STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965026	06/19/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emeritus At The Lakes	7460 Lake Breeze Drive Fort Myers, FL 33919

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:
This to report the findings of an unannounced Complaint Survey, CCR# 2014005936 and CCR# 2014005468 conducted on and at Emeritus at the Lakes, an Assisted Living Facility (ALF) in Fort Myers, Florida. The census at the time of the survey was 114 residents.

There were 2 complaints investigated during this survey. The first complaint was not substantiated. There were 4 allegations in the second complaint, only one allegation was substantiated.

The following is a description of non-compliance:

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record review and interview, the facility failed to follow health care provider orders for medications administration for 2 (Residents #1 and #2) of 3 residents sampled.

The findings include:

1. Resident #1 was admitted to the facility with a diagnosis of but not limited to and

Resident #1 has documentation on the last 6 months of Medication Observation Records (MORs) that he is receiving all of his prescribed medications. He is prescribed 100 mg (two times daily) and 50 mg QD (daily). He has no order for glucose checks and none are being done.

Record review of the MOR for Resident #1 revealed that 50 mg was given by mouth twice a day beginning There was no written order found during review of his medical record.

During an interview at 8:50 a.m., with the ARCD (Assistant Resident Care Director) she stated she was unable to find an order for 50 mg .

An order for 50 mg, give 1 tablet at hour of sleep was found documented in his chart signed by a Medical Doctor (MD) dated Review of the resident's MOR revealed 50 mg. continued to be given twice daily from the time of admission through

From until the resident was receiving the wrong dose of as prescribed by MD.

Record review revealed on there is documentation of a clarification order signed by Advanced Registered Nurse Practitioner (ARNP) for 50 mg. to be given

On at 9:42 a.m., the ARCD confirmed the wrong dose of was given from until

2. Resident #2 was admitted to the facility on with of but not limited to history of , and muscle

Review of the MOR and medical record of Resident #2 revealed: The MOR states xon-S tablet 8.6-50mg. Take one tablet by mouth once daily.

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There is a signed MD order dated for this medication with these instructions, tablet 8.6 - 50 mg. Give 2 tablets by mouth one time a day.

Review of the MOR revealed that only one tablet of this medication was given during the months of and of 2014.

During an interview at 11:21 a.m., with Resident Care Director and ARCD both confirmed the resident should have received 2 tablets of the medication.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Emeritus At The Lakes
7460 Lake Breeze Drive
Fort Myers, FL 33919

RE: CCR #2014005936 and CCR# 2014005468

Dear Administrator:

This letter reports the findings of a complaint survey that was completed 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 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) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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