STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910496	09/15/2015
NAME OF PROVIDER OR SUPPLIER **KIVA AT CANTERBURY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **#10 7TH STREET** **BONITA SPRINGS, FL 34134**	

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

0000 Initial Comments

An unannounced Biennial and Extended Congregate Care (ECC) survey was conducted on and at Kiva at Canterbury, an Assisted Living Facility (ALF) in Bonita Springs, Florida.

The following is description of the deficiencies:

0026 Resident Care - Social & Leisure Activities

Based on observation, activity calendar review, and staff interview, the facility did not provide activities for the residents living on the west side of the building during the survey.

The findings included:

Review of the staff schedule showed the activity staff is off on Sundays and Mondays. A review of the activity calendar for the unsecured unit (west side of the building) showed at 10:30 a.m. exercise, 11:00 a.m. coupon clip, 1:00 p.m. bingo, and at 2:00 p.m. porch chat.

Observations during these times showed these activities were not provided.

An interview was conducted with Staff B at 3:00 p.m. on . She stated the activity staff called in sick and the activities were not done.

Class

0056 Medication - Labeling and Orders

Based on observation, record review and interview, the facility failed to place an alert label for change of direction of medication for 1 (Resident #10) out of 4 Residents sampled.

The findings included:

Observation during Medication Pass on for Resident #10, the Medication label stated: " Tears, one drop in each eye as needed." The Medication Observation Record (MOR) stated: "Refresh Tears 50%, instill one drop in each eye 4 times a day." The Health Care Provider Order dated stated: "Refresh Tears 0.5% instill one drop in each eye 4 times a day."

Staff D reported on / at 1:30 p.m., she was not aware that alert label was not on medication.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910496	09/15/2015
NAME OF PROVIDER OR SUPPLIER KIVA AT CANTERBURY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE #10 7TH STREET BONITA SPRINGS, FL 34134	

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

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to maintain a safe living environment for residents.

The findings included:

During tour of facility on the following was observed:

- large cracks on 12 ceramic tiles on floor.
- ceramic floor tiles cracked. Black scuffs marks noted on wall.

Maroon leather and fabric couch in common area, large black stains on 2 cushions.
- 11 cracked ceramic floor tiles.
- Crack noted in sink bowl. 18 cracked ceramic floor tiles.
- Large black scuff mark noted on wall.

Outside - Crack in tile along wall.
Outside - Wall cracked.
West Dining - Crack in wall tile, black scuff marks along wall.
- Hole noted in wall.
#- Large crack in tile around toilet. Large hole in wooden baseboard.
Hallway #2 - brown stains noted on walls.
#- vinyl bathmat stained orange, black stains noted on plastic shower chair.

During an interview with Staff E on at 11:00 a.m., he state,: "I do not make rounds and I do not have a maintenance log. I expect the girls to tell me if there is something wrong, or needs to be fixed."

Class III

0167 Resident Contracts

Based on and record review and staff interview, the facility failed to ensure all required information was in the facility contracts for 3 (Residents #2, #10, and #14) of 3 resident records reviewed.

The findings included:

Contracts were reviewed for Resident #2 (contract dated /), Resident #10 (contract dated

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910496	**09/15/2015**
NAME OF PROVIDER OR SUPPLIER **KIVA AT CANTERBURY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **#10 7TH STREET BONITA SPRINGS, FL 34134**	

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

/), and Resident #14 (contract dated). A review of these contracts show there was nothing written informing residents and/or the responsible parties the residents will be assessed on admission and every three years or after a significant change.

An interview was conducted with the administrator on / at 1:30 p.m. She reviewed the contract and stated she does not have this information in the contracts.

Class

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Kiva At Canterbury, LLC
#10 7th Street
Bonita Springs, FL 34134

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

sh
Enclosure: State Form

XG90

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