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
	AL11965480	A. BUILDING: _____ B. WING _____	05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILLS HUNTER'S CREEK	3800 TOWN CENTER BLVD. ORLANDO, FL 32837

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CZ813 SS=C	59A-35.090(3)(c), FAC Results of Screening & Notification In File 59A-35.090(3) Results of Screening and Notification. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to maintain the current Level 2 Background Screening eligibility results in the personnel file for 1 of 4 staff reviewed (B). Findings: Review of the personnel record for caregiver B, hired , revealed a Level 2 background screening result with an eligibility date of . Review of the Agency Background website found an eligibility date of . On at 4 PM, the business office manager confirmed the finding. Unclassified	CZ813		
A 000	Initial Comments The re-licensure survey with Limited Nursing Services was conducted on . Spring Hills Hunter's Creek had deficiencies at the time of the visit.	A 000		

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A 008	Continued From page 1	A 008		
A 008 SS=D	429.26( ) FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request. (6) Any resident accepted in a facility and placed	A 008		

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A 008	Continued From page 2 by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of require such assistance.	A 008		

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A 008	Continued From page 3 58A-5.0181 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the	A 008		

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A 008	Continued From page 4 resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, [redacted], which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted	A 008		

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A 008	Continued From page 5 through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the health assessment form (1823) from a licensed health care provider was complete for 1 of 3 sampled resident records (#10). Findings: Resident #10 was admitted to the facility on	A 008		

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A 008	Continued From page 6 . . . . The most recent 1823 was dated . Diagnoses included and . . . . . She required assistance with all Activities of Daily Living. The section to indicate the type of assistance the resident required for medications was blank. On at 3:15PM, the nursing director confirmed the finding. Photographic Evidence Obtained Class III	A 008		
A 025 SS=G	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or . . . . . , ... or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of	A 025		

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A 025	Continued From page 7 resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide appropriate supervision to meet the needs of a significant change for 1 of 2 sampled resident (#6), and failed to have all the written documentation for a provision for additional services for 1 of 2 sampled residents (#6). Findings: On at 10:50 AM, resident #6 stated that she had a . . . on her . . . . . , and that the nurses kept telling her that it was healing but she did not think it was healing because it still hurt.	A 025		

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A 025	Continued From page 8 On [redacted] at 10:55 AM, resident #6 only had a lift recliner chair that she sits in. There was no bed in her room. Resident #6 said, "I sleep in my chair and donated my bed to the Salvation Army." When resident #6 got up from her lift recliner chair, a deflated donut type air cushion was on top of the chair seat. Resident #6's record revealed an admission date [redacted]. The last 1823 Health Assessment, dated [redacted], indicated she was forgetful at times, had a history of [redacted] and [redacted] ([redacted]), [redacted], mild [redacted] and [redacted]. The 1823 noted that she needed assistance with Activities of Daily Living (ADLs) with bathing, [redacted], toileting and transferring, supervision with grooming, and ambulation with a walker. (Photographic evidence obtained). The facility did not identify resident #6 originally on the list of residents receiving skilled nursing services from a Home Health agency when the resident census and status was requested earlier. (Photographic evidence obtained). A physician's order, dated [redacted], requested a referral from Home Health agency to evaluate and treat the resident's [redacted]. (Photographic evidence obtained). On [redacted], the facility's skin assessment tool contained documentation of redness on the right and left [redacted]. On [redacted], the Home Health agency's written assessment visit reflected that the resident had a [redacted] on the left inner [redacted] with measurements of length 0.5 centimeters (cm.) by width 0.5 cm. by diameter	A 025		

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A 025	Continued From page 9 0.1 cm., and to apply . . . . . cream daily. (Photographic evidence obtained). On , Home Health agency skilled nursing note documented . . . . on right inner with measurements of length 0.5 cm x width 0.5 cm x depth 0.1 cm. (Photographic evidence obtained) A gap of written documentation provided from Home Health agency and of the facility. On . . . . . , the resident's Medication Observation Record (MOR) contained documentation that . . . . . cream was applied beginning on - but . . . . . , and were not signed as given. (Photographic evidence obtained) On , the Home Health agency skilled nurse's note reflected a . . . . on the right inner with measurements of length 0.5 cm. by width 0.5 cm. by depth 0.1 cm. (Photographic evidence obtained). On , the Home Health agency written assessment visit reflected a . . . . on the right inner healed, and to apply . . . . . cream daily. (Photographic evidence obtained) On , the Home Health agency assessment visit for discharge did not provide measurements of the for the left and right . . . . . (Photographic evidence obtained). A gap and no written documentation provided from the facility's nurse assessment of the . . .	A 025		

