STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964677	05/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Orchid Terrace	111 Moorings Park Drive Naples, FL 34105	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0031 - 58a-5.0182(7) Fac - Resident Care - Third Party Services S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D

Specific Tag Findings:
This is the Extended Congregate Care (ECC) survey conducted on [redacted] at Orchid Terrace, an Assisted Living Facility (ALF) located in Naples.

The following is a description of non-compliance:

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review, observation and interview, the facility failed to ensure that [redacted] was administered to 2 (Residents #2 and #3) out of a sample of 3 residents per physician orders for Extended Care Services (ECC).

The findings include:

1. On [redacted] at 9:20 a.m., Resident #2 was observed laying flat in bed receiving [redacted] via nasal cannula. When asked if the staff assisted her with her [redacted] the resident stated, "Yes, they are always around and I only use it at night." When asked how many liters she was receiving, the resident stated "2." Observation of the [redacted] concentrator, at this time, revealed that the [redacted] was humidified and set at 1.5 liters. This was brought to the attention of the Administrator who was on tour with the surveyor. The Administrator stated she would have to check the order

Review of Resident #2's medical record revealed physician orders, dated [redacted], stating [redacted] at 2 liters prn (as necessary)."

2. Resident #3 was observed, on [redacted] at 10:10 a.m. siting in a chair in her living [redacted]. The Director of Nursing (DON), on tour with the surveyor, asked the resident where her [redacted] was, the resident stated it was hanging from the knob on the closet. The DON applied the [redacted] tubing (nasal cannula) and reminded the resident to keep it on. When asked how many liters she gets (of [redacted] the resident stated she did not know. When asked, she stated that the staff helps her with her [redacted] and "Other things." Observation of the [redacted] concentrator revealed humidified [redacted] with a setting between 1.5 and 2.0 litters. The LPN staff nurse entered the [redacted], at this time, and stated that the [redacted] was suppose to be set at 2 liters and corrected the setting.

Review of Resident #3's medical record revealed a physician order, dated [redacted], stating "O2 [redacted] at 2 liters continuously" and "Check O2 sat (saturation) daily on 2 liters, [redacted] increase O2 to keep SAO2 over 92%."

Class III

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC
Based on observation, record review and interview the facility failed to ensure coordination of services for 1 (Resident #4) out of a sample of 1 resident receiving [redacted] care treatments from an outside agency.

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The findings include:

Resident #4 was observed sitting in a chair in her apartment at 10:15 a.m. on [redacted] hose were observed on both lower extremities. The Extended Congregate Care (ECC) Supervisor advised that the resident was receiving home health care services for [redacted] care on her left [redacted] area.

Review of the resident's record revealed a physician order dated [redacted] stating "(name)____Home Health Care eval (evaluation) and treat (treatment) [redacted] (diagnosis) recurrent sacral [redacted] L and R (left/right) please resume prior dressings and [redacted] care." Review of the resident's facility record revealed Resident Observation Log entries dated [redacted] through [redacted] (last entry) with no documentation related to the resident having a recurrent sacral [redacted]

A "(name) ___Nursing Service Assisted Living Facility -- Communication Form", dated [redacted] at 1600 (4:00 p.m.) stated "Admitted for [redacted] care to Stg II [redacted] L (left) [redacted] [redacted] pink, no drainage noted. Client complaint of intermittent pain. Client verb (verbalized) understanding (that) Marathon liquid skin protectant to be applied every 3 days and prn (as necessary) until complete resolution." This communication form did not contain a measurement of the [redacted] Upon interview at 11:00 a.m. on [redacted], the ECC Supervisor stated she had not seen the [redacted] "I was suppose to see it on Friday [redacted] but that didn't happen." When asked if any facility staff saw the [redacted], the ECC Supervisor said, "No." When asked how often the Home Health Agency came in, the supervisor stated, "Every 3 days to do the treatment"; and, when asked, the supervisor had no knowledge of how this medication would be applied "prn" (as necessary). When asked if there were any measurements of the [redacted], the supervisor stated she would contact the home health agency for that information.

