STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932588	07/22/2014
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D

Specific Tag Findings:
These are the results of a Biennial survey conducted on through at Calusa Harbour an Assisted Living Facility (ALF) located at Fort Myers, FL. The census during this survey was 131 residents.

The following is description of the non-compliance:

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview, the facility failed to provide care and services according to resident needs for 2 (Residents #1 and #10) of 17 sampled residents.

The findings include:

1. Record review for Resident #1found that on Resident #1 was observed by staff on the floor around 5:30 a.m. She complained she was but did not have any pain at the time. She later complained of pain at her wrist and ribs around 6:00 a.m. Family and physician were notified at 7:00 a.m. and the resident, under physician's directions, was transferred to the hospital. Resident #1 was admitted to the hospital with diagnosis of Resident #1 returned to the facility on with a wrist brace on and large area to left arm and right hand. A new Health Assessment 1823 form dated diagnosed resident with an fx lue 3rd non-surgical to follow up with Doctor. Per progress notes Resident #1 refused to see anyone but her primary physician who was on vacation and has an appointment upon primary's care physician return. The facility monitored the resident who is alert and oriented; and as per progress notes was no longer wearing a brace and is taking care of that herself.

Observation on at 10:41 a.m., revealed that resident was wearing a brace. Resident observed getting ready to go to lunch. Resident was ambulatory; alert oriented x 3. She stated on at 10:41 a.m., that she remember exactly what happen the day of the She was and off her bed in an attempt to get up. She said she did not have any history of . She stated she was admitted shortly to the hospital as a result of her She said that she had no pain and had an upcoming appointment with her primary care physician.

Further record review for Resident #1 found that upon return to the facility the resident had Physical screen for and Occupation (OT). Per evaluation: resident having harder time walking; unsteady for shower; pain in her left hand; requesting to obtain orders for Home Health rehab for unsteady gait. Order was faxed to Medical Doctor (MD) on and there has been no response.

The Wellness Director stated on at 3:30 p.m., "I have to look at log to see if the nurses were reporting off to each other to see. I believe the Doctor is on vacation and does not have anyone covering for him." The Wellness Director could not provide any information as if the next shift nurse call to follow up for orders. The progress notes did not reflect a follow up either.

The Wellness Director stated during interview conducted on at 3:35 p.m., that it's the facility's policy that the nurses to follow-up with physicians in every shift and to communicate results of notifications to next shift until residents were to obtain services needed. Resident #1 did not receive Physical as of (date of

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932588	07/22/2014
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)		

survey).

2. Record review for Resident #10 found that on . that staff observed a . of unknown origin at residents left hand. As per progress notes resident had no memory of how . occurred. On . Resident #10 had a . at 10:48 p.m. Resident stated she missed the bed when she was getting dressed or undressed for bed complained of left anterior shoulder pain unable to move left arm. Resident #10 was assisted to bed with left arm supported Nurse practitioner was notified. Orders were obtain to send Resident #10 to the hospital. Progress note dated . at 11:55 a.m., indicated health care surrogate notified of incident and that resident transferred to ER at 2:00 a.m. Resident was diagnosed with left mid-shaft non displaced fx . to have follow-up with orthopedic. Residents family was informed of residents expected return. Resident returned from hospital at 5:30 a.m. on . with sling in place.

On at 6:30 p.m., Resident #10 was observed kneeling with head on arm of chair next to her bed. Resident reports, "I went to answer the phone and out I rolled." Resident #10 obtained an . to forehead and laceration to right 4th finger also left knee pain. Staff called 911. Staff notified resident next of kin that was transported to Emergency ER) for evaluation. Resident #10 returned at 11:30 p.m. with diagnosis of . to head and laceration to finger. Resident reminded to use call bell and not to get up alone. Dressing to right hand CN instructed to check frequently and will observe and report to oncoming nurse.

Record review for Resident #10 found a facility's assessment that took place upon admission on . The assessment stated the following: . review history of . memory . Poor safety awareness and balance; at risk; would have had a . screen. Six month review on . was only screen; shows recent . as reason and outcome is left knee gave out when transferring and resident reports at baseline; no evaluation needed at this time. On . . review updated no changes.

