State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11966484	A. Building B. Wing	8/14/2012

Name of Facility	Street Address, City, State, Zip Code
BRIDGE AT INVERRARY (THE)	4291 ROCK ISLAND ROAD LAUDERHILL, FL 33319

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 A0084 Reg. # 58A-5.0191(5) 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	Reviewed By	Date:	Signature of Surveyor:	Date:
State Agency ✓			Monica Thurman-Smith HFELW	9/12/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: 5/15/

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

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
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{A 000}	Initial Comments Revisit Survey conducted at The Bridge at Inverrary Assisted Living Facility on to Complaint Survey CCR# 2012002131, CCR# 2012003544 and CCR# 2012004216. The following deficiencies remain uncorrected; A 0025, A 0052, A 0054 and A 0056.	{A 000}		
{A 025} SS=G	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication	{A 025}		

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{A 025}	Continued From page 1	{A 025}		

administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to provide adequate supervision for 1 of 13 sampled residents (Resident #1) to prevent the resident from eloping from the facility and failed to make the required contacts to resident's family members or legal representatives for 3 of 13 sampled residents (Resident #6, #7 and #8) as evidenced by resident's family members or legal representatives who were not notified when the residents received preventive medication treatments related to a skin condition.

The findings include:

1). Record review revealed Resident #1 was admitted to the facility on . Review of the resident's Health Assessment, signed and dated : revealed that the resident was diagnosed with in 2010 and the Health Assessment documented that the resident has major limitations due to severe issues with short term memory and "probably requires some supervision for safety."
Review of Resident #1's, "resident status notes" revealed the following documentation;
Resident displaying increased Reoriented to area. Able to state name, frequent reminder for medications, meal times and
Resident observed walking on .... (road outside of the facility). Resident bought back to facility. Upon assessment, resident stated ... (Resident) desired to go back home. The resident's vitals (vital signs) were taken and ... (Resident) was given fluids for hydration. C.N.A.

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{A 025}	Continued From page 2 (Certified Nurse Assistant) placed with resident for one-on-one care. Family made aware .... Resident's physician also made aware of elopement. Review of the documentation revealed that the facility was aware of the resident's 2010 diagnosis of [illegible] and increased [illegible] on [illegible]; and there was no evidence of documentation that given the facility's awareness of the resident's condition, the facility provided adequate supervision to prevent the resident from eloping from the facility on [illegible]. 2). Review of facility records and resident records for Residents #6, #7 and #8 conducted on [illegible]; revealed that all three residents were treated with Permenthrin 1% [illegible] ointment as a preventive measure for a [illegible] skin condition; the treatment involved showering the resident, applying the medicated ointment from head to toe, leaving the ointment on the resident's skin for 24 hours then washing the ointment off. These treatments were documented in the residents' respective Medication Observation Records as beginning on [illegible]. In telephone interviews, conducted on [illegible] the family members listed as the primary and/or secondary emergency contacts for all three of the residents stated that they were not told a resident in the facility had a [illegible] skin condition and that their family member had been treated with a medicated ointment as a preventive measure. This concern was discussed with and acknowledged by the Facility's Administrator and two Licensed Nurses on [illegible] at 3:02 PM, during an interview. Class II	{A 025}		

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{A 025}	Continued From page 3 UNCORRECTED	{A 025}		
{A 052} SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin	{A 052}		

(3) ASSISTANCE WITH SELF-ADMINISTRATION.
(a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least 18 years , assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S.
(b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container.
(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) 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:

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{A 052}	Continued From page 4	{A 052}		

1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or 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;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration 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.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.

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{A 052}	Continued From page 5	{A 052}		

(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , , or preparations.
(h) 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 at the request of a competent resident.
(i) 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.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to provide medications to a resident and/or his family member upon the resident leaving the facility for 1 of 13 sampled residents (Resident #1).

The findings include:

During an interview with the Administrator, LPN (Licensed Practical Nurse) #1 and #2 on at approximately 1:00 PM, it was revealed that when residents are scheduled to be out of the facility during medication pass, all medications are provided to the resident and/or responsible party; facility staff is required to complete a "Medication Leave of Absence Disposition" form that list the medications dispensed, directions for use, the name and signature of the staff member dispensing the medication and the name and signature of the resident/family receiving the medication. Further review revealed that on , Resident #1

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{A 052}	Continued From page 6 left the facility with their family to, "spend the night" at their family's home. Review of Resident #1's Medication Observation Record, dated [redacted] revealed documentation by the facility's staff that the resident's night "medications were not administered; resident out of the community with family until further notice." During a further interview with the Administrator, LPN #1 and #2, they could not provide any evidence of documentation of the facility's "Medication Leave of Absence Disposition" form utilized when medications are dispensed to residents when out of the facility and the facility could not provide evidence that that they provided the resident with their medications while the resident was out of the facility Class III UNCORRECTED	{A 052}		
{A 054} SS=D	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,	{A 054}		

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

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 medication.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to maintain an accurate and up-to-date MR (Medication Record) for 9 of 13 sampled residents (Resident #1, #5, #6, #7, #8, #9, #10, #12 and #13) as evidenced by the facility's failure to document a medication change for Resident #1 and the inaccurate transcription of a Health Care Provider's written order for Resident #5, #6, #7, #8, #9, #10, #12 and #13.

