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
	AL11964934	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT RESERVE ON THE GREEN	4450 8TH STREET SARASOTA, FL 34232

(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 to report the results to an unannounced biannual Relicensure survey, conducted through , for Cabot Reserve on the Green, an Assisted Living Facility, in Sarasota, Fl. The facility was found not to be in compliance and the following citations were issued: A0054, A0055, A0056, A0057, and A0093.	A 000		
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 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 , 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	A 054		

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A 054	Continued From page 1 medication. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review of the medication observation record (MOR), the facility failed to immediately updated the medication observation record each time the medication was offered to 1 (Resident #5) of 15 sampled residents who was assisted with medications. The findings include: Review of the MOR, in the facility's private dining for Resident #5 on revealed the resident has two scheduled medications ordered for the 1 p.m. medication pass. At approximately 12:15 p.m. a staff member entered the asked for the resident's MOR, stating the med tech needed it to assist the resident with his medications. This surveyor approached the med tech and asked if she was going to assist the resident with his medications. She stated she did this earlier when the resident went to his When asked how she did this when the MOR was in the private dining at least 2 hours, she said she is always assigned to this hall and knows what this resident gets for medications. She stated she read the medication book in the morning. During an interview with the Wellness Director on at approximately 2:30 p.m. she stated the med tech was wrong to give the medications without having the MOR available to update. Class III Correction Date:	A 054		

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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 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 [illegible] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [illegible] 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;	A 055		

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A 055	Continued From page 3 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 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	A 055		

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A 055	Continued From page 4 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. (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 interview, the facility failed to dispose of expired medications and kept them stored were they would be accessible for resident use. The findings include: During the initial tour of the facility, 4 separate medications in in three different locked medication charts were observed to be expired. At 10:05 a.m. on . . . . . Resident #12 had two medications in the locked medication cart that had expired. . . . . ER caps 75 mg daily before dinner was observed with a use by date of . . . . . 1 tablet HS with a use by date of . . . . . Both medications were accessible in the medication chart to be used by the resident. During an interview with Staff D at 10:10 a.m. on . . . . . she stated they have medication cards for those medications. We are not using the bottles. She acknowledged a staff member could use the medication from the bottle with it being in the chart. At 10:15 a.m. on . . . . . a medication card with . . . . . 0.25 mg every 8 hours as needed for	A 055		

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A 055	Continued From page 5 for Resident #13 was observed. The medication had expired . During an interview with Staff D at 10:22 a.m. on she acknowledged the medication was expired and should not be stored were the medication could be given to the resident. At 10:20 a.m. on Lactolose 10 GM/15 ml was observed in a locked medication chart. The medication was ordered for Resident #14. The label read 1 teaspoon as needed for The medication in the bottle had expired on During an interview with Staff D at 10:21 a.m. on she stated the bottle had never been opened. She acknowledged the medication could have been given to the resident and should have been disposed of. Class III Correction Date:	A 055		
A 056	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in	A 056		

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A 056	Continued From page 6	A 056		

the container.
(b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another.
(c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.

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A 056	Continued From page 7	A 056		

(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to label an over the counter medication for 1 (Resident #9) resident of 3 residents surveyed.

The findings include:

Resident #9 has been a resident at the facility for six years. She is alert and oriented. She makes her own decisions. She has no power of attorney.

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A 056	Continued From page 8 During an interview with Resident #9 at 12:44 p.m. on [redacted] the resident was asked if she ever ran out of medication and if so what happened? The resident stated she was ordered ear drops on [redacted] She had not gotten her drops until [redacted] She stated she was told the staff is signing they give the medication even though it is not given. An observation of the medication in the chart was done at 1:10 p.m. on [redacted] The box was dated [redacted] This would be the date the pharmacy had filled the medication. A review of the resident's MOR (Medication Observation Record) showed the resident had been ordered [redacted] ear drops 6 drops in the right ear for 7 days on [redacted] The medication had been signed as being given from [redacted] through [redacted] at 7:30 p.m. An interview was conducted with Staff D at 1:13 p.m. on [redacted] She stated Resident #9 had told her on [redacted] that she was out of the ear medication. She had called the pharmacy and had them send over a bottle. She was not sure if another bottle had been filled prior She would check with the pharmacy and get back with me. At 2:00 p.m. on [redacted] Staff D brought an unlabeled bottle of [redacted] with a open date of [redacted] She was asked to show from pharmacy when they had filled the medication. She first stated it was taken out of the first Aid Kit. When question further she stated the medication had been obtained from for another resident and it was not used before that resident had gotten another bottle filled. Asked to show when pharmacy had filled the medication Staff D stated	A 056		

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A 056	Continued From page 9 they had purchased the medication over the counter out of their own pocket. Asked if it was opened on : how was the medication was still signed off as being given on the 20th of 201? She stated, "She must have written down the wrong date. How do you keep up with all that stuff." At 3:10 p.m. on : Resident #9 came to the conference to speak to the surveyor. She was observed to have her head bowed and not wanting to make eye contact. She was talking very softly and acting timid. She stated, "I was lying down in my I realized I had gotten my medicine the last 5 nights." At that time she was shown the date on the medication bottle and how it was filled She snapped her fingers and made a gesture as if to say she wished I had not found out that information. She stated, "The girl who gives me my medicine was just following orders in signing the medication off like I got it. I don't want to get her into any trouble." When asked again, she confirmed she had not received the medication until She was asked who gave Staff E orders to sign a medication as given even though it had not been. She stated she didn't know. At 2:35 p.m. on : an interview was conducted with Staff E. She stated she had started the medication by getting the medication from the first aide kit. When asked if they keep this medication in a first aide kit? She stated it had belonged to another resident who had the medication filled by pharmacy. When questioned about the date it was opened being : she stated, "I must have written down the wrong date."	A 056		

