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
	AL11964789	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT BONITA SPRINGS	26850 SOUTH BAY DRIVE BONITA SPRINGS, FL 34134

(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 This is the follow-up to Complaint Survey CCR# 2012003369. This follow-up was completed on [redacted] at Emeritus at Bonita Springs, an Assisted Living Facility. Two of the previous citations were found to be uncorrected at the time of the follow-up survey. Due to an Uncorrected Class III deficiency in the area of medications (A 0054) under Chapter 429.256 F.S, and Chapter 58A-5.0185 F.A.C. the facility must: Employ a Licensed Consultant Pharmacist other than the pharmacist currently consulting for the facility. The initial onsite Consultant Pharmacist visit must take place within 14 days of identification of the Uncorrected Class III deficiency identified on [redacted] The facility must have available for review by the Agency a copy of the Consultant Pharmacist's license. The facility must submit the Consultant Pharmacist's corrective action plan to the Agency no later than 10 working days subsequent to the initial onsite consultant visit. Mail a copy of the corrective action plan to: Harold D. Williams, Field Office Manager Agency for Health Care Administration Health Quality Assurance 2295 Victoria Avenue, [redacted] Fort Myers, Florida 33901 The Consultant Pharmacist must be retained and provide quarterly updates until such time as the Agency has verified the correction of all	{A 000}		

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{A 000}	Continued From page 1 medication systems.	{A 000}		
{A 030}	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules	{A 030}		

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{A 030}	Continued From page 2	{A 030}		

and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s [illegible] and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical [illegible] shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical [illegible]

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of

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{A 030}	Continued From page 3	{A 030}		

any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from [illegible] and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [illegible] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at

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{A 030}	Continued From page 4 regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.	{A 030}		

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{A 030}	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on staff interview and facility record review, the facility failed to provide medications and verify physician orders to provide medications in accurate and adequate manner for 1 (Resident #4) of the 4 sampled residents. The findings include: A review of the facility record for Resident #4 was conducted on [redacted] at 12:10 p.m. The Physician Order signed on [redacted] revealed an order that included, but was not limited to "Ipratropium 0.06% spray Take 1-2 sprays in each nostril before meals." The resident receives assistance with medication administration according to the physician orders. The order received contained a parameter and was not clear as to 1 spray or 2 sprays per nostril. The facility order required clarification to eliminate the parameter for an accurate dosage administration during the technician assist with the medication observation. To determine a parameter, the medication technician was asked how many sprays did the resident receive. The technician explained she counts "1 then 2 sprays." The medication technician explained the resident is assisted with 2 sprays for each nostril of this medication. The technician reviewed the order and stated, "This is the MOR (Medication Observation Record) we got from the pharmacy so this is what I do. I count -1 then 2 for 2 sprays each." The technician stated "I always use 2 sprays." An interview was conducted with the nurse manager at this time. She reviewed the medication order and stated "Yes, this requires	{A 030}		

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{A 030}	Continued From page 6 clarification." The manager later presented a verification order from the physician identifying the resident is to receive 1 spray to each nostril. The Resident Care Director was interviewed on [redacted] at 1:00 p.m. and confirmed the order required clarification, by commenting the order was changed. Class III Correction Date: [redacted]	{A 030}		
{A 054}	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known [redacted] the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical	{A 054}		

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{A 054}	Continued From page 7	{A 054}		

, the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by: Based on staff interview and facility record review, the facility failed to provide medications and verify physician orders to provide medications in accurate and adequate manner for 1 (Resident #4) of the 4 sampled residents.

The findings include:

A review of the facility record for Resident #4 was conducted on . . . . at 12:10 p.m. The Physician Order signed on . . . . revealed an order that included, but was not limited to (0.06% spray Take 1-2 sprays in each nostril before meals." The resident receives assistance with medication administration according to the physician orders. The order received contained a parameter and was not clear as to 1 spray or 2 sprays per nostril. The facility order required clarification to eliminate the parameter for an accurate dosage administration during the technician assist with the medication observation. To determine a parameter, the medication technician was asked how many sprays did the resident receive. The technician explained she counts "1 then 2 sprays." The medication technician explained the resident is assisted with 2 sprays for each nostril of this medication.

The technician reviewed the order and stated, "This is the MOR (Medication Observation Record) we got from the pharmacy so this is what I do. I count -1 then 2 for 2 sprays each." The technician stated "I always use 2 sprays."

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{A 054}	Continued From page 8 The technician explained the signature on the MOR indicated she assisted with 2 sprays. A review of the MOR revealed the number of sprays were not indicated on the document. The technician explained she gave 2 sprays because that was the count on the MOR. When asked about the 1-2 sprays (1 to 2 sprays) to each nostril, the technician explained she did not read it that way, but now looking at it the order could be for 1 or 2 sprays. The technician again explained she always assisted with 2 sprays so there was no need to place the number 2 on the MOR. An interview was conducted with the nurse manager at this time. She reviewed the medication order and stated "Yes, this requires clarification." The manager later presented a verification order from the physician identifying the resident is to receive 1 spray to each nostril. The Resident Care Director was interviewed on 7/2[illegible] 1:00 p.m. and confirmed the order required clarification, by commenting the order was changed. Class III Correction Date: [illegible]	{A 054}		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11964789	A. Building B. Wing	7/25/2012

Name of Facility	Street Address, City, State, Zip Code
EMERITUS AT BONITA SPRINGS	26850 SOUTH BAY DRIVE BONITA SPRINGS, FL 34134

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC		ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

	Reviewed By	Date:	Signature of Surveyor:	Date:
Reviewed By State Agency	[signature] HFES	8-1-12	[signature] for: Patricia Kaczmarek, RNS	8-1-12
Reviewed By CMS RO				

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Emeritus At Bonita Springs
26850 South Bay Drive
Bonita Springs, FL 34134

Dear Administrator:

This letter reports the findings of a Complaint revisit survey conducted on 2012 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2012.**

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-based 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.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372