STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910790	10/27/2016
NAME OF PROVIDER OR SUPPLIER **SUMMIT AT NEW PORT RICHEY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5539 CHARLES STREET** **NEW PORT RICHEY, FL 34653**	

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

0000 Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2016010441), was conducted at Summit at New Port Richey, Assisted Living Facility, on 10/27/16. Summit at New Port Richey had deficiencies identified at the time of the visit.

(License # 5421)

0025 Resident Care - Supervision

Based on observation and interview the facility failed to maintain an updated written record of significant changes that resulted in additional services and hospitalization for 1 (#1) of 4 records reviewed.

Findings included:

A record review for Resident #1 revealed that the resident experienced two separate episodes of [redacted] that resulted in two separate finger amputations within a period of approximately 3 months. The first reviewed was identified on as a /Abscess R index finger. A Fax Cover Letter, dated / , from the facility (receiver not identified on cover sheet) was also within the chart that documented additional treatment. Hospital Summary Chart revealed that Resident #1 was admitted to the hospital on for a right index finger amputation. There was no other documentation relating to plan of care, the treatments provided for the , or physician orders indicating the reasoning and approval for finger amputation of the right hand.

Additional review of Resident #1 ' s chart revealed documentation of on the left ring finger on with orders for care. Documentation dated stated " physician to consult follow up with surgeon that performed amputation of right index finger. " Hospital Summary Chart revealed that Resident #1 was admitted to the hospital on for a Left ring finger amputation. There was no other documentation relating to plan of care, the treatments provided for the , or physician orders indicating the reasoning and approval for finger amputation of the left hand.

Provided communication record between a home healthcare agency (HHA) and the facility included Weekly Sugar Log which included documentation of administered and notations of when Resident #1 was discharged to hospital. Dates of documents provided ranged from / to present time .

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910790	**10/27/2016**
NAME OF PROVIDER OR SUPPLIER **SUMMIT AT NEW PORT RICHEY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5539 CHARLES STREET NEW PORT RICHEY, FL 34653**	

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

During an interview with Assistant Wellness Director on 10/27/2016 at 2:27 p.m., they verbally clarified Resident#1 ' s that resulted in two finger amputations, but did not have additional documentation in Resident #1 ' s chart or at the facility. Assistant Health and Wellness Director stated that the " staff does not perform any dressing. HHA visit twice a day and for whatever the doctor writes for care. They keep their documentation within their office. They do not provide copies of their notes to us.

During an interview with the Health and Wellness Director at 3:39 PM, they stated that the facility does not get the notes from the HHA relating to their daily visits.

During an interview with the License Nurse Practitioner (LPN) from HHA, on at 4:01 PM, they stated that The facility is able to see the communication book of the services that we provide during our visits, which cover when was given and if Resident #1 left to the hospital to see a surgeon. All other documentation are entered using a tablet and are kept by the HHA. LPN verbally clarified Resident#1 ' s that resulted in two finger amputation, but was not able to furnish documentation relating to that resulted in finger amputation during the day of the survey.

Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation and interview, the facility failed to securely dispose of protected health information on medication packaging.

Findings included:

On 1/ at 10:40 AM., two medication packages with residents ' information viewable to those near the medication cart, was observed in the trash can of A Hall medication cart. Upon further investigation, it was revealed that the medication packaging contained the names of Residents #8 and #9, medication, and dosage of medication for two current medications.

During an interview with Administrator on 1/ at 10:45 AM., Administrator confirmed observation of medication packaging in the trash. Administrator stated that the residents' information should have been removed from the medication packaging.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910790	**10/27/2016**
NAME OF PROVIDER OR SUPPLIER **SUMMIT AT NEW PORT RICHEY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5539 CHARLES STREET NEW PORT RICHEY, FL 34653**	

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

On 10/27/2016 at 5:10 PM., medication primary packaging was observed in A Hall medication cart ' s trash with Resident #9 ' s name, medication, and evening dosage of medication. Information was viewable when standing near the medication cart.

On at 5:11 PM, Administrator confirmed observation, removed the packaging from the trash container, and verbally informed two staff standing nearby to remove the residents ' information from the medication packaging.

During an interview with Assistant Health and Wellness Director, on / at 5: 20 PM, they stated that the med techs are supposed to take the top of the card off and put it in the shredder or blacken out the residents ' information. They are told that it is a HIPPA violation. Assistant Health and Wellness Director also stated that it is covered during med tech training, the facility does not have any written policies about that, and " we all know that it is a HIPPA violation. "

Class III

0055 Medication - Storage and Disposal

Based on observation and interview, the facility failed to ensure that the refrigeration unit used for medication storage was securely locked.

Findings included:

Upon entry to conference , on at 9:16 AM., 2 refrigeration units (freezer and cooler) was observed with door lock hasps and no locks. When opened, the refrigerator contained medications belonging to residents. The conference was observed with a hook, positioned at the top of the door,that prevented the door from closing completely.

During an interview with Assistant Health and Wellness Director on at 9:44 AM, they confirmed that the unlocked refrigerator contained " shots, , and shots, " that belonged to the residents. Assistant Health and Wellness Director also acknowledged that the door to conference not able to close due to the hook hanging from door. Assistant Health and Wellness Director stated that the refrigerator should be locked, and did not know where the padlock was.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910790	10/27/2016
NAME OF PROVIDER OR SUPPLIER **SUMMIT AT NEW PORT RICHEY**	STREET ADDRESS, CITY, STATE, ZIP CODE **5539 CHARLES STREET** **NEW PORT RICHEY, FL 34653**	

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

0152 Physical Plant - Safe Living Environ/Other

Based on observation and interview, the facility failed to ensure that hazardous chemicals, cleaning agents, and pest control chemicals, were stored in a safe manner.

Findings included:

On at 10:58 AM, a generic spray bottle with a yellow chemical fluid was observed on the table located in an eating area of the activities .

During interview with Staff A, on at 11:03 AM, Staff A she stated that the bottle did not belong to housekeeping. Staff A opened the bottle, smelled the chemical, and confirmed was the used by the facility.

on at 11:06 AM, two cans of pest control spray were observed on a cart in the hallway, near Physical 's entrance. There were no staff members present, or actively working with the chemicals. Observation was confirmed by Health and Wellness Director, who was present at the time of observation. Health and Wellness Director stated that the container should not be left in the hallway, accessible to residents.

During an interview with Maintenance Director, on at 11:09 AM, they stated that the spray cans were delivered by housekeeping and they left the pest control spray cans at the door (near the maintenance office). Maintenance Director confirmed that the spray cans should not have been left unattended in the hallway.

Class III

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

, 2016

Administrator
Summit at New Port Richey
5539 Charles Street
New Port Richey, FL 34653

RE: CCR# 2016010441

Dear Administrator:

This letter reports the findings of a complaint 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-basec 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

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

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90