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A 056	Continued From page 10 Class III Correction Date:	A 056		
A 057	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription. (a) A stock supply of OTC products for multiple resident use is not permitted in any facility. (b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A facility cannot require a licensed health care provider ' s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required. This Statute or Rule is not met as evidenced by:	A 057		

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A 057	Continued From page 11 Based on observation, interview and record review, the facility used an over the counter medication from a stock source for 1 (Resident #9) of three residents surveyed. The findings include: Resident #9 has been a resident at the facility for six years. She is alert and oriented. She makes her own decisions. She has no power of attorney. During an interview with Resident #9 at 12:44 p.m. on [redacted] the resident was asked if she ever ran out of medication and if so what happened? The resident stated she was ordered ear drops on [redacted] She had not gotten her drops until [redacted] She stated she was told the staff is signing they give the medication even though it is not given. An observation of the medication in the chart was done at 1:10 p.m. on [redacted] The box was dated [redacted] This would be the date the pharmacy had filled the medication. A review of the resident's MOR (Medication Observation Record) showed the resident had been ordered [redacted] ear drops 6 drops in the right ear for 7 days on [redacted] The medication had been signed as being given from [redacted] through [redacted] at 7:30 p.m. An interview was conducted with Staff D at 1:13 p.m. on [redacted] She stated Resident #9 had told her on [redacted] that she was out of the ear medication. She had called the pharmacy and had them send over a bottle. She was not sure if another bottle had been filled prior [redacted] She would check with the pharmacy and get back with me.	A 057		

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A 057	Continued From page 12	A 057		

At 2:00 p.m. on : Staff D brought an unlabeled bottle of with a open date of . She was asked to show from pharmacy when they had filled the medication. She first stated it was taken out of the first Aid Kit. When question further she stated the medication had been obtained from for another resident and it was not used before that resident had gotten another bottle filled. Asked to show when pharmacy had filled the medication Staff D stated they had purchased the medication over the counter out of their own pocket. Asked if it was opened on how was the medication was still signed off as being given on the 20th of 201? She stated, "She must have written down the wrong date. How do you keep up with all that stuff."

At 3:10 p.m. Resident #9 came to the conference to speak to the surveyor. She was observed to have her head bowed and not wanting to make eye contact. she was talking very softly and acting timid. She stated, "I was lying down in my I realized I had gotten my medicine the last 5 nights." At that time she was shown the date on the medication bottle and how it was filled . She snapped her fingers and made a gesture as if to say she wished I had not found out that information. She stated, "The girl who gives me my medicine was just following orders in signing the medication off like I got it. I don't want to get her into any trouble." When asked again, she confirmed she had not received the medication until She was asked who gave Staff E orders to sign a medication as given even though it had not been. She stated she didn't know.

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A 057	Continued From page 13 At 2:35 p.m. on [redacted] an interview was conducted with Staff E. She stated she had started the medication by getting the medication from the first aide kit. When asked if they keep this medication in a first aide kit? She stated it had belonged to another resident who had the medication filled by pharmacy. When questioned about the date it was opened being [redacted] she stated, "I must have written down the wrong date." Class III Correction Date: [redacted]	A 057		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, [redacted] and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings;	A 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964934	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT RESERVE ON THE GREEN	4450 8TH STREET SARASOTA, FL 34232

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A 093	Continued From page 14 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months. (e) Therapeutic diets shall be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is	A 093		

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A 093	Continued From page 15	A 093		

necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.
2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s preferences. In such instances daily documentation is not necessary.
(f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals.
(g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand.
(h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are

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A 093	Continued From page 16 labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation, an interview and record reviews, the facility failed to ensure 3 (Residents #1, #15, and #17) of 6 residents observed where served the appropriate therapeutic diet as ordered by their medical provider. The findings include: The lunch meal was observed on : at 12:26 p.m. at that time 5 residents were in the dining the Memory Care Unit. Four women set at one table, including Resident #15. Each resident at this table was served their meal in a pureed form. Resident #17 sat alone at a table on the right side of the dining Her food was also served to her in pureed form. Resident #1 was placed at the table with Resident #17. When his plate came he was initially served a regular diet. In an interview on : at 12:38 p.m. Staff member E confirmed that the residents were served the wrong diets. She states, "It's my fault." She continued to explain that this is her first time serving all of the residents in that unit alone. She also pointed out that the therapeutic menus on the hanging on the wall were different	A 093		

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A 093	Continued From page 17 from the ones that were given to her. A review of the therapeutic diet menu (provided by the facility) on revealed Resident #1 and Resident #17 should have receive a mechanical soft diet and Resident #15 should receive a regular diet. The therapeutic diet menu was compared to the diet menu that hangs on the kitchen wall of the Memory Care Unit. This menu was incorrect also. A copy of the diet orders from the medical provider was requested and reviewed the same day. According to the orders from the providers, Resident #1 should have received a mechanical soft diet (order from Resident #15 should have received a regular diet and Resident #17 should have received a mechanical soft diet (ordered on Class III Correction Date:	A 093		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Cabot Reserve On The Green
4450 8th Street
Sarasota, FL 34232

Dear Administrator:

This letter reports the findings of a Biennial and Extended Congregate Care survey that was conducted on 25, 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 surveyor. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

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2727 Mahan Drive
Tallahassee, FL 32308
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