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
	AL11969729	A. BUILDING: _____ B. WING _____	11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR OF CAPE CORAL	1906 SKYLINE BLVD CAPE CORAL, FL 33991

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced relicensure, limited nursing services, emergency power plan, health facility reporting system, generator, visitation form, and complaint survey for #2023002078 was conducted on through at Hampton Manor of Cape Coral, an assisted living facility in Cape Coral, Florida. Complaint #2023002078 was unsubstantiated. The following is a description of the deficiencies.	A 000		
A 010 SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party.	A 010		

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A 010	Continued From page 1 (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the	A 010		

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A 010	Continued From page 2 resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to- medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed	A 010		

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A 010	Continued From page 3 home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A [redacted] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's	A 010		

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A 010	Continued From page 4 license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure continued appropriateness of residency for 1 resident (#10) of 1 resident reviewed for a [illegible] that failed to improve within 30 days. The findings included: Facility Policy Number LNS 0002, with an effective date of [illegible], titled Limited Nursing Services-Admission and Continued Residency Criteria state, "Hampton Manor of Cape Coral shall ensure all resident's health assessment indicate that the resident is appropriate for admission to and continued residency in an ALF." (Assisted Living Facility). Facility policy LNS 0007 states a facility with a Limited Nursing License may provide the following nursing services in addition to any nursing service permitted under a standard license. Procedure: Hampton Manor of Cape Coral may provide the following nursing services and include care for [illegible] Care for [illegible] or 4 are not permitted under this rule. The record review for Resident #10 revealed an admission date of [illegible]. Diagnoses included [illegible] and [illegible]. Resident #10's admission agreement dated	A 010		

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A 010	Continued From page 5 stated nursing services included caring for . Facility documentation noted on Resident #10 was taken on as a patient by a 3rd party home health agency for care to a . No documentation was provided by the facility for any care interventions done for a or to prevent the from advancing to a . A physician order dated said, "home health (HH) skilled nurse (SN) to treat and assess to as follows: cleanse with NS (normal), dry, apply , three times a week, cover with dry and as needed. The home health agency admission care progress note revealed the was 4.5 centimeters (cm) x 1.6 cm x .2 cm, with a surface area of 7.2 square cm. The home health agency care progress note dated noted the measured 4. 5 cm x 2.5cm x .1 cm, with a surface area of 11.25 square cm. The home health agency care progress note dated documented the was "sprinkled with few tan dots". The home health agency care progress note dated documented "white tissue < 25%". On at 2:05 p.m., the was observed with the Wellness Director. Resident #10 was in bed and stated she has ,	A 010		

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A 010	Continued From page 6 when she sits on her bottom. The [redacted] was removed by the wellness director. The [redacted] was observed with [redacted] covering 2 small areas of the [redacted] bed. Obvious depth to [redacted] present. On [redacted] at 2:35 p.m., a third party HH nurse caring for Resident #10's [redacted] said during a telephone interview, "the [redacted] had worsened recently and progressed to between stated 2 and [redacted]." She reported that a [redacted] care consultant had been requested to see the resident for further direction. She verified it was not possible to accurately stage a [redacted] with a "tan" substance covering the [redacted] bed and said because it was a [redacted] upon admission, she continued to document that stage. On [redacted] at 2:44 p.m., the Administrator and Wellness Director said they did not know the [redacted] had worsened. Consequently, the resident had not been given any notice of discharge as she no longer met residency requirements. Class III	A 010		
A 052 SS=D	429.256([redacted]); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an [redacted] syringe that is prefilled with the proper dosage by a pharmacist and an [redacted] that is prefilled by the manufacturer are considered medications in previously dispensed, properly	A 052		

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A 052	Continued From page 7 labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (4) Assistance with self-administration of medication does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route.	A 052		

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A 052	Continued From page 8 (c) Administration of medications by way of a tube inserted in a , of the body. (d) Administration of , preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section	A 052		

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A 052	Continued From page 9 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility, 2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, 3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.	A 052		

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A 052	Continued From page 10 (f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S. (g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. (h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review the facility failed to provide accurate medication assistance to one resident (#15) of 5 residents reviewed for medication assistance. The findings included: Resident #15 was admitted to the facility on The diagnoses included and System . Resident #15's physician ordered: 3350 17 gm/scoop powder oral. Mix 17 gm in ounce beverage of choice and drink daily for at 8:00 a.m.; Pot ( ) Powder 20 MEQ instructions read to "Mix 1 packet in ounces of liquids and drink by twice daily for (low) at 08:00 a.m. and 1700 (5:00 p.m.)." On at 9:55 a.m., Staff B, Medication Technician was observed assisting with the 8:00 a.m., medication pass for Resident #15. Staff B confirmed the medication pass times should be 1 hour before 8 a.m., up to 1 hour after but did not offer explanation for the late med pass.	A 052		

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A 052	Continued From page 11 Staff B opened the packet and mixed the powder in a partially filled cup with a capacity of 5 ounces. She said she thought the cup could hold 10 ounces but then confirmed the cup was labeled on the bottom with "5 ounces". She confirmed the instructions on the box read, "mix 1 packet in ounces of water" and agreed it should be mixed in a larger cup. Staff B then mixed capful of the powder in the same cup containing the . She did not provide the full capful or 17 gm scoop. Staff B said "I do half the cap". On at 10:36 a.m., the Wellness Director verified water cups on med cart are 5 ounces and she would obtain a larger cup for Resident #15 to have the diluted in. The Wellness Director verified the medication pass time was 8:00 am and said, "we try to pass meds within an hour before of after, I'm not sure why med pass is late today." The Wellness director verified medications were still being passed at 10:20 a.m. for 8:00 a.m. pass time. Class III	A 052		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without	A 078		

