STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968778	**08/25/2015**
NAME OF PROVIDER OR SUPPLIER **CAIRN PARK**	STREET ADDRESS, CITY, STATE, ZIP CODE **9331 VIA SAN GIOVANNI ST FORT MYERS, FL 33905**	

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

0000 Initial Comments

An unannounced Complaint Survey, CCR# 2015006691, was conducted on at Cairn Park, an Assisted Living Facility (ALF) in Fort Myers, Florida.

The complaint contained 3 allegations, of which 2 were substantiated with deficiencies.

The following is description of the deficiencies found at the time of the visit:

0052 Medication - Assistance with Self-Admin

Based on observation, record review, and interview the facility failed to ensure 1 (Resident #2) of 3 resident reviewed receiving an "As needed medication" (PRN) was not cognizant of when the medication is needed and understood the purpose for taking the medication.

The findings included:

On at 9:10 a.m. Resident #2 was observed sitting on the couch in the living the home. He was not able to respond to simple questions.

Record review for Resident #2 found a Medication Observation Record (MOR) for through medication entry for 1 mg tablet /take 1 by mouth every 6 hours as needed for aggression. It noted the medication was taken on , and . There was an entry for Mapap xtra-strength 500 mg pass take 2 tablet (1,000) mg every 8 hours if needed for back pain. It noted the medication was taken on , and .

On at 11:25 a.m. Resident #2's daughter said her father is not able to request any medication. He does not understand how a certain medication might help any pain or feelings he might be experiencing. She said staff see how he is reacting and know to give him either the pain medication or the Lorazapam.

On at 11:25 a.m., Staff B said when Resident #2 starts to act up he is given the 1 mg.

On at 11:49 a.m., the Administrator said Resident #2 is unable to understand any medication the resident needs. The Administrator said staff will observe Resident #2 holding his back and knows he needs the Mapap Xtra-Strength 500 mg. Staff will observe Resident #2 beginning to act up and know he needs his 1 mg medication. The Administrator said neither staff nor he is a licensed nurse.

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Class III

0056 Medication - Labeling and Orders

Based on observation, record review, and interview the facility failed to ensure 1 (Resident #2) of 3 residents reviewed had a physician's order for a change in the direction of use of a medication.

The findings included:

On at 9:10 a.m., Resident #2 was observed sitting on the couch in the living the home. He was not able to respond to simple questions.

Record review for Resident #2 found the Medication Observation Record (MOR) for through listed a medication entry for 1 mg tablet /take 1 by mouth every 6 hours as needed for aggression. It noted the medication was taken on . On the back of the MOR under "Nurse ' s Medication Notes" it noted on 1 mg -1 table per doctor's orders to prepare for neurologist appointment.

On at 11:49 a.m., the Administrator said he had communicated with Resident #2's physician concerning possibly being too agitated to attend an appointment with his neurologist. The Administrator had a text message from the physician saying give Resident #2 a prn (as needed) dose of 1 mg. The Administrator said he was not a licensed nurse. He said he does not have a physician's order to administer the dose of 1 mg. on .

Class III

0083 Training - First Aid and

Based on observation, record review and interview, the facility failed to ensure a staff person who is trained in First Aid was present in the facility when residents were present.

The findings included:

On at 9:00 a.m., Staff B was observed to be the only staff person present in the facility. Residents were present in the facility.

Record review for Staff A found no documentation of having completed a First Aid course.

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

On at 11:38 a.m., the Administrator said Staff B does not have any documentation of having completed a First Aid Course. The Administrator stated Staff A is not a licensed nurse.

On at 11:38 a.m., Staff B said she does not have any documentation that she has completed a First Aid course.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

..., 2015

Administrator
Cairn Park
9331 Via San Giovanni St
Fort Myers, FL 33905

RE: CCR #2015006691

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2015 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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