STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968252	08/04/2015
NAME OF PROVIDER OR SUPPLIER **SPRINGS AT SHELL POINT RETIREMENT COMMUNITY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **13901 SHELL POINT PLAZA FORT MYERS, FL 33908**	

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

0000 Initial Comments

An unannounced Relicensure survey was conducted through / at The Springs at Shell Point Retirement Community, an Assisted Living Facility (ALF) in Ft. Myers, Florida.
The following is description of the deficiencies:

0030 Resident Care - Rights & Facility Procedures

Based on observation, interview and record review, the facility failed to honor resident's right to be free from restrains for 1 (Resident #8) of 10 sampled residents and failed to provide a safe environment related to the use of side rails for 1 (Resident #2) of 10 sampled residents.

The findings included:

1. On at 10:45 a.m. Resident #2's bed was observed to be fitted with side rails that are slipped between the mattress and box springs. These models of side rails have the potential for being displaced to allow sufficient space between the rails and the mattress to allow the resident to become trapped.

On / at 10:45 a.m. Resident #2 stated "I do not like having side rails on my bed." The facility prefers me to use them.

On at 11:00 a.m., Staff B said the type of side rails used on Resident #2's bed does have the potential of moving out from the mattress to the point that the resident head could become trapped.

On at 11:30 the Nurse Manager says Resident #2 wanted the side rail on his bed. He did not want to change his bed but wanted the side rails for safety.

On / at 11:35 a.m. Resident #2 was observed in the dining . He said he does not want the side rails that are on his bed. He said they prevent him from getting out of bed. He said that he has 3 times trying to get out of bed since the side rails were installed.

On at 3:40 p.m., the Nurse Manager said she could see how the side rails on Resident #2's bed could be unsafe because they were not secure.

2. Observation on at 10:15 a.m., showed half side rails on a bed in Resident #8's . An interview was conducted with Resident #8 at this time. He stated this bed is his with the side rails. He stated he does not want to use them.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968252	08/04/2015
NAME OF PROVIDER OR SUPPLIER **SPRINGS AT SHELL POINT RETIREMENT COMMUNITY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **13901 SHELL POINT PLAZA FORT MYERS, FL 33908**	

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

A review of Resident #8's record showed a physician order on for a hospital bed. However, this order does not include half side rails.

An interview was conducted with the facility nurse on / at 9:28 a.m. She stated if a resident has half rails on their bed the facility needs to get a doctor's order for the half side rails.

Class III

0052 Medication - Assistance with Self-Admin

Based on observation, resident and staff interviews and a review of resident records, the facility failed to ensure 1 (Resident #9) of 3 residents received her medication as ordered by the physician.

The findings included:

Observation on / at 9:30 a.m. showed a vial of [redacted] liquid on the table next to Resident #9's bed. An interview was conducted with Resident #9 at this time. She stated she does her treatments herself. A review of Resident #9's health assessment dated / shows Resident #9 requires assistance from the staff for all her medications. A review of the physician order dated shows Resident #9 is to receive 3 liters in nasal cannula four times a day for three months.

An interview was conducted with the facility nurse on at 9:18 a.m. She stated the nurses are to put the [redacted] in the container then Resident #9 can do the breathing treatment independently. She is not independent with putting the medication in the nasal cannula.

A review of the Medication Observation Record (MOR) shows Resident #9 had her treatments completed. However, the vial of medication was in her was not administered in the nasal container for her to have her treatment.

Class III

0056 Medication - Labeling and Orders

Based on record review, observation and interview, the facility failed to ensure when a change in the directions for a medication occurd an alert label or a revised label from the pharmacy was placed on the medication package for 1 (Resident #14) of 4 residents observed for medication administration.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968252	08/04/2015
NAME OF PROVIDER OR SUPPLIER **SPRINGS AT SHELL POINT RETIREMENT COMMUNITY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **13901 SHELL POINT PLAZA FORT MYERS, FL 33908**	

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

The findings included:

On at 11:55 a.m. Resident #14 was observed coming to the nurse's station for his noon medications. Resident #14 was observed taking a routine scheduled medication. Resident #14 was observed coming to the nurse's station, he was not observed asking for medication for pain. Resident #14 was observed taking his 50mg from the medication cart. Staff was observed taking the medication from the bin and administering it to the resident.

Record review for Resident #14 found the Medication Observation Record (MOR) had an entry for 50mg take 1 tablet by mouth every 6 hour routinely. Resident #14's medication for 50mg was labeled to be taken as needed by mouth every 6 hours for pain. There was no alert on the label identifying the change of direction for the use. Record review for Resident #14 found a physician order dated / for 50 mg 1 tablet by mouth every 6 hours for pain.

On / at 11:55 a.m. Staff B said there was a change in the order from as needed to routine. Staff B said the pharmacy keeps mislabeling the medication.

Class III

0092 Food Service - General Responsibilities

Based on observation and staff interview, charge of food service failed to ensure that lunch was served in a sanitary manner.

The findings included:

Observation for the lunch meal on at 11:40 a.m. showed Staff C preparing residents' their meals. He had gloves on his hands. Periodically he would change his gloves without washing his hands in between these changes. After he changed his gloves he would touch the roast beef with his gloved hands. He would then touch the paper menu handed to him by the servers, touch the counters, use a pen to write on these paper menus and then go back and handle the roast beef with his hands. He would place the roast beef on the residents' plates using his hand and he would cut the roast beef by placing one gloved hand on the roast beef to steady it while cutting the roast beef with a knife with his other gloved hand.

An interview was conducted with the kitchen manager on / at 11:30 a.m. She stated the staff is to perform this task in a sanitary manner. Staff is trained to wear the gloves but to not touch other items while preparing resident plates.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968252	08/04/2015
NAME OF PROVIDER OR SUPPLIER **SPRINGS AT SHELL POINT RETIREMENT COMMUNITY,**	STREET ADDRESS, CITY, STATE, ZIP CODE **13901 SHELL POINT PLAZA** **FORT MYERS, FL 33908**	

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

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

..., 2015

Administrator
Springs At Shell Point Retirement Community, The
13901 Shell Point Plaza
Fort Myers, FL 33908

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 your corrective action and any additional documentation to support correction of identified deficiencies and send 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

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida