STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966519	
NAME OF PROVIDER OR SUPPLIER **INDIGO PALMS AT MAITLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **740 NORTH WYMORE ROAD** **MAITLAND, FL 32751**	

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

0000 Initial Comments

Complaint Investigation #2015006058 was conducted on /. Indigo Palms at Maitland Assisted Living Facility with Limited Nursing Services had deficiencies found at the time of the visit. The complaint was substantiated.

0025 Resident Care - Supervision

Based on record review and interview, the facility failed to provide adequate supervision to prevent , and have a proactive intervention plan in place to prevent injuries from for 1 of 3 sampled residents who sustained 2 , that required surgery (#3).

Findings:

Review of resident #3's Health Assessment Form 1823, dated / /, included diagnoses of , hallucinations likely to , left eye and
Review of health care provider's notes, dated / /, noted the resident had short-term memory loss and unsteady gait.

During an interview with the director of nursing on / at approximately 10 AM, he stated resident #3 was in the hospital due a from a .

Review of Hospice Registered Nurse's notes revealed the following:
The resident was admitted into hospice care on . A note dated / read, "Ok to admit patient under . Patient (resident) had multiple i.e. 7 in 10 day period."
/ / - "Patient's son is looking for crisis care due to patient is having pain and episode of falling especially at night time."
/ - " risk due to ; risk precautions in place reminded patient to ask for help."
/ - Nursing assessment note read, "Poor balance. Patient requires stand by assistance with ambulation for safety. Educated Facility Staff on patient safety/supervision. Educated patient on use of calling device for assistance. Verbalized understanding."

Facility notes and Incident reports documented the following regarding :
/ at 8:30 AM - "Resident observed on floor in sitting position next to her bed. Stated she slid out of bed. Quarter sized hematoma present on right forehead next to hair line. Small laceration noted to right medial bridge of nose. 911 called; assessed by EMTs.... EMTs spoke to doctor. Advanced

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Registered Nurse Practitioner (ARNP) order to send to Emergency (ER) message left for son."
../.. at 2:30 PM - "Resident returned back at 2 PM. Alert and oriented."
../.. at 8 PM - "At 7 PM resident observed on the floor next to her bed in sitting position. Stated her walker may have tripped over her rug large present on right lower foot. Cleansed and dressed with clean, dry dressing. Resident denies pain. Right and elbow is and reddened, intact. Dr. (doctor) and ARNP notified. Home Health (HH) to evaluate and treat."
- "Resident was found on the floor in front of door. Have injury with right arm... Complain of pain, sent out to hospital. Dr. notified and family."
- "Resident found on floor at 2:25 AM in her front of her door. Complain of left shoulder pain, made Dr. and family aware."
./ - "Resident has a change in arm. ARNP called order received to send resident to hospital to evaluate and treat. Family notified."
at 9:55 PM - resident observed on the floor near her chair in her No injuries noted."
../.. at 10:30 AM - "Resident observed on floor next to bed. States she does not know what happened. Resident is in....pain 10 on a scale of 1-10, 911 called left facility at 10:45 AM. Family son and Vitas (hospice) notified."
at 6 PM - "Spoke to son. Resident (#3) has hip moving her to hospital for surgery, will continue to follow."
./ at 2 PM - "Resident arrived at facility at approximately 2 PM with son and daughter-in-law."
../.. - "Resident observed sitting on floor. Resident was trying to get her walker and sat on the floor. No or injuries noted at this time."
../.. - "Resident observed on the floor sitting on bottom when asked what happened... stated I was trying to hang up my robe and I tripped and . Resident stated she is not in any pain but that her bottom would probably be black and blue in the morning. Son notified. Wants her to be seen by Dr."
../.. at 6:20 AM - "Resident observed on the floor. Resident stated she hit her head, there was a little found in the back of head. Resident states no pain. Family and Dr. notified."
../../.. - "Resident observed lying on the floor face down from her head and received a on both arms left and right arms. 911 called resident sent to hospital Son notified and Doctor.
../../.. - She returned."
../..-at 4:30 PM - "Resident was in to dinner with another resident stated Resident (#3) hit her hand on the walker. Resident observed on floor of . Large present. Dr. and son notified. Incident report noted, remind resident to ask for assistance and use call light."
../.. - "Resident observed sitting on the floor in front of recliner. No or injuries noted. Stated she slipped off chair. Dr. and family notified. Incident report Interventions: No signs and symptoms of or neglect. Reminded resident to use call light for assistance. Area with adequate lighting and clutter free."
../.. at 7:30 PM - "Resident found on floor of . Resident stated she slipped and . Resident stated her arm felt like there was a cut. was observed with in the left ear. Resident

