Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953542	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORNERSTONE LONGWOOD LEASING, LLC	480 EAST CHURCH AVENUE LONGWOOD, FL 32750

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Complaint Investigation (#2016004759) was conducted on , , and in conjunction with a complaint CCR#2016003915. Cornestone Longwood Leasing, LLC (License#5315) had deficiencies found at the time of the visit.	A 000		
A 026	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of	A 026		

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A 026	Continued From page 1	A 026		

scheduled activities. An activities calendar must be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observations and interviews, the facility failed to have evidence of an ongoing activities program at least 6 days a week for a total of not less than 12 hours per week that provided a diversified individual and group activities in keeping with each resident's needs, abilities and interests.

Findings:

Review of the activity schedule posted on the board revealed only noted 3 activities as follows:

10:30 AM-Name that Picture
2 PM-Bingo
7:30 PM-Snacks/Social Hour.

Observation of the Facility revealed there was no Weekly/Monthly Calendar posted anywhere in the building.

On At 10:40 AM Observations revealed there were no activities going on. There were residents sitting in the activity , who were not alert. The TV was on and some of the residents had their back turned to the TV and some were sleeping. The residents who were in wheelchairs were not able to maneuver the wheelchair themselves due to their

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A 026	Continued From page 2	A 026		

Observations at 10:50 revealed a staff arrived and began the activity. The same residents remained in the there were two residents observed participating. On at 5:45 PM resident #16 said the only activity was Bingo and it was a mess. She said she almost got hit when she picked a Bingo card. Another resident became upset and wanted her card. There was nothing to do all the other times.

Review of the Activity Monthly Calendar provided by the Business Office Manager revealed the Calendar for 2016 and 2016 were included in a newsletter, the Activity Calendars were blank. There was no way for the residents to know what the activities were on a weekly or Monthly basis for those months.

On at 3:30 PM, the Business Office Manager said the company that printed the news letters omitted the activities for and . For and the staff would post the daily activities. There was no way to determine what activities were available for and .

Class

A 054	58A-5.0185(5) FAC Medication - Records	A 054	

(5) MEDICATION RECORDS.
(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription

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A 054	Continued From page 3	A 054		

number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use.
(b) The facility must maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The medication observation record must be immediately updated each time the medication is offered or administered.
(c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on electronic medication observation record (MOR) review and interview, the facility did not maintain an accurate MOR for 4 of 16 sampled residents (#2, #4, 10 and #14)

Findings:

1. Review of the 2016 MOR for Resident #4 revealed there were blank spaces and there was no way to determine if she received her medications as follows:

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A 054	Continued From page 4	A 054		

. 10 Milligrams (mg) 1 at bedtime was left blank on at 8 PM
1 mg 1 -3 times a day was left blank on

2. Review of the 2016 and 2016 MOR for Resident #14 revealed there were blank spaces and there was no way to determine if she received her medications as follows:
75 Micrograms (mcg) was left blank at 8 am on
/ 0.5/3 mg 1 vial as directed 3 times a day at 8 PM on was left blank.
0.25 mg 1 at 4 PM was left blank on

Robafen 100 Milligrams (MG) Liquid was left blank on and at 8 AM
500 mg 1 3 times daily for pain was left blank on at 4 PM, at noon on and at 12 Noon.
On at 5 PM, the Director of Nurses reviewed the omission and she did not know why the spaces were left blank

2. Resident record review for resident #2 revealed a health assessment report 1823 dated / that listed diagnoses of Parkinson's ( ), Sleep , and . He needed assistance with self-administration of medications. A physician order sheet (POS) dated indicated /levo mg 3 times a day. The Medication Observation Record (MOR) listed /levo mg 3 times a day at 9 AM, 3 PM, 9 PM and was blank on 4/7, 4/8,

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A 054	Continued From page 5 to , , , and 4. Resident record review for #10 revealed a health assessment listed diagnoses of high and . He needed assistance with self-administration of medication. The 2016 listed 20 units at 5 PM. The facility's sugar log dated 2016 was blank on , to , and . On at 3 PM the Executive Director said there seems that some documents were missing. She offered no comment regarding resident #2. Class III	A 054		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another.	A 056		

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A 056	Continued From page 6	A 056		

(c) If the directions for use are " as needed " or " as directed, " the health care provider must be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed or electronic copy of such order. The new directions must promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container that directs staff to examine the revised directions for use in the medication observation record, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled

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A 056	Continued From page 7	A 056		

or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which must include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they must be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.