The findings include:

1). Review of Resident #1's documented physician's telephone orders, dated revealed that the resident's physician initiated the following orders; 25 mg. (milligrams), 1 tablet to be given at 6:00 PM and 25 mg; ½ tablet to be given every morning. Review of Resident #1's MR, dated revealed that the record did not reflect evidence of documentation of the medication change, as ordered by the resident's physician and the was not documented, on the MR, for During an interview with the Administrator, LPN (Licensed Practical Nurse) #1

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{A 054}	Continued From page 8 and #2 on [redacted] at approximately 3:00 PM, it was revealed that that there was "discontinue" orders for this medication and the resident's MR was inaccurate and not up-to-date. 2). Review of the records for Resident #5, #6, #7, #8, #9, #10, #12 and #13, conducted [redacted] revealed that all eight residents had Health Care Provider's orders, dated [redacted] that documented, "Permenthrin 1% [redacted], apply to whole body as described, after hot shower and skin dried. Leave for 24 hours and wash out, may repeat in 14 days." Further Review revealed that the Health Care Provider's orders were documented on all eight residents' [redacted] 2012 MOR (Medication Observation Record)'s as, "Permenthrin [redacted] to whole body." There was no evidence of documentation on all eight of the resident's individual MOR's of the medication's dosage; there was no evidence of documentation of instructions explaining "as described;" no evidence of documentation of the Health Care Provider's orders for the residents to have a hot shower, drying the skin first; no evidence of documentation of leaving the ointment on the resident's skin for 24 hours, or washing the medication off for this multiple-step treatment, from the resident's Health Care Provider's orders that should have been clearly written on the MOR's and initialed after completion. Further review revealed documentation that the MOR's were initialed on the [redacted] MOR, only. This concern was discussed with and acknowledged by the Facility's Administrator and the two Licensed Nurses on [redacted] at 3:02 PM. Class III UNCORRECTED	{A 054}		

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{A 056}	Continued From page 9	{A 056}		
{A 056} SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders	{A 056}		

(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 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

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{A 056}	Continued From page 10	{A 056}		

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.
(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.,

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{A 056}	Continued From page 11	{A 056}		

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 interview and record review, the facility failed to obtain the resident's Health Care Provider's clarification for the use of a medication for 8 of 13 sampled residents (Resident #5, #6, #7, #8, #9, #10, #12 and #13) as evidenced by the facility's staff not clarifying the Health Care Provider's orders that documented, "apply ... as described" when there was no related written literature or instructions providing the "description."

The findings include:

A review of the records for Resident #5, #6, #7, #8, #9, #10, #12 and #13's records conducted ... revealed that all eight of the residents had documented Health Care Provider's orders, dated ... for "Permenthrin 1% ... apply to whole body as described, after hot shower and skin dried. Leave for 24 hours and wash out, may repeat in 14 days."
In an interview, conducted on ... at 3:02 PM, the Facility's Administrator stated that they only received tubes of the ointment and there was no literature or other packaging containing instructions for (the medication's) application and confirmed that the Health Care Provider was not contacted for clarification.
Two Licensed Nurses were present at the time of the interview, conducted on ... at 3:02 PM; one Licensed Nurse stated that she thought the ointment was applied from the bottom of the foot to the top of the head; the other Licensed Nurse stated that she thought the ointment was applied

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	AL11966484	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGE AT INVERRARY (THE)	**4291 ROCK ISLAND ROAD LAUDERHILL, FL 33319**

(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 056}	Continued From page 12 from the bottom of the foot to the top of the neck and neither one of them could confirm if the all of the residents were treated in the same manner. Class III UNCORRECTED	{A 056}		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
The Bridge At Inverrary
4291 Rock Island Road
Lauderhill, FL. 33319

Re: Revisit to CCR #2012002131, #2012003544, and #2012004216

Dear Administrator:

This letter reports the findings of a revisit survey conducted on 14, 2012 by representatives from this office. Enclosed is the provider's copy of the State Form: Revisit Report and Statement of Deficiencies and Plan of Correction (State Form 3020), which references the corrected and uncorrected 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State Form 3020 and State Form Revisit Report

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