STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964279	02/13/2014
NAME OF PROVIDER OR SUPPLIER **Westpointe Retirement Community**	STREET ADDRESS, CITY, STATE, ZIP CODE **5101 Northpointe Pkwy Pensacola, FL 32514**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments
A monitoring survey was conducted on , 2014 with Medicaid Program Integrity staff. Deficiencies were identified during the survey.

0053-Medication - Administration 58A-5.0185(4) FAC
Based on observation, interview and record review, it was determined the Assisted Living Facility failed to ensure licensed nurses were available to perform glucose monitoring and injections for 2 of 3 sampled residents (Residents #4 and #5).

Findings Include:

During an interview conducted on at 10:30 AM, Resident #6 (who is the husband of Resident #5 and shares a Resident #5), stated that the unlicensed direct care staff is monitoring Resident #5's glucose and giving Resident #5 her injections daily. He stated the staff come into their monitor the glucose and give the injections three times per day, at breakfast, dinner and bedtime. He stated he takes Resident #5 to the medication glucose monitoring and her injection at lunch time every day.

During an interview on at 10:45 AM, Resident #5's daughter stated the staff monitor her mother's glucose and give the injections. She stated neither of her parents are able to monitor glucose and give the injections prescribed for Resident #5. She stated both Resident #5 and #6 need assistance with medication, including Resident #5's glucose testing and .

On at 10:35 AM, Resident # 4 stated the staff is giving her injections four times daily. When asked who does it, she stated "they do," Asked what they do, she stated they bring to her and inject it "where ever I want them to" and pointed to her arms and legs. She stated "once in a while I do it" but said usually they do it. When asked who " they" were, she stated , " the ladies who work here and do the meds."

On at 12:15 PM, the assistant administrator, (who is the Medication Technician), was observed in the medication checked Resident #5's glucose level using a glucometer, then told Resident #5 she was giving her 2 units of in Resident #5's right arm. The assistant administrator/Med Tech then took out a Flexpen (a pre-filled injectable syringe), dialed it to 2 units, cleaned Resident #5's arm with an , and gave the injection. When finished, she did not document the glucose results or administration on the MOR. Resident #5 did not participate in the glucose testing or administration.

When Resident #5's Medication Observation Record (MOR) for 2014 was reviewed, it was noted that the unlicensed staff has been signing off on the MOR, including the glucose testing for breakfast, lunch, dinner and bedtime. The glucose record and MOR was not signed off on

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for lunch time. The order on the MOR listed " Flexpen four times a day PRN (as needed)."

During an interview on at 12:20 PM with the assistant administrator/Med Tech, she stated that the facility thought unlicensed staff can assist with medication administration of "as long as the residents help" with the administration and glucose testing. The assistant administrator said this was the information given to the facility during their medication training.

On at 12:50 PM, the administrator stated that the facility's pharmacist came to the facility a couple of weeks earlier and provided medication training, including specific training as to how unlicensed staff can assist residents with administration and his facility was following the pharmacist's direction. The administrator also confirmed that the facility did not currently have any nurses scheduled to work at the facility.

Class III

N276-LNS - Nursing Services 58A-5.031(1) FAC

Based on observation, interview and record review, it was determined the Assisted Living Facility's non-nursing staff provided interventions to 1 of 6 sampled residents. (Resident #4). is a service allowable under the limited nursing services specialty license.

Findings include:

On at 10:35 AM, an machine with tubing and a cannula was observed in Resident #4's the facility.

When interviewed on at 10:37 AM, Resident #4 stated that "the girls who work here and handle the medication" help her with the machine. Resident #4 went on to state that the is normally turned off around dinner time and the staff come in and turn it back on for her before bed. Resident #4 stated "I don't always remember how to turn it on or what to do with it."

During a review of Resident #4's Medication Observation Record (MOR) from 2014 was reviewed, it was noted that Resident #4's was listed on her MOR to be provided at night and PRN (as needed) and was signed off on each date by unlicensed facility staff.

On at 11:05 AM, when the facility's license was reviewed, it was confirmed that the facility has a standard license and is not licensed to provide any limited nursing services.

An interview was conducted on at 12:20 PM, with the assistant administrator. She stated that Resident #4 manages her own and does not receive assistance. When told that Resident #4 stated that direct care staff were assisting her, the assistant administrator stated she

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knew nothing about it.

On at 12:50 PM, the administrator confirmed that there are currently no nurses working in the facility.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Westpointe Retirement Community
5101 Northpointe Pkwy
Pensacola, FL 32514

Dear Administrator:

This letter reports the findings of a state licensure 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 me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure
XG90

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