| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969359** | **01/29/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**AMERICAN HOUSE FORT MYERS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**14001 METRO PKWY**<br>**FORT MYERS, FL 33912** | |

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

**0000 - Initial Comments**

An unannounced complaint survey CCR #2018016404 was conducted at American House Fort Myers, an assisted living facility (License #13171) in Fort Myers, Florida.

The complaint contained 2 allegations of which 1 allegation was substantiated with citation.

The following is a description of the deficiencies.

**0008 - Admissions - Health Assessment - 429.26( ) FS; 58A-5.0181(2) FAC**

Based on resident record review and staff interview the facility failed to ensure the accuracy of health assessments for 4 (Resident #7, Resident #4, Resident #5, and Resident #6) of 13 health assessments reviewed for completeness.

The findings included:

Review of Resident #7's health assessment indicated she needs medication administration.

Review of Resident #4's health assessment indicated she needs medication administration.

Resident #5's health assessment indicated he requires 24-hour nursing or care. His needs cannot be met in assisted living facility which is not a medical, nursing or facility and he needs medication administration.

Resident #6's health assessment indicated she needs medication administration and assistance with self-administration of medications. Both areas are marked off on her health assessment.

During an interview on at 3:02 p.m., the Director of Nursing said, "I generally review the health assessments. My Assistant Director of Nursing and myself have started auditing the charts for completeness."

Class III

**0054 - Medication - Records - 58A-5.0185(5) FAC**

Based on resident record review and staff interview the facility failed to ensure the medication

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| **AMERICAN HOUSE FORT MYERS** | **14001 METRO PKWY FORT MYERS, FL 33912** |

SUMMARY STATEMENT OF DEFICIENCIES
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observation record (MOR) was without omissions for 5 (Resident #6, #7, #8, #9, and # 11) of 13 MORs reviewed.

The findings included:

Review of Resident #6's medication observation record (MOR) for showed an order for tea tree oil shampoo mint extra strength. It is scheduled for 9:00 a.m. Resident #6 received the shampoo once in 29 days of . Reasons cited on the MOR included : unavailable, not in cart, refused, remove from MOR and not on cart.

Review of Resident #7's MOR for showed an order for ( softener) 100mg softgel. This medication was scheduled for 9:00 a.m. It was not given through . Reasons not given included: pharmacy notify, not on the cart and unavailable. This resident also has an order for ( ) 100mg, take one tablet by at bedtime. This medication was not given and through . Reasons not given included: not on the cart and waiting on the pharmacy.

Review of Resident #8's MOR for showed an order for MPAP ( ) 325mg give 2 tablets (650mg) by every 8 hours *ER supply*. This medication was scheduled for 6:00 a.m., 2:00 p.m. and 10:00 p.m. This medication was not given through at 6:00 a.m. This medication was not given through at 2:00 p.m. This medication was not given and through at 10:00 p.m. The reasons not given included: not in cart, waiting on pharmacy and pharmacy notify.

Review of Resident #9's MOR for showed an order for Nystop ( ) 100,000 unit/gm powder, apply beneath and in twice daily. This medication was scheduled for 8:00 a.m. and 7:30 p.m. This medication was not given through at 8:00 a.m., at 8:00 a.m. and through at 8:00 a.m. and through at 8:00 a.m. The resident also did not receive this medication and at 7:30 p.m., through at 7:30 p.m., through at 7:30 p.m. and through at 7:30 p.m. Reasons medication not given included: no refills, waiting on pharmacy, refused and not on cart.

Review of Resident #11's MOR for showed an order for Zeasorb 2% powder ( ), apply to (twice daily) *may discontinue when resolved. The resident did not receive the medication at 9:00 a.m., through at 9:00 a.m., and at 8:00 p.m., through at 8:00 p.m., and

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SUMMARY STATEMENT OF DEFICIENCIES
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21 through [illegible] at 8:00 p.m. The reasons the medication was not given included: refused, hold, unavailable and waiting on pharmacy

Review of Medication - Procedures Number: G-1 page #2 section: Medication Reorders states, " .....PRN's and treatments will be on demand reorder."

During an interview on at 11:00 a.m., Med-Tech Staff A said, if a medication is going to be crushed it will show up with a pink highlight that says CRUSH. If there is no pink highlight we are not to crush the medication. If a medication is not on the cart we need to notify pharmacy and our nurse.

During an interview on at 3:35 p.m., Med Tech Staff B said, when the pill cards are getting low we peel the sticker off the card and send it to pharmacy. If I see that the mediation is not available from pharmacy for a few days, I will tell my nurse and see what she wants me to do.

During an interview on at 3:40 p.m., Med Tech Staff C - memory support said, I would notify the nurse and make a note that we are waiting on pharmacy. If I saw that it was missing before me, I will tell my nurse and she will let me know what to do.

During an interview on at 4:00 p.m., the Director of Nursing said she was unaware of all of the omissions on the MORs. The staff should have been telling us if the medications are not available so we could have intervened.

Class III