STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967434	09/12/2016
NAME OF PROVIDER OR SUPPLIER **ORLANDO LUTHERAN TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **404 MARIPOSA STREET ORLANDO, FL 32801**	

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

0000 Initial Comments

On , 2016, , 2016 and , 2016 a biennial re-licensure survey was conducted at Orlando Lutheran towers with Extended Congregate Care (ECC) license #11438. Orlando Lutheran Towers had deficiencies at the time of the visit.

0008 Admissions - Health Assessment

Based on record review and interview, the facility did not ensure the Health Assessment (form 1823) for 2 of 9 sampled records (#4 & #5) were accurate and fully completed by the health care provider.

Findings:

1) On , a review of the Health Assessment/1823 for Resident #4 dated , the physician's address and phone number were not included on the form. The form also stated that Assistance with self administration of Medications was indicated, but the facility is allowing the resident to self-administer by filling her own pill organizer and keeping her medication supply in her .

In an interview with the administrator on / at 5:00 PM, she stated the form says assistance with self administration and the resident was self-administering her medication. She said she thought that was what the form meant. She also said she did not realize there was information from the physician missing.

2) A review of the record for Resident #5, dated / / revealed the section for the type of medication assistance required was left blank. The facility is allowing Resident #5 to self-administer medications using a timed, battery operated pill organizer that the facility nurses fill once each week.

In a phone interview on / at 8:38 AM, the physician for Resident #5 stated he did not realize he left that section blank, but that the resident did require assistance with his medications. He would not be able to take his medications on his own. He is not sure if he would remember, or if he would actually take them if it were left up to him. The surveyor described the automated pill organizer the facility had in place and the physician expressed doubts about whether Resident #5 would really take the pills or not. He thought most of the time he would be OK, but depending on his mood, he might throw them out.

In an interview with the administrator on at 5:00 pm, she stated she was not aware there was incorrect or missing information on resident's #5's health assessment form and that his family provided the pill organizer.

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Resident #2's record review revealed no documentation of type of assistance needed for self-administration of medication on the AHCA Form 1823 Health Assessment form dated /

An interview on / at 3 PM with the administrator who reviewed #2's 1823 Health Assessment form and confirmed the findings.

Class III

0010 Admissions - Continued Residency

Based on record review and interview, the administrator failed to take into consideration the accuracy of information that was provided to the facility on the Resident Health Assessment form (1823) to determine the continued appropriateness of placement for 1 of 9 sampled residents (#5) and retained a resident for whom it was stated "uncertain" in response to the question asking if the resident required 24 hour nursing or supervision or posed a danger to himself or others.
Findings:

A review of the record for Resident #5, revealed the health assessment (1823) form dated / revealed the physician stated that he was "uncertain" if the resident required 24 hour nursing or supervision or posed a danger to himself or others. On the form, the physician's explanation for these 2 "uncertain" comments read: " He has serious behavioral issues. He should have separate evaluation. Problem he needs some supervision due to behavioral problems. I do not know how much supervision may be required or how much is available routinely in your facility." He also stated the resident should have a separate evaluation.

In a phone interview with the physician on at 8:38 AM, he described resident #5 as having a progressive form of that, while at times he can appear affable and friendly, he has periods and is increasingly unable to make proper judgements. He does not know if, while in a state, he would harm anyone. He restated that while still at home this resident was convinced that ISIS was out to get him.

In an interview with the administrator at 5:00 pm, she stated she was not aware this information was on resident #5's health assessment form. In a follow-up phone interview on / at 3:22 PM, the administrator stated the resident has not had the evaluation because they did not have an order for it. She said the resident had a new primary physician now (at the family's request) but they have not obtained an updated 1823.

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Class III

0025 Resident Care - Supervision

Based on record review and interview, the facility did not provide care and services to meet the needs of 1 of 5 sampled residents (#9) and allowed the resident to self administer medications when the health care providers order required her to have assistance with the self-administration of medications.

Findings:

During the tour on . . /. . at 10:10 AM observed in resident #9's the counter was a weekly pill organizer with medications inside. There were also two bottles of and A bottle of coated on the counter. The resident was not in the .
On . . /. . at 10:10 AM, the administrator said Resident #9 self administered her medications.

Record review for resident #9 revealed a Resident Health Assessment form 1823 that was signed by the health care provider checked both resident needed assistance with medication and medications needed to be administered. Further review of the 1823 revealed the health care provider noted "verify resident takes medications." There was no order found in the record from a health care provider that the resident could self administer her own medications.

On . . /. . at 5 PM, the administrator confirmed that the health care provider noted the resident required assistance and medication administrator and she was allowed to self administer her medications.

Class III

0054 Medication - Records

Based on observation, record review and interview, the facility failed to ensure medication observation record (MOR) accurately reflected the physician orders for 1 of 9 sampled resident (#5).

Findings:

In an interview with Resident #5 on at 12:10 pm, he stated that he was able to take his own pills. He showed me the pill organizer and stated that it had a timer on it and beeped when it was time to take his pills. When it beeped, he tipped it over and put the pills in his hand. Then it stopped beeping and

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moved toward the next dose. The staff keeps his medicine bottles on their cart and the nurses reorder his medications and fill the pill container for him.
Review of the record for Resident #5, revealed an 1823 dated / / that did not indicate what type of assistance was required for medication administration. This section was left blank. There was an order in the record dated that stated to "Check the pill box " and to "Fill the Pill Box on Fridays."
Review of the MOR for 2016 revealed that the staff marks off when they refill the pill organizer, but it was not refilled on .
On at 5:30 pm, the 3-11pm nurse responsible for refilling the pill organizer stated the organizer holds 2 weeks' worth of pills and she was only refilling it every other week. She could not explain why she initialed the MOR every Friday in , except for . She confirmed that the order said to refill it every Friday.