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stated she did not hit her head and was alert and oriented x 3."
/ at 3 PM - "Resident arrived to facility from hospital Resident up and walking with walker alert and oriented."
at 9 PM - "Resident observed lying on on her right side. Has 2 on right elbow and left elbow. Dr. called received order for HH (home health) to eval and treat for . Incident report Interventions: encourage resident to use call light/re-orient to call light."
/ - Incident report 9 p.m. "Resident observed lying on on her right side has 2 on right elbow and left elbow. Resident needs to call for help. Instead of trying to do it by herself."
/ - "Resident slid out of recliner and was sitting on the floor has a small to right leg. Dr. called and family called. Incident report - resident encouraged to call for help whenever trying to get up to transfer."
/ -11 PM-7 AM-resident . Family notified Dr. notified. Ambulance called. Resident hitting head. EMTS assessed nothing broken. Incident report-Resident encouraged to call for help whenever trying to get up to transfer.
/ -4 :15 PM-observed resident lying on the floor near dresser. No or injuries noted. Family and doctor called Incident report Interventions-Resident encouraged to call for help whenever trying to get up to transfer or get out of bed by herself.
/ AM-3 PM - "Resident was in pull ups and hit back on way down. Scrape to right side of back. Family and Dr. notified order for X-ray."
/ at 2:30 PM - "Resident was observed on the floor of her the closet door. Resident stated she was trying to water the plants. Notified Dr. and family. Resident transported to the hospital. Incident report interventions - Turn on call light for help redirection."

There was no documentation available for review that indicated a proactive intervention plan was developed to prevent the with injuries and that the facility was closely supervising the resident who was a risk and had . The resident had 20 and the only interventions noted on the incident reports were for the resident to call for assistance. Resident #3 was diagnosed with short-term memory loss. The resident continued to sustain and had to be transported to the hospital numerous times for evaluation after the . She also sustained 2 while at the facility that required surgery.

On at approximately 3 PM, the Community Relations Nurse stated resident #3 was currently in a Rehabilitation Center due to from the on / / that required surgery. She confirmed this was her second while at the facility. She stated that resident #3 wanted to remain independent and would not call for assistance as she was instructed. She stated the resident had physical and continued to because she would not ask for assistance before trying to get up.

2. Resident record review for resident #1 revealed an Assisted Living Facility Health Assessment Form

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(1823) dated / / that indicated diagnosis of ( ). The resident needed assistance with self administration of medications. Review of the 2015 Medication Observation Record (MOR) revealed (Ipratopium/ a bronchodilator) 0.5/3/3 milliliters (ml.) one vial inhaled four times a day at 8 AM, 12, PM, 5 PM and 9 PM. The was not charted as given on / / at 8 AM through / / at 9 PM. The initials in the box were circled, and the back of the MOR indicated was not available, and the nurse was aware.

Review of physician order dated indicated inhalation treatment, inhale one vial twice a day via for and .

There was no documentation to review that indicated the resident received treatments twice a day as ordered in 2015.

