lns - Licensing S-S= D
St - A - Z824 - 408.811 Fs, 59a-35.120 Fac - Right Of Inspection; Inspection Reports S-S= C

**Specific Tag Findings:**

0000-Initial Comments
An unannounced complaint inspection #2013013262 was conducted on and at English Estates Assisted Living Facility.

There were deficiencies were found at the time of the visit.

0057-Medication - Over The Counter (OTC) Products 58A-5.0185(8) FAC
Based on Observation, interview and record review the facility administrator administered an over the counter nutritional supplement to 1 of 3 sampled residents (#1) who has without the consent of the physician or representative.

Findings:

**Interview attempted on at 1:30 PM with resident #1 who has a diagnosis of was not able to provide any information. Resident #1 was ambulatory and followed simple directions from staff. He ate his full lunch and continued his pacing throughout the home.**

**Record review conducted on at 11:30 AM for resident #1 revealed a Facility Health Assessment Form (AHCA 1823) dated with diagnosis of TN, ASH, DOA, COPED, HO/O and HID. The physician indicated that the resident requires assistance with Activity of Daily Living. The resident requires assistance with self-administration of medication. Physician indicated the resident's needs can be met in an ALF.**

**Review of the residents Medication Observation Record (MOR) indicated that all his medications for the month of were signed for. There was no medication called Cognizine on the MOR. MOR's dating back to 2013 was reviewed. Cognizine is not on any of the records.**

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**Telephone interview conducted on [redacted] at 12:40 PM with the administrator who stated that she only allows staff who has training in assistance with self-administration of medication help residents with medication. She is in the process of hiring several new staff. The 24 hour staff who is in the home are the one's giving the medications. In regards to resident #1 he did appear to have a decline in condition. He was walking to one side and appeared to need more assistance. The resident's wife called in their family physician that came to the facility. The physician felt that the resident did not have a [redacted] but that his [redacted] was getting worse. The resident's wife is considering moving him to a facility that provides a higher level of care. The administrator stated that she was giving the resident a dietary supplement called Cognizine. She did not have a physician order, family permission nor was the supplement listed on the MOR. The physician determined that the supplement was not helping the resident and the family asked her to stop giving it to the resident.**

**Telephone interview conducted on [redacted] at 9:00 AM with the spouse of resident #1 stated about six or seven weeks ago her husband was noted to be walking differently and appeared to possibly have had a [redacted] She consulted with her long time family physician who agreed to go to the facility to examine her husband. He ordered lab work and they met at the home. The physician did not feel the resident was over medicated nor did the physician diagnosis a [redacted] The physician informed her husband had a decline in his condition due to the [redacted] He explained that his [redacted] had staged further. During the physician's visit she learned the facility administrator was giving her husband a supplement called Cognizine. It is an herbal supplement to help improve memory. The physician stated that he did not feel it was having any impact on the residents [redacted] Mrs. Fisher stated that she instructed the Administrator to stop giving the supplement to her husband.**

**Class III**

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on Observation, interview and record review the facility failed to ensure all staff was assigned duties consistent with their level education, training and preparation and experience and allowed unlicensed staff to apply and remove [redacted] Hose for 1 of 3 residents reviewed (Resident #3).

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Findings:

**During Tour of Facility on [redacted] at 10:10AM resident #3 was observed wearing [redacted] Hose. She was asked who assisted her in putting [redacted] stockings on and off. She stated the staff helped her every morning and every evening to put the [redacted] hose on and off.**

**Interview conducted on [redacted] with Staff #A at 10:30AM who stated that she has only been working in the home a week. She was told upon hire that resident #3 requires assistance with [redacted] Hose every morning and evening. Staff member #A stated that she assisted resident with [redacted] Hose that morning.**