An interview conducted with Wellness Director on . at 2:53 p.m. She stated, "The Registered Nurse (RN) who is accepting the resident does the Re-assessment upon residents return. Physical . screen is required every time there is a . Based on the outcome we ask for doctors prescription or not. An Initial . assessment is done upon admission by receiving RN. Assessments take place upon admission, every six months or when is a significant change. We have a meeting with family member and we let them know."

Review of the facility's policy and procedure revealed that residents were to be assessed upon admission, every six months, and as needed when significant change in condition takes place. Record review for Resident #10 found no evidence of a reassessment of the resident to include any new interventions or approaches to prevent future . after . resulted to . that took place on . and . In addition, there was no further documentation or monitor of the . documented on .

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation and resident interviews, the facility failed to provide a home like environment in terms of the food services for residents.

The findings include:

Observation on . at 11:10 a.m., revealed that there were 46 residents at dining area during the first siting. A total of 8 servers including 2 food managers were observed assisting with service. Only one staff was observed preparing the resident meals. On . at 11:10 a.m., Resident #10 was observed sitting at the table with

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932588	07/22/2014
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)		

Resident #16 and two other residents. The other two residents had been served and were observed eating their lunch. Residents #10 and #16 were sitting waiting for their meals. Resident #10 stated on at 11:16 a.m., "I've been waiting for 15 minutes." Five minutes after she complained to the staff asking her why her meal took so long. Her lunch arrived at 11:33 a.m., Resident #15's meal arrived at 11:37 a.m. The other residents observed finishing their meals already. One of the residents was having chocolate milk as dessert when the Residents #10 and #15 observed starting their lunch. Residents #10 and #15 were observed eating what was on the menu. They did not have a special order or a special plate made for them.

Further observation revealed that at the table next to Residents #10 and #16 were 4 residents sitting. Two residents observed eating lunch on at 11:10 a.m. The two other residents received their meals 20 minutes after the first two residents already finished their meals.

Second sitting observation began on at 12:30 p.m. A total of 53 residents were observed at dining area. A total of 8 servers including 2 food managers were observed assisting with service. Only one staff was observed preparing the residents meals. Resident #17 and the resident next to her were observed sitting at a table next to two residents that were eating their meal.

Resident #17 stated on 12:35 p.m., "I've been waiting for my meal for at least 15 minutes. I am going to exercise you know Jumba after my lunch." The resident that was sitting next to her (did not want to identify herself) stated, "It's been at least 15 minutes." Residents received their meals on at 12:46 p.m. when the other two residents had finished eating their meals. At the table next to them 2 residents were observed waiting on at 12:40 p.m. while the other 2 residents at the same table were eating their meal. Residents received their lunch on at 12:52 p.m. Two more residents were observed waiting 12 minutes before they receive their lunches. All residents were observed eating what was on the menu. They did not have a special order or a special plate made for them.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review, observation and interviews, the facility failed to assist a resident to self-administer a medication in accordance with the physician's order for 1 (Resident #14) of 3 residents observed being assisted with self-administration of medications.

The findings include:

Observation on at 8:45 a.m., revealed Staff F assisting Resident #14 with self-administration of medications. The surveyor observed Staff F remove a tablet from a medication card labeled from the pharmacy as 81 mg chewable and to chew and swallow 1 tablet daily. The Medication Observation Record (MOR) indicated the resident was to receive 81 mg chewable and to chew and swallow 1 tablet daily. Staff F placed the tablet in a plastic medication cup along with the resident's other medications. Staff F preceded to hand the cup to the resident who swallowed the pills whole with water. Staff F did not identify the was a chewable tablet to the resident.

On at 9:17 a.m., Staff F confirmed the medication label and MOR indicated the tablet was to be chewed.

Reconciliation of the medication revealed a physician's order dated for chewable 81 mg, chew and swallow 1 tablet daily.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932588	07/22/2014
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)		

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on record reviews, observation and interviews, the facility failed to provide Pharmacy services to meet the needs of each resident by not obtaining a new pharmacy label or placing an alert sticker for a dosage change for 2 medications and assuring a resident's medications were available from the pharmacy 3 (Residents #7, #13 and #8) of 15 sampled residents.