This Statute or Rule is not met as evidenced by:
Based on the Medication Observation Record (MOR) review, record review and interviews, the facility did not make every reasonable effort to ensure prescriptions were filled or refilled in a timely manner for 2 of 16 sampled residents who received assistance with self-administration of medications (#3 and #14).

Findings:

1. Record review for Resident #14 revealed she

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A 056	Continued From page 8	A 056		

required assistance with self-administration of medications. The resident Received Hospice Services.
Review of the MOR for revealed the front of the MOR included the following medications: 0.25 Milligrams (mg) 1 daily at 4 PM, there were staff initials with circles around them on 7/4, 7/5 and 7/6 the back of the MOR noted the Medication was out of stock. Robafen Liquid take 10 Milliliters (ML) by mouth twice daily at 8 AM and 8 PM, there were staff initials with circles around them on 7/4, 7/5 and 7/6 at 8 PM. The back of the MOR did not indicate why there were circles around the staff initials. There was no way to determine if the resident received her medication.

On at 3 PM, the administrator said there was a problem with the Pharmacy and they were working on getting another pharmacy.

2. Resident record review from resident #3 revealed a health assessment report 1823 dated that listed diagnoses of , type 2, Chronic Kidney , ( ) and high . He needed assistance with self-administration of medications. Prescription dated indicated 5 milligrams daily. 5 mg was circled on the Medication Observation Record (MOR) from / - . The back of MOR indicated 5 mg tablets not in cart and not given from - , , / , . No notes on file indicated the physician was made aware the medication was not given.

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A 056	Continued From page 9 On at 4 PM he Executive Director said that things had not gone well with the prior nurse and that was why she was no longer employed at the facility Class III	A 056		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials, shall satisfy the annual examination requirement. An individual with a positive test must submit a health care provider ' s statement that the individual does not constitute a risk of communicating . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable	A 078		

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A 078	Continued From page 10	A 078		

(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) An assisted living facility contracting to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility must:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.
(f) Level 2 background screening must be conducted for staff, including staff contracted by the facility to provide services to residents, pursuant to Sections 408.809 and 429.174, F.S.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility did not ensure 2 of 4 sampled staff (A & D) records contained a freedom of communicable including ( ) statement.

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A 078	Continued From page 11 Findings: Personnel record review revealed the following: Staff A was hired on . had no evidence to confirm freedom from communicable including . Staff D hired on . had no evidence to confirm freedom from communicable including . On . at 3 PM the Executive Director stated after searching that she was unable to locate the health statements. Class III	A 078		
A 161	429.275(2) FS; 58A-5.024(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 58A-5.024 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by	A 161		

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Rule 58A-5.0191, F.A.C.;
2. Copies of all licenses or certifications for all staff providing services that require licensing or certification;
3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 58A-5.019, F.A.C.;
4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C.;
5. Documentation verifying direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C.
(b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C.
(c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 58A-5.019, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility did not maintain the written work schedules for the most current 6 months as required by Rule 58A-5.019, F.A.C.
Findings:
Review of the facility staff schedules for 2016 revealed there was a schedule for the caregivers and another schedule for the nurses.

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A 161	Continued From page 13 The survey team requested to see the nurse's schedule for the month of , 2016. On at 3 PM the Executive Director stated after searching that she was unable to locate the nurse's schedule for , 2016. Class III	A 161		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Cornerstone Longwood Leasing, LLC
480 East Church Avenue
Longwood, FL 32750

RE: CCR #2016004759

Dear Administrator:

This letter reports the findings of a state licensure complaint investigation survey that was conducted on , 2016 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 , 2016.** 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
XG90

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