**Record review conducted on [redacted] at 11:30AM for resident #3 revealed a Facility Health Assessment Form (AHCA 1823) dated [redacted] with diagnosis of [redacted] and [redacted] I's. The physician indicated the resident requires assistance with Activities of Daily Living. The resident requires assistance with self-administration of medications. In the section for Nursing/Treatment/ services required the physician noted [redacted] Hose.**

**Further review of the record revealed A Monthly Nursing Assessment dated [redacted] by Kelly Higgins Advanced Registered Nurse Practitioner who wrote under the assessment for skin: [redacted] much improved with [redacted] stockings. Further in her conclusion she wrote 2. [redacted] s-good control with [redacted]**

**Interview with Administrator conducted on [redacted] at 2:20PM who stated that the resident can take the stockings on and off by herself. She stated further that she was not aware that this was a task that unlicensed staff could not preform and required an LNS License.**

**Class III**

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on interview the facility failed to ensure staff practiced safe and sanitary manner by placing a [redacted] sample for 1 of 3 sampled residents (#3) in the refrigerator used for storing food.

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Findings:

**Interview conducted on [redacted] with Administrator who stated that there was an incident where a staff person put a [redacted] sample sealed in the bio-hazard bag in the kitchen refrigerator. The administrator stated that when she arrived at the home and saw it she threw it out. She took the resident to the lab to have the test done.**

**Telephone interview conducted on [redacted] with staff B, who stated that she did take a [redacted] sample from resident #3. She placed the sample in the bio-hazard bag and put it in the refrigerator. She does not recall the date but she was told not to do it again.**

**Class III**

N275-LNS - Licensing 58A-5.031 FAC
Based on observation, interview and record review the facility did not ensure a license a Limited Nursing Services (LNS) licensure was obtained prior to providing limited nursing services by allowing unlicensed staff apply [redacted] Hose to 1 of 3 sampled residents ordered by the physician (#3).

Findings:

**During Tour of Facility on [redacted] at 10:10 AM resident #3 was observed wearing [redacted] Hose. She was asked who assisted her in putting [redacted] stockings on and off. She stated the staff helps her every morning and every evening to put the [redacted] hose on and take them off.**

**Interview conducted with Staff #A at 10:30 AM who stated that she has only been working in the home a week. She was told upon hire that resident#3 requires assistance with [redacted] Hose every morning and evening. Staff member #A stated that she assisted resident with [redacted] Hose that morning.**

**Resident record review conducted for resident #3 revealed a Facility Health Assessment Form (AHCA 1823) dated [redacted] with diagnosis of [redacted] and [redacted] I's. The physician indicated the resident requires assistance with Activities of Daily Living. The resident requires assistance with self-administration of medications. In the section for Nursing/Treatment/ [redacted] services required the physician noted [redacted] Hose.**

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**Further review of the record revealed a monthly nursing assessment dated [redacted] by Kelly Higgins Advanced Registered Nurse Practitioner who wrote under the assessment for skin: much improved with [redacted] stockings. Further in her conclusion she wrote 2. [redacted]-good control with [redacted]**

**Interview with administrator conducted on [redacted] at 2:20 PM who stated the resident can take the stockings on and off by herself. She further stated she was not aware that this was a task that unlicensed staff could not perform and required an LNS License.**

**Class III**

Z824-Right of Inspection; inspection reports 408.811 FS, 59A-35.120 FAC
Based on Interview, observation and record review the Facility Administrator failed to have staff records available for inspection during the complaint survey.

Findings:

Telephone Interview conducted with the administrator on [redacted] at 10:10 AM who stated that she was out of town on vacation and that she had the staff records in the trunk of her car. She had terminated a staff member on [redacted] and on [redacted] the ex-staff member returned to the facility and stole staff records from the facility.

There were no staff records in the facility to review at the time of the survey.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
English Estates Alf
1340 Oxford Rd
Maitland, FL 32751

Dear Administrator:

Re: CCR #2013013262

This letter reports the findings of a complaint investigation survey that was conducted on 2014 by representative(s) 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 **2014,** 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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