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
	AL11910533	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT SARASOTA	5501 SWIFT ROAD SARASOTA, FL 34231

(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 Biennial survey conducted on through at Emeritus at Sarasota, an Assisted Living Facility.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to 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 a communicable which is 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 licensed 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, phone number, and license number of the examining licensed health care provider. The medical examination may be	A 008		

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A 008	Continued From page 1	A 008		

conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the 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, ... 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:

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A 008	Continued From page 2 a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, 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 through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a [redacted] order for residents who do not wish [redacted] to be administered in the case of [redacted] or [redacted]. (g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for	A 008		

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A 008	Continued From page 3 up to 30 days. However, a resident accepted for temporary emergency placement shall 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 a 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 resident's health assessment contained all required information for 1 (Resident #4) of 17 sampled residents. The findings include: Record review for Resident #4 found the most current resident health assessment, State Form 1823 (1823) dated was not complete. The 1823 did not include the medical examiner's "medical license number" or the examiner's address. On the Resident Care Director stated the 1823 dated for Resident #4 did not have all the required information. Class Correction Date:	A 008		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage	A 055		

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A 055	Continued From page 4	A 055		

residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their . . . . or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the . . . . . or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if:

1. The facility administers the medication;
2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.

(b) Centrally stored medications must be:

1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, , or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the

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A 055	Continued From page 5 refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.	A 055		

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A 055	Continued From page 6 (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and staff interview, the facility failed to secure centrally stored medications and failed to dispose of medications that have been expired for more than 30 days for 2 (Residents #12 and #13) of 16 residents. The findings include: 1. On at 4:09 p.m., an unlocked medication cart was observed on the left wall of the hallway, between storage There were no staff members in sight. The surveyor walked up to the medication cart and pulled a few drawers open. The key to the medication box were observed to be in the upper drawer on the right side of the cart. One resident was observed walking down the hallway. Staff J was observed coming from a resident's 4:12 p.m. On at 4:14 p.m., Staff J was interviewed. She stated that she always locks the medication cart. She went on to say, "We shouldn't leave it unlocked, because there are a lot of residents walking around." She added that visitors walk around also. When asked if she was aware that the medication cart was left unlocked, she apologized and said that she was not aware. She stated that she was trying to catch one of the residents to give him his eye drops before dinner. 2. Observation of the large medication cart in the first floor medication 3 boxes	A 055		

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A 055	Continued From page 7 of [redacted] 30 mg-600 mg ER for Resident #12. All 3 boxes had the expiration date of [redacted] Box #1 had 3 tablets left in box. Box #2 had 60 tablets left in box. Box #3 had 60 tablets left in box. 3. Observation of the large medication cart in the first floor medication [redacted] 1 bottle of [redacted] 200 mg capsules for Resident #13 who is no longer living in the building. The bottle was not returned to the family or disposed of within 30 days of expiration. The expiration date on the bottle was [redacted] Class III Correction Date: [redacted]	A 055		
A 084	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right	A 084		

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A 084	Continued From page 8 resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, dosage forms, and and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an " as needed " prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training,	A 084		

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A 084	Continued From page 9 must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on observations the facility failed to ensure 1 (Staff I) of 2 staff members observed used proper hand washing or sanitizing techniques while passing medication for 3 residents (Residents #14, #18 and #19). The findings include: 1. On [redacted] at 12:23 p.m. Staff I was observed in the medication [redacted] the memory care unit. She began her medication pass. Staff I picked up a small white paper cup and a plastic cup for water. She held the water cup on its side between her thumb and her index finger, with her thumb finger inside the cup. She filled the plastic cup with water. She referred to Resident #18 by name and said, "I'm going to give your afternoon med, which is [the name of the medication]. You're going to get one pill it's a small one so it shouldn't be hard to take." She popped the pill in to the small white paper cup and gave it to Resident #18. He put the cup up to his mouth and swallowed the pill. He put the plastic cup of water to his mouth. She asked him to drink the water. He did. Without washing her hands, Staff I went to find the next resident. 2. On [redacted] at approximately 12:28 p.m. Staff I	A 084		

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A 084	Continued From page 10 went to get a resident from the dining area. She brought Resident #19 into the medication [illegible] had the resident sit down. Then she went to the medication cart and pulled the bubble wrap packet for this resident. She announced to the resident what she was taking and what it was for. She fixed the resident a cup of water from the sink in the medication [illegible]. She answered the resident's questions and had a discussion with her about what times of day the resident takes the medication. While talking to the resident, she held the small white cup in her hand touching the rim of the cup. She popped the pill in the cup and handed to the resident. Put the cup to her mouth and took the medication. She then assisted the resident in walking the out of the [illegible]. She then went to get the next resident from the dining area. 3. At approximately 12:35 p.m. on the same day, Staff I assisted Resident #14 into the medication [illegible] the memory care unit. She had the resident sit down. She grabbed a plastic cup and filled it with water. She announced to the resident what she was going to give. She popped the pill in a small white cup and watched the resident take it. She assisted the resident in leaving the medication [illegible]. 4. Staff I was interviewed regarding her medication techniques on [illegible] at 12:39 p.m. Staff I admitted that she did not wash her or sanitize her hands before or between passing medication to the residents. Class III Correction Date: [illegible]	A 084		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Emeritus At Sarasota
5501 Swift Road
Sarasota, FL 34231

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on , 2012 through , 2012 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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 surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

for
Harold D. Williams
Field Office Manager

bw
Enclosure

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