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A 025	Continued From page 10 On , the facility's skin assessment tool reflected redness on the right and left , and a under the left . On , the resident's MOR explanation was that cream was applied beginning on - to and under the left . (Photographic evidence obtained). On , the facility's skin assessment tool did not contain documentation measurements of the located on right and left and under the left . (Photographic evidence obtained). On , a new physician's order requested the Home Health agency to evaluate and treat on . (Photographic evidence obtained). On , the resident's MOR reflected that , cream was applied beginning on - to both areas on the . A gap and no written documentation was provided from the facility's nurse assessment of the on the . On , the Home Health agency's written assessment visit reflected that resident #6 was , and provided measurements for the : the inner right = length 0.7 cm. by width 0.5 cm. by depth 0.1 cm., and the inner left = length 1.8 cm. by width 1.0 cm. by depth 0.1 cm. (Photographic evidence obtained).	A 025		

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A 025	Continued From page 11 On . . . . . at 4:20 PM, the Director of Nursing (DON) confirmed the finding that the on resident #6's . . . . . were more than redness, admitted they were actually open . . . . . , and did not provide any additional documentation. On at 11:15 AM, a telephone call to the Administrator was attempted. A voice message was left informing that the classification level for the deficiencies increased to Class II after the team compiled and reviewed all the documentation received. Observation on . . . . . at approximately at 4:30 PM noted resident #6 sat in a recliner. She said she slept in the recliner and once she was unable to get in and out of her bed, she donated it to a charity. The facility's Director of Nursing (DON) explained to the resident that we needed asses the areas of concern on her . . . . . The resident agreed and said she did not think the areas were improving . Observation noted the resident sat on a plastic pressure relief "doughnut". The resident ambulated with a walker. Observations of the noted a . . . . . to inner . . . . . The DON removed the . . . . . and revealed 2 open areas, ... to the left and right inner . . . . . The DON said that the areas were open and bigger that she was led to believe by the home health nurse. Class II	A 025		
A 086 SS=D	58A-5.0191(10) FAC Training - ADRD (10) AND RELATED . . . . . ("ADRD") TRAINING	A 086		

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A 086	Continued From page 12 REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 64.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , and , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " and Related Level I Training," must address the following subject areas: 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled "	A 086		

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A 086	Continued From page 13 and Related . . . . . Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's . . . . . and Related ," dated , incorporated by reference, available from the Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular	A 086		

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	AL11965480	A. BUILDING: _____ B. WING _____	05/15/2019

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SPRING HILLS HUNTER'S CREEK	3800 TOWN CENTER BLVD. ORLANDO, FL 32837

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A 086	Continued From page 14 contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with or related , or 2. Three years of practical experience in a program providing care to persons with or related , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with or related . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to ensure 2 of 3 direct care staff received 4 hours of and Related continuing education annually (A & B). Findings: 1. Review of the personnel record for caregiver B, hired , revealed a certificate for training, Level 1 dated , and a	A 086		

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A 086	Continued From page 15 certificate for [redacted]'s training Level 2 dated [redacted]. The most recent certificate for the 4 hour annual [redacted] training update was dated [redacted]. There were additional Level 1 and Level 2 certificates dated [redacted]. There was no updated certificate found for 2018. On [redacted] at 4:30 PM, the business office manager confirmed the findings, and said she thought staff could retake the Level 1 and 2 as an update. 2. Observations on [redacted] at 10 AM noted caregiver A worked the secure memory care unit. Her personnel record revealed a hire date of [redacted], and a certificate dated [redacted] that indicated she attended [redacted]'s [redacted] and Related [redacted] Level I and Level II. A certificate, dated [redacted]/18, indicated she attended [redacted] and Related [redacted] Level I and Level II again. There was no evidence to confirm she attended 4 hours of continuing education yearly, but rather continued to repeat [redacted] and Related [redacted] Level I and Level II. On [redacted] at 4:30 PM, the business office manager confirmed the findings, and said she thought staff could retake the Level 1 and Level 2 as an update. Class III	A 086		
A 091 SS=B	58A-5.0191(12) FAC Training - Documentation & Monitoring (12) TRAINING DOCUMENTATION AND MONITORING. (a) Except as otherwise noted, certificates, or	A 091		