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A 078	Continued From page 12 a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable . (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with	A 078		

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A 078	Continued From page 13	A 078		

this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility must:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,
2. Maintain time sheets for all staff.
(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure that within 30 days of employment staff submit a written statement from a health care provider documenting the individual is free from signs/symptoms of communicable and evidence of freedom from . . . . . ( ) documented annually thereafter for 2 (Staff B and Resident Care Director) of 4 employee records reviewed.

The findings included:

1. On . . . . a review of the Resident Care Director's employee file revealed a hire date of . . . . . The Resident Care Director's file contained documentation of a performed on . . . . and . . . . . The Resident Care Director's file did not contain a statement from a health care provider within 30 days of hire indicating she had no signs or symptoms of communicable . . . . . .
2. The record review for Caregiver/Medication Technician Staff B, found she was hired on . Further review found there was no

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	AL11969729	A. BUILDING: _____ B. WING _____	11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAMPTON MANOR OF CAPE CORAL	1906 SKYLINE BLVD CAPE CORAL, FL 33991

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 078	Continued From page 14 written statement on record from a health care provider submitted within 30 days of hire documenting that the individual did not have signs or symptoms of communicable . On at 9:44 a.m., the Administrator acknowledged the lack of health status statements. Class III	A 078		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses	AN277		

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AN277	Continued From page 15 providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on observation, record review, resident and staff interview the facility, having a Limited Nursing Services (LNS) license, failed to employ a registered nurse to either provide practitioner prescribed services or coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility failed to provide limited nursing services in accordance with the residency agreement for 4 Residents (#10, 12,16,18) of 4 sampled residents receiving Skilled Nursing Services through an outside agency. The findings included: A review of the facility's licenses shows they have an active Limited Nursing Services license with an effective date of . On at 10:21 a.m., the Administrator stated they do not have an LNS Supervisor. She said the person they previously with to be the LNS supervisor no longer wants to do it. The Administrator confirmed the facility does not have a Registered Nurse either employed or for LNS. The facility policy titled Limited Nursing Services-Staffing Standards, policy number LNS0012, effective stated: "The facility must employ sufficient and qualified staff to meet the needs of the residents requiring limited nursing services based on the number of such	AN277		

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AN277	Continued From page 16 residents and the type of nursing service to be provided." The facility resident agreement signed by all residents and/or responsible parties included, "Limited Nursing Services: The facility is licensed to provide Limited Nursing Services (LNS) as set forth in the Florida Statutes, Chapter 429, Part 1 and the Florida Administrative Code, Chapter 58A-5.0131. The resident agreement stated "Nursing Services" [Limited Nursing Services] included conducting range of motion, applying ice caps or collars, cutting toenails ..., performing ... and irrigations, replacing ... or performing intermittent ..., applying and changing routine ..., caring for ..., and providing any nursing services permitted within the scope of the nurse's license." A review of the facility records found there are no residents listed on the Limited Nursing Services log. On ... at 12:52 p.m., the Resident Care Director said there are no residents currently receiving LNS services. She said residents requiring skilled nursing services are referred to a home health agency. She said currently, Resident's #10, #12 and #18 are being seen for ... care. Resident #16 is being seen for ... care and monitoring. The Resident Care Director said there are no additional charges for LNS services if they are provided to the resident by the facility; the ... resident agreement fee is all inclusive. 1. Record review of the clinical record for Resident #10 revealed a residency agreement	AN277		

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AN277	Continued From page 17 dated . . . . . Physician orders dated . . specified, "SN (skilled nurse) to treat and assess . . . ." Review of the facility documentation revealed Resident #10 received intermittent services from an outside Medicare certified home health agency for management for a . . . 2. Review of the clinical record for Resident #12 revealed a residency agreement dated . . . . . A physician order dated prescribed, "HH (Home Health) Skilled Nurse to eval and treat to left ". Further documentation showed this was being provided by an outside agency. On Resident #12's daughter said she was aware of the . . care being provided by the outside agency because she has seen the billing on his insurance statements, but she did not know this service was available without charge by the facility. 3. Review of the clinical record for Resident #18 revealed a residency agreement dated . . Review of the facility documentation revealed Resident #18 was receiving skilled nursing services from an outside Medicare certified home health agency for management of lower extremity and care. 4. Review of the clinical record for Resident #16 revealed a residency agreement dated . . . . . A physician order dated prescribed, "HH SN for . . . . . care and . . . change on the 16th of every month." An additional order dated . . prescribed, "HH SN to eval and treat open area to right and left ".	AN277		

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AN277	Continued From page 18 Further documentation showed this was being provided by an outside agency. On at 12:29 p.m., the Administrator said LNS services are included in the monthly rate paid by residents, there is no separate charge. The Administrator said, "When we have an order, we can start treatment on it. We should not be referring residents out for care, skin or treatments, or care. We should be doing all this monitoring under our LNS license." Class III	AN277		