At 1:00 p.m. on [redacted] a "Case Conference" form was presented to the surveyor, by the ECC Supervisor, (relating to Resident #4) stating [redacted] is 1.8 x 1.3 x .1 cm. [redacted] bed free of drainage. (name)_____ Home Health Agency. Signature (name)_____, [redacted] The surveyor questioned the date on the form and the ECC supervisor stated she would contact the agency for a correction. Another "Case Conference" form was presented to the surveyor, dated [redacted], containing the foregoing [redacted] measurements relating to Resident #4.

Interview of the facility Executive Director, at 3:30 p.m. this date, revealed that the facility did not have a contract with the (name)_____Home Health Agency relating to the specifics of coordination of services, including written and verbal communication. The Director stated she would call the Home Health Agency regarding the same and also obtain any other notes that documented a 3 day treatment was given after [redacted]

At 3:45 p.m., this date, the RN/Administrator of the Home Health Agency requested to see the surveyor. Upon interview at this time, the RN/Administrator stated that she was unaware that the communication left at the facility did not include [redacted] measurements and stated "Measurements should have been documented." The RN/Administrator also presented a "Skilled Nursing Visit Note", dated [redacted], stating "Approximate next visit date [redacted], and documented the specifics regarding the treatment given. The RN/Administrator stated that a copy of this note was not left at the facility and commented that this note also did not have measurements of the [redacted]. She stated that "A [redacted] needs to show improvement in 30 days"; and acknowledged that measurements (length. width and depth) were necessary to determine improvement.

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In addition, the RN/Administrator could not explain the specifics as to how this treatment could be done prn (as necessary) per physician orders; considering that the Home Health Agency nurse came to the facility every 3 days and that the facility licensed staff had not seen the [redacted] and/or did not receive instructions to apply the treatment prn.

A facility policy, with no date, was faxed to the surveyor on [redacted] at 9:12 a.m. The policy/procedure states that "The third party provider: delivers the services as ordered and communicates with Orchid Terrace staff each time services are rendered. Complies with the standard practice of care in the provision of services and completes the Orchid Terrace Skin Assessment Sheet as appropriate after each skin treatment. Staff is responsible to document the information related to the services rendered and forwards the documentation to the facility on a timely basis."

In addition, the policy states that "The ECC Supervisor reviews the documentation and files it accordingly." and "Orchid Terrace retains the responsibility for the care of all residents by ensuring all services are provided as ordered by the physician."

Based on the foregoing the facility knew, or should have known, that failure to identify [redacted] measurements does not comply with the standard practice of care in the provision of [redacted] treatment, that third party documentation was not timely and that the provision for prn treatment, per physician orders, was not implemented.

Upon interview on [redacted] at 4:10 p.m., the Director of Nursing stated that Resident #4 needed closer monitoring related to a recurrent [redacted].

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on record review, observation and interview, the facility failed to ensure a safe living environment that is free from hazards for 1 (Resident #4) out of a sample of 13 residents identified by the facility as using side rails on their beds.

The findings include:

Upon interview at 2:30 p.m. on [redacted], the Director of Nursing (DON) stated that the facility had residents that were using side rails and that all the side rails were attached to the bed. A listing of 13 residents was presented to the surveyor, identifying these residents

Observation of the residents' beds was made between 3:00 p.m. and 3:30 p.m. Resident #5 (on the list) was observed to have a quarter side rail, positioned approximately 18 inches from the head of the bed that was not attached to the bed. The rail could easily be pulled/pushed away from the mattress, creating a gap between the rail and the mattress. The DON, who was present at this time, acknowledged that the side rail was not attached to the bed to prevent its movement.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Orchid Terrace
111 Moorings Park Drive
Naples, FL 34105

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) survey that was conducted on 2014 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 , 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. 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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