STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932588	02/11/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Calusa Harbour	2525 E. First Street Fort Myers, FL 33901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited: St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D

Specific Tag Findings:
These are the results of an unannounced Complaint Survey, CCR# 2014001253 which was conducted on through at Calusa Harbour, an Assisted Living Facility (ALF) in Fort Myers, Florida.

The complaint contained 2 allegations. One was unsubstantiated. The other was substantiated with citation.

The following is a description of non-compliance:

0090-Training - 58A-5.0191(11) FAC
Based on personnel record review and staff interviews, the facility failed to ensure staff were trained in the facility's policy and procedures regarding advanced directives and for 2 (Staff B and H) of 13 staff records sampled and 2 (Staff N and Q) of 5 staff interviewed.

The findings include:

1. During the survey, records of training on advanced directives were requested for 13 staff members. The records were faxed to the field office on There was no documentation of training on advanced directives for Staff B and Staff H. Staff B was hired Staff H was hired

2. In an interview on at 5:23 p.m., Staff N said he has been here since If he came into a the resident was not breathing, "I would call nurse. If not my nurse, another nurse. I would call 911, then would initiate find out if they are I imagine it would be in my book." Looking in the Medication Observation Record (MOR), he said, "It should say in the MOR." Not finding the information, he said, "I would have to ask. "

In an interview on at 5:42 p.m., Staff Q said "The system is basically there is a sticker on the chart that alerts the staff about It may be on the back of the door." Staff Q with the surveyor looked at the back of the door of a resident I found no information. Staff Q and the surveyor proceeded to the charts to look for a sticker.

In an interview on at 5:45 p.m., Staff M stated, is not on the chart, would be a HIPAA (Health Insurance Portability and Accountability Act) violation. It is in nurse's treatment book. It's the resident's choice if they want on back of door, on the refrigerator, or if they hold on to them."

3. The surveyor reviewed facility policy titled Advanced Directives (Patient Self Determination Act) Policy #CL-AL-RS606, revised provided by the Associate Executive Director. Section 2.3, item 2 directs, "The Community will establish a system to alert all direct care staff regarding a resident's Advanced Directive and maintain resident confidentiality with respect to such Advance Directive."

Section 3.0, item 7 directs, "The directive orders for Do Not Treat (DNT), Do Not Hospitalize (DNH), or any other medical/treatment restrictions must be reviewed every ____ months." The frequency is blank.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Calusa Harbour
2525 E. First Street
Fort Myers, FL 33901

Re: CCR #2014001253

Dear Administrator:

This letter reports the findings of a Complaint survey that was conducted on , 2014 by representatives 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 surveyors. Should you have any questions please call this office at (239) 898-6254.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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