The findings include:

1. Observation on at 8:40 a.m., revealed Staff F assisting Resident #13 with self-administration of medications. The surveyor observed Staff F remove a tablet from a bottle labeled Losartin 50 mg take one tablet daily. The Medication Observation Record (MOR) indicated the resident was to receive Losartin 50 mg take 1/2 tablet (25 mg) once daily. Staff F removed a tablet that had already been cut in half from the bottle and the surveyor noted there were whole tablets in the bottle. Staff F stated she has to break the tablets in half for the resident to receive the right dose. Staff F then removed a tablet from a bottle labeled 20 mg one daily. The MOR indicated the resident was to receive 20 mg one twice a day.

On at 9:15 a.m., during an interview with Staff F, she confirmed the label on the medications did not match the MOR and that her instructions are to go by what is on the medication record. Staff F stated that the nurse is to put a sticker on the label of the medication bottle when there has been a dosage change.

Reconciliation of medications revealed a physician's order dated which indicated the dose of the Losartin had been reduced to 25 mg (1/2 tablet) and on a physician's order indicated the frequency of the had been changed to twice daily.

On at 10:47 a.m., the surveyor discussed this finding with the Wellness Director who stated she was notified by Staff F of the issue and had already started staff education on putting alert stickers when there had been a dosage change.

The facility's policy for "Medication Management Program Guidelines", dated under the section of prescription requirements and order changes: noted all medications must be appropriately dispensed and labeled as per the prescription for the appropriate resident. Changes in medication orders will require a label change to reflect the current prescription. The community is responsible for obtaining label from the pharmacy and until a new label is provided, a colored sticker may be placed on the outdated label to alert staff to an order change.

2. During an interview with Resident #7 on at 11:47 a.m., she stated "Yes", she had run out of medication several times over the past several months and was told the reason was because no one re-ordered the medication. The resident stated that this had also happened when the Doctor tells her she is getting something new and the medication will be late arriving from the pharmacy.

Resident #7's MOR for 2014 revealed on and the resident did not receive her 15 mg at bedtime for as "Awaiting on pharmacy delivery." The MOR for 2014 revealed on and the resident did not receive her 10 mg daily for as "Awaiting on pharmacy." The MOR for 2014 revealed that resident had a new medication order, dated for 10 mg daily which was not started until as "med not here." The MOR for 2013 revealed on and

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932588	07/22/2014
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)

, the resident did not receive her 0.25 mg daily for as "waiting on pharmacy." On and , the resident did not receive her 81 mg daily or her Thera-M tablet daily as "waiting on pharmacy."

3. During an interview with Resident #8 on at 11:10 a.m., he stated "Yes", he had run out of medication before and one of the times was about a year ago when they ran out of his pain medication. Resident #8 stated they had to reorder the medication and he had to wait about a week to receive it.

Resident #8's MOR for 2014 revealed on and , the resident did not receive his 10mg three times a day for muscle spasms as "waiting to be delivered." On the resident did not receive his 20 mg daily for as "still waiting delivery." The MOR for 2014 revealed on the resident did not receive his 20 mg daily as "waiting on delivery." On and , the resident had missed 6 doses of his 10 mg three times a day as "med not in, waiting on pharmacy." The MOR for 2014 revealed the resident did not receive his evening dose of Lamictal 50 mg twice daily for as "med on order." The MOR for 2013 revealed on and , the resident did not receive 6 doses of his 100 mg twice daily as "med not here, waiting on delivery." The MOR for 2013 revealed on , , and , the resident did not receive his 5 mg at bedtime for pain as "med not available." On and , the resident missed 3 doses of his 100 mg twice daily as "med on order."

4. On at 2:40 p.m., the surveyor discussed these findings with the Wellness Director who stated if a resident's medication is not available, the pharmacy is to be contacted and they will have it delivered "Stat" (as soon as possible) and will usually get it that same day.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

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

Dear Administrator:

This letter reports the findings of a Biennial 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 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

sh
Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com