STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910486	11/17/2015
NAME OF PROVIDER OR SUPPLIER **BARKLEY PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **36 BARKLEY CIRCLE** **FORT MYERS, FL 33907**	

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

0000 Initial Comments

An unannounced relicensure survey with extended congregate care was conducted / through / / at Barkley Place, an assisted living facility in Fort Myers, Florida.

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

0053 Medication - Administration

Based on observation and interview, the facility failed to ensure 1 staff (Staff C) administered medications appropriately.

The findings included:

Observation on / at 12:00 p.m. showed Staff C prepared medications at the medication cart and signed medications off and then took medications to the resident.

During an interview on / / at 8:44 a.m. Staff B said that staff is supposed to take the medication cart to pass medications.

Class III

0054 Medication - Records

Based on record review and interview, the facility failed to ensure 1 (Resident #13) of 3 resident's medication profile reviewed.

The findings included:

Record review showed Resident #13 has ..... Suypension ordered /. /. The Medication Observation Record for / / revealed that the resident got the first dose on / at 12:00 p.m.

Review of the progress notes showed no communication to the physician about late start date.

During an interview on / at 8:44 a.m. Staff B stated that the physician is to be called if medication is not started in 3 days.

Review of the medication policy revealed that it does not address this issue.

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Resident #13 was ordered Medication , chewable tablets - 10mg take 1 tab by mouth daily for 14 days. This medication was to have started / and actually was started /. The medication end date was not moved to ensure the resident gets 14 days of mediation. There was no communication to the physician about the delay in start date.

Resident #13 was ordered Medication 10 meq take 1 tab twice daily by mouth. This medication was not administered on / x 2 doses, / /, / /, / /, / /, and / /. All of the not administered doses were on the evening shift. There was no communication to physician in regards to Resident #13 not getting these doses.

During an interview on / at 10:25 a.m. Staff B said she was not aware of this. She said that she should have been notified.

Class III

0056 Medication - Labeling and Orders

Based on record review and interview, the facility failed to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration were filled or refilled in a timely manner for 1 (Resident 13) of 3 residents.

The findings included:

Based on record review Resident #13 did not receive 2 medications for 5 days. Medication (four times daily) was ordered on / and was not given until the / p.m. dosage. 10 mql (two times daily) was not given on / and the resident was given only the a.m. dosage on /; /; /; /; /. No notification to the physician or family about lack of medications was in the progress notes of the resident record.

During an interview on / / at 8:44 a.m. Staff B said that the staff is supposed to let her know if the resident does not receive their medication for 2 days.

Review of the Medication Management Policy revealed that it states Blue Harbor Senior Living assumes the ordering of new medications and re-filling current medications from the pharmacy.

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0081 Training - Staff In-Service

Based on record review and staff interview, the facility failed to accurately record the contact hours received for in-service training for 2 (Staff D and E) of 4 staff sampled.

The findings included:

1. Record review for Staff D, date of hire , revealed that no contact hours were noted on the in-service certificates for resident rights, emergency preparedness, Activity Daily Living training, and safe food handling.

2. Record review for Staff E, date of hire / , revealed that no contact hours were noted on the in-service certificates for resident rights, safe food handling, control, and emergency preparedness for Staff E.

3. During an interview on / / at 10:30 a.m. Staff B acknowledged that she had not included the contact hours on the in-service certificates.

Class

0092 Food Service - General Responsibilities

Based on observation and interview, the facility's food manager failed to assure staff performed food services in a safe and sanitary manner.

The findings included:

Observation during the initial tour on / / at 10:38 a.m., found that there were no hair net available for staff working in the kitchen. The Food manager said on / / at 10:39 a.m. that, "I don't have any hair nets since I don't have any hair." His hair cut was about 1/3 inch long. He stated, "I can get you a hat if you want to go in the kitchen. I have one clean hat." He then waived at the other male surveyor and said, "You can come in your hair it's not that long."

On / at 10:41 a.m., Staff H was observed working in the kitchen without a hair protector. When asked if she normaly wears a hair net or a hat Staff H said, "I normally do." About 10 minutes in to the observation another staff brought Staff H a hat and she proceeded wearing it. Only half of her hair was covered by the hat.

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Staff I came in the kitchen and poured soup and proceed serving a resident. Staff I was not wearing a hair net or hat. Staff I was not observed washing her hands when she entered the kitchen area. Staff I was observed touching the rim of the bowl with her thumbs while pouring the soup and later on while caring the soup out.

At the same time Staff M was observed at the ice cream refrigerator writing down ice cream flavors. Staff M was not wearing a hair net or hat.

During observation on / at 7:30 a.m., Staff G was observed coming in and out of the kitchen with a coffee carafe. She did not have a hair net on.

During observation on / / at 7:35 a.m., Staff I was observed placing her thumbs on rim of the plate while was serving breakfast to resident. Staff I picked up a dirty plate from table and then proceeded to serve another plate while she was having her thumbs on the plate.

Staff J was observed on / / at 7:55 a.m. placing her thumbs on rim of plate while serving breakfast to the residents. Staff J was observed picking up dirty plates, placing them to her tray and preceded on placing the clean plate in front of resident while having her thumbs in the plate.

Class III

0093 Food Service - Dietary Standards

Based on observation, record review and interview, the facility failed to have a current menu dated a week in advance and failed to assure that menu was available to all residents.

The findings included:

Observation on / / at 11:02 a.m., found a menu located at the wall in an area next to one of the dining . This menu was not dated and planned at least one week in advance for both regular and therapeutic diets.

The Dietary manager said at time of observation on / at 11:02 a.m., that the menu was not dated, "Because it was always available to all residents." However, that information was not posted /written anywhere on the board where the menu was placed.

Observation was made at the additional dining area on / / at 11:15 a.m. The only menu posted was the one of the lunch that was to be served that day. The menu was not dated.

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Further observation at the main dining area on / / at 7:30 a.m. found that the only menu posted was the one from dinner from the night before. No breakfast menu was posted or made available to residents during meal observation on / / from 7:30 a.m. to 8:00 a.m.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Barkley Place
36 Barkley Circle
Fort Myers, FL 33907

Dear Administrator:

This letter reports the findings of a state licensure survey that was completed 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

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
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