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A 091	Continued From page 16 copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following: 1. The title of the training program, 2. The subject matter of the training program, 3. The training program agenda, 4. The number of hours of the training program, 5. The trainee's name, dates of participation, and location of the training program, 6. The training provider's name, dated signature and credentials, and professional license number, if applicable. (b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule. (c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements. This Statute or Rule is not met as evidenced by: Based on personnel record review and interview, the facility failed to obtain a completed 2-hour pre-service orientation training certificate for 1 of 4 sampled staff which included the subject training specifics, and the signature of the employee (C). Findings: Staff C's personnel record revealed a hire date on . A 5-hour pre-service orientation-training certificate, dated did	A 091		

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A 091	Continued From page 17 not include documentation of the training subject matter in detail, and the employee's signature on the certificate. (Photographic evidence obtained). On at 2:30 PM, the Administrator confirmed the finding. Class	A 091		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in Rule 58A-5.0181, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order. (d) Documentation of a resident's refusal of a	A 162		

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A 162	Continued From page 18	A 162		

therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable.
(e) The resident care record described in paragraph 58A-5.0182(1)(e), F.A.C.
(f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their recorded semi-annually.
(g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract.
(h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S.
(k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S.
(l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for ( ), CF-ES 1006, , which is hereby incorporated by reference

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A 162	Continued From page 19 and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the [illegible] of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 58A-5.0181, F.A.C. (o) The resident ' s [illegible], DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required in this paragraph; 3. The health assessment described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be	A 162		

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A 162	Continued From page 20 retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the hospice interdisciplinary plan of care was complete for 1 of 3 sampled resident records (#10). Findings: Resident #10 was admitted on . . . . . The most recent 1823 asssessment form was dated . . . . . Diagnoses included . . . . . and . . . . . The resident required assistance with all Activities of Daily Living. The form documented she was receiving hospice care. A copy of the hospice interdisciplinary plan of care was dated and signed by a representative of hospice and a representative of the facility. The sections indicating responsibility for care was blank. (Photographic evidence obtained). On . . . . . at 3:15PM, the nursing director confirmed the finding. Class III	A 162		
AN278 SS=D	58A-5.031(3) FAC; 429.07 (3)(c)2, FS LNS - Records	AN278		

Agency for Health Care Administration

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AN278	Continued From page 21 58A-5.031(3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure complete nursing progress notes and monthly nursing assessments were maintained for 1 of 3 sampled residents who received Limited Nursing Services (LNS) (#11). Findings: During the facility entrance on .. .. at 9 AM, the Director of Resident Care identified resident #11 as receiving LNS for .. .... , care. She said the facility nurses provide the care to the .. .... , not a home health agency or a private service. On at 10:20 AM, resident #11 said the facility nurses changed her .. .... , appliance.	AN278		

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AN278	Continued From page 22 Resident #11 record revealed a health care provider order, dated , that indicated home health care to teach the resident and facility staff to care for the . A healthcare provider order, dated , indicated to assist the resident as needed with care. Continued review revealed facility notes dated and that indicated continued with care per physician's orders with assistance of nursing staff. The Director of Resident Care provided additional documentation that included the Medication Observation Record (MOR). The MOR read, "Assist resident with care every 12 hours as needed for bag. Home health changes twice weekly, nurses and care staff assistance needed with , bag start date ." There were initials on and . The MOR indicated the same and had staff initials on and . The resident's record did not reveal any evidence to confirm the facility maintained that nursing progress notes, a written record of nursing services that described the date, type, scope, amount, duration, and outcome of services that are rendered; the general status of the resident's health; any deviations in the residents health; any contact with the resident's physician; and contained the signature and credential initials of the person rendering the service. The nursing assessment, dated , indicated that the "Patient is able to care for with assistance of staff". The note was signed by a registered nurse. The resident's record did not reveal any evidence to confirm the facility maintained nursing assessment, a written review of information	AN278		

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AN278	Continued From page 23 collected from observation and interaction with a resident, including the resident's record and any other relevant sources of information, the analysis of the information, and recommendations for modification of the resident's care, if warranted. Class III	AN278		