Class III

0055 Medication - Storage and Disposal

Based on observations and interview the facility failed to ensure medications kept in residents' or apartments, were kept locked when residents were absent or kept the medication in a secure place within the or apartments or in some other secure place out of sight of other residents for 1 of 9 sampled resident (#9).

Findings:

During the tour on / / at 10:10 AM observations revealed resident #9's was unlocked and she was not in the , on the counter in her a weekly pill organizer with medications inside. There were also two bottles of and A bottle of coated on the counter, all of the medications were observed when the door was opened.

On / / at 10:10 AM, the administrator said the resident who kept their medication in their were to lock their doors when they were not in the .
Review of the facility's medication policy revealed it noted the following:

Upon Determination that a resident can safely self-administer medications, he/she may keep their medications, both prescriptions and over-the counter in their possessions both on or off the facility premises; or in their or apartments which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out the sight of other residents.

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Class III

0056 Medication - Labeling and Orders

Based on observation, interview and record review, the facility failed to follow physician orders as indicated on the Health Assessment (1823) for the mode of medication of assistance with self-administration required for 2 of 9 records reviewed (#4, #5)
Findings:
1) During an interview with Resident #4 on / at 11:40 am, she stated that she was independent with all of her Activities of Daily Living (ADLs), including taking her medications. She showed the surveyor her pill organizer, that she stated she filled herself each week. She also showed the surveyor her supply of prescription medicines that she used to fill the pill organizer. She said she ordered her own refills as needed and stored them in her . She also stated that she kept her apartment locked any time she went out of the .
Review of the resident record for Resident #4 revealed a Health Assessment form (1823) dated / /, which stated that she required Assistance with Self Administration of Medications.
In an interview with the administrator on / at 5:00 pm, she stated the form for resident #4 says assistance with SELF administration, and the resident was self administering her medication. She said she thought that was what the form meant.

2) During the morning tour on /, the DON stated that Resident #5 self administers his medications and has a very unique pill organizer in his .
In an interview with Resident #5 on at 12:10 pm, he stated that he liked his independence and was able to take his own pills. He showed me the pill organizer and stated that it had a timer on it and beeped when it was time to take his pills. When it beeped, he tipped it over and put the pills in his hand. Then it stopped beeping and moved toward the next dose. The staff keeps his medicine bottles on their cart and the nurses reorder his medications and fill the pill container for him.
Review of the record for Resident #5, revealed an 1823 dated / that did not indicate what type of assistance was required for medication administration. This section was left blank. There was an order in the record dated / that stated to "Check the pill box " and to "Fill the Pill Box on Fridays."
Review of the MOR for 2016 revealed that the staff marks off when they refill the pill organizer, but it was not refilled on /.
On / at 5:30pm, the 3-11 nurse responsible for refilling the pill oranizer stated the organizer holds 2 weeks worth of pills and she was only refilling it every other week. She could not explain why she initialed the MOR every Friday in , except for /. She confirmed the order said to refill it every Friday.
In an interview with the administrator on at 5:00 pm, she stated that she was not aware the

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mode of medication administration was left blank on Resident #5's 1823.
Class III

0081 Training - Staff In-Service

Based on observation, record review and interview, the facility failed to ensure its dietary manager had received an in-service training within 30 days of employment.

Findings:

On / at 11:00 a.m. a tour of the kitchen of the facility was conducted. Staff G stated that she was a dietary manager of the assisted living facility (ALF) building. She stated that she was hired on / .

When asked for any nutritional and food services training, she could not provide any documentation.

On / at 12:45 p.m. the administrator confirmed that Staff G was her designated food service person for the ALF. She confirmed that the dietary manager didn't have the one-hour food service training.

Class III

0152 Physical Plant - Safe Living Environ/Other

Based on record review, observations and interviews, the facility failed to ensure a resident's free from odors (#8).

Findings:

Observations during the tour on / at 10 AM revealed as soon as the door was opened to resident's #8's was a strong odor. The administrator said on / at 10 AM, the resident was and refused to allow staff to change her. She said staff had spoken with the resident and her family regarding this issue. The administrator said the odor may possibly be from the mattress.

Observations on / at 2 PM revealed there continued to be a strong odor in the resident's .

Record review for Resident #8 revealed there was no documentation to confirm the staff had spoken with the resident and the resident's family regarding her refusal to allow staff to assist her with her

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incontinence care and what actions were taken to ensure there were no odors in the [redacted].

Class III

Z814 Background Screening Clearinghouse

Based on review of the Background Screening (BGS) Clearinghouse website and interview, the facility failed to complete registration & update for 2 of 6 sampled staff on the Employee Roster (A & E).

Findings:

The facility's employee roster revealed that staff A & E were not updated & reported within 10 business days.

Staff A's employment date of hire was on [redacted].
Staff E's employment date of hire was on [redacted].

An interview on [redacted] at 4 PM with the administrator who confirmed the findings.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Orlando Lutheran Towers
404 Mariposa Street
Orlando, FL 32801

RE: Re-licensure w/ECC

Dear Administrator:

This letter reports the findings of a state licensure 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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