The 2015 MOR revealed , an suspension, oral swish and swallow 5 ml, 4 times a day was not charted as given on at 9 AM through / / at 9 AM. The initials in the box were circled, and the back of the MOR indicated was not available and the family and nurse were aware. A handwritten note on the MOR indicated was ordered on / /.

On / at approximately 4 PM, the director of nursing stated he had worked in the facility for a few weeks and was not aware the resident did not receive the treatment and as ordered.

Class II

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to ensure medications were ordered in a timely manner for 1 of 3 sampled residents (#1).

Findings:

Review of resident #1's Health Assessment Form (1823), dated / , indicated diagnosis of ( ). The resident needed assistance with self-administration of medications.

Review of the 2015 Medication Observation Record (MOR) revealed

1. (Ipratopium/ a bronchodilator) 0.5/3/3 milliliters (ml.) one vial inhaled four times a

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day at 8 AM, 12, PM, 5 PM and 9 PM. was not charted as given on at 8 AM through at 9 PM. The initials in the box were circled, and the back of the MOR indicated was not available, and the nurse was aware.

Review of physician order dated indicated inhalation treatment, inhale one vial twice a day via for and .

2. suspension, oral swish and swallow 5 ml. 4 times a day was not charted as given on at 9 AM through at 9 AM. The initials in the box were circled, and the back of the MOR indicated the was not available and the family and nurse were aware. A handwritten note on the MOR indicated was ordered on .

On at approximately 4 PM, the director of nursing stated he was not aware medications were not refilled in a timely manner.

Class III

0162 Records - Resident

Based on record review and interview, the facility failed to ensure they obtained a written orders for medication for 1 of 3 sampled residents (#1).

Findings:

Review of resident #1's Health Assessment Form (1823) dated that indicated diagnosis of ( ). The resident needed assistance with self-administration of medications.

Review of the and 2015 Medication Observation Record (MOR) revealed , an suspension, oral swish and swallow 5 milliliters 4 times a day was not charted as given on at 9 AM through at 9 AM. The initials in the box were circled and the medication was not available. A handwritten note on the MOR indicated was ordered on .

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There was no documentation to review that indicated the facility had a physician order for the .

On / at approximately 4 PM, the director of nursing stated he was unable to find the order.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

[redacted], 2015

Indigo Palms At Maitland
740 North Wymore Road
Maitland, FL 32751
Attention: Kevin Jemmott

Dear Mr. Jemmott:

This letter reports the findings of a complaint #2015006058 inspection survey conducted on [redacted], by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) **by** [redacted].

The inspection resulted in findings of non-compliance in the following areas:

1) A - 0025 - Resident Care - Class II
Your Assisted Living Facility did not ensure it provided adequate supervision to prevent [redacted] and put in place proactive interventions to prevent injuries.

Your Facility must comply with the following:

1) Your facility must conduct in-service to educate your staff on [redacted] risk and [redacted] prevention. This in-service should include reporting when a resident has had [redacted] immediately to the administrator or the Director of Resident Care. The in-service should include putting interventions in place immediately to keep the resident safe. This in- service must be documented, along with the sign in sheet and available upon request by the Agency staff **by** [redacted].

2) Your staff will develop and implement a [redacted] policy and procedure to include steps to take to prevent [redacted] and identify residents that should be considered [redacted] risk. There should be examples of corrective actions to be taken when a resident continues to [redacted]. There should be interdisciplinary team meetings to discuss [redacted]. This must be completed **by** [redacted].

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone:(407) 420-2502; Fax:(407) 245-0998
AHCA.MyFlorida.com

Indigo Palms At Maitland
[illegible], 2015

Should you have any questions, please contact . Lorraine Henry, at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be

D7JR

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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Orlando Field Office
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Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 1, 2015

Administrator
Indigo Palms At Maitland
740 North Wymore Road
Maitland, FL 32751

RE: CCR #2015006058 w/LNS

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2015 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. **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 surveyor(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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