STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910496	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Kiva At Canterbury, Llc	10 7th Street Bonita Springs, FL 34134-7415	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:
An unannounced Biennial survey and an Extended Congregate Care Survey (ECC) was conducted in conjunction with a Complaint Survey, CCR #2019901300 at Kiva Canterbury of Bonita Springs, on [redacted] through [redacted].

The following is a description of non-compliance:

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observation, interview and record review, the facility failed to provide appropriate placement for 1 (Resident #10) of 1 resident receiving Extended Congregate Care (ECC) services.

The findings include:

Record review on [redacted] revealed Resident #10 was admitted on [redacted] with diagnosis including: [redacted] of the [redacted] and Chronic Obstructed [redacted].

Further record review revealed the Resident Health Assessment AHCA form 1823 dated [redacted] documented Activities of Daily Living (ADL) were marked "assist" then under comment the words "total ECC" were written after each ADL with the exception of "ambulation" which was marked with "assist" and in the comments "with staff at wheelchair and transferring" also marked "assist" with the comment "staff" was written after each ADL. This appeared to be completed by the physician.

Record review revealed Resident #10 was admitted to Hospice Services on [redacted] until discharged on [redacted]. Hospice note dated [redacted], discharged from Avon Hospice Services per (physician's name). [redacted] process has plateaued. daughter aware and agrees with discharge."

Review of Resident #10's diet order from 1823 revealed resident is on a pureed diet with nectar thick liquids.

Resident #10 was observed on [redacted] at 9:45 a.m., sitting in a wheelchair slumped to one side, and propped by pillows during a sing-a-long activity on the memory care unit. Resident #10 did not participate or respond when encouraged to sing.

Observation on [redacted] at 1:20 p.m. of Resident #10's transfer from wheelchair to bed. Resident #10 was wheeled into her [redacted] the wheelchair was placed beside her bed.

Two staff members, Assistant Administrator and Staff E, resident care giver explained to Resident #10 they were going to move her from the wheelchair to the bed and encouraged resident to participate in her transfer. Staff E, spoke to the resident saying, "Come on Marian, stand up, we are going to put you in bed to clean you up and take a nap." Resident #10 did not respond.

The Assistant Administrator and Staff E, positioned themselves on either side of Resident #10 and placed their arms under the resident's arms. Resident #10 was lifted from the wheelchair and moved to the bed. The tips of

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	AL11910496	**10/15/2013**
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Kiva At Canterbury, Llc	**10 7th Street Bonita Springs, FL 34134-7415**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

the resident's toes were touching the floor. The resident was again lifted and placed on the bed . At no time did Resident #10 grasp the caregivers or assist with the transfer.

During an interview with Assistant Administrator on . . . . . at 11:00 a.m., she stated the resident was declining and has her good days when she can assist more. She also stated Resident #10 can assist with transfer from the wheelchair to her bed.

An interview with Staff E, resident care giver on . . . . . at 1:30 p.m., revealed Resident #10 is unable to participate in her ADLs. "We do everything for her, she can't help anymore."

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review, interview and observation, the facility failed to ensure that only licensed staff administer medications to residents for 1 (Resident #10) of 5 residents observed for medication pass.

The findings include:

Observation of Resident #10's medication administration on . . . . . at 9:15 a.m. revealed the Assistant Administrator, who is also medication aide, removed Resident #10's medication from medication cart, crushed medications and placed in plastic cup with chocolate pudding, took medications to Resident #10 with a glass of nectar thick juice. The medication aide addressed Resident #10 by name and explained the medications to her. The aide encouraged Resident #10 to take spoon with medications with no response. The medication aide then placed handle of spoon into Resident #10's closed right hand. The medication aide made a second attempt to encourage Resident #10 to take her medication. The medication aide then lifted the resident's right arm up until the spoon entered Resident #10's mouth. The resident then took the medication from the spoon. The aide then gave Resident #10 a drink of the juice. At no time was Resident #10 able to assist with self-administration of medication.

Record review on , revealed the Assistant Administrator had the 4 hour medication training and 2 hour up-dates, but no nurse license.

During an interview with Assistant Administrator on . . . . . at 11:00 a.m., she stated the resident was declining and has her good days when she can assist more. She also verified she was a medication tech and not a nurse.

Class III

AHCA
AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Kiva At Canterbury, Llc
10 7th Street
Bonita Springs, FL 34134-7415

Dear Administrator:

This letter reports the findings of a Biennial 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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