STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910484	**02/11/2019**
NAME OF PROVIDER OR SUPPLIER **ANTHURIUM (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1835 12TH STREET, EAST** **LEHIGH ACRES, FL 33972**	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted /9 at The Anthurium, an assisted living facility (license # 7210) in Lehigh Acres, Florida.

The following is description of the deficiencies.

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

Based on record review and staff interview, the facility failed to obtain a complete health assessment, AHCA Form 1823 for 2 (Resident #1 and #4) out of 2 records reviewed.

The findings included:

1. Record review for Resident #1 found he was admitted to the facility on . Further review found the most recent health assessment on record (dated) was incomplete since it was missing the following:
-Nursing/Treatment/ , , service requirements section left blank.
-Special precautions left blank
-Page #5 Special Services was left blank.
The Assistant Administrator said on /9 at 10:12 a.m., it was an oversight. Said she will call the doctor as soon as possible

2. Resident #4 was admitted to Hospice on due to of the and secondary diagnosis was listed as with behaviors.

The most recent Health Assessment 1823 form on record was dated . The form did not include the resident mentioned as being on the hospice care plan nor the fact they were under hospice care. The form was missing the resident medication list with dosage directions of use and route.

The Assistant Administrator said on at 11:58 a.m., she was waiting for the resident's physician to send the new 1823 for the resident.

Class III

0009 - Admissions - Admission Package - 58A-5.0181(3) FAC; 400.0078(2)

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SUMMARY STATEMENT OF DEFICIENCIES
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Based on record review and interview, the facility failed to ensure a complete admission packet was available for new admissions to the facility. Failure to provide a complete admission packet leads to a lack of necessary information and may lead to misunderstanding between the resident or their representative and the facility.

The findings included:

Record review of facility's admission packet revealed the following information was not included:

1. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any.
2. The facility's resident elopement response policies and procedures.
3. Admission and retention policy;
4. policy;
5. Medication storage policy;
6. Elopement policy;
7. Reporting , neglect and , policy;
8. Administration scheduled availability; and housekeeping availability.
9. control, sanitation, and universal precaution policy;
10. Third party coordination policy (including coordination of communications);
11. Regulatory reference was made to chapter 400 and not chapter 429 of F.S. Chapter 429 F.S. has been in effect since .

Record review reveled the following information was excluded from facility's contract:

1. A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.
2. The facility's policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule.
3. The facility's policies and procedures related to a properly executed DH Form 1896, .
4. Regulatory reference was made to chapter 400 and not chapter 429 of F.S. Chapter 429 F.S. has been in effect since .
5. No reference was made of facility's policies in regards to coordination of services. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided as indicated by 58A.50182(7) FAC.

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On ... at 2:55 p.m., the Assistant Administrator confirmed the lack of documentation.

Class III

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, record review and staff interview, the facility failed to obtain a consent prior of using bed rails for 1 (Resident #4) out of 1 resident with bed rails in the facility.

The findings included:

Observation on ... at 10:02 a.m., found Resident #4's bed was against the wall in ... # . The resident was laying in the bed. A set of half rails were on each side of the bed, both were in the upper position.

Record review for Resident #4 found she was admitted to the facility on ... . Further review found no prescription or consent for the usage of the bed rails.

During an interview on /9 at 2:10 p.m., the assistant administrator said she was not aware of the regulator requirement.

Class III
photographic evidence on record

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC

Based on observation and staff interview, the facility failed to provide a safe and homelike environment to all residents.

The findings included:

Observation during initial tour found the following:

1. Scratches and peeling paint against the wall in the main dining area.
2. Scratches and peeling paint on bedroom doors in bedroom #1, #2, #3 and #4 and bathroom #1,#2 and #3.
3. Rust behind the commode in bathroom #1.

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4. Scratches and peeling paint in the cabinets in all bathrooms.
5. Scratches and peeling paint in the facility's kitchen.
6. Accumulated dirt at the windows.

On at 9:00 a.m., the Assistant Administrator said she was aware of all issues. Said they will repaint the interior as soon as possible. Said they will clean the windows too.

Class III