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
	AL11967710	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR OF CAPE CORAL	831 SANTA BARBARA RD CAPE CORAL, FL 33991

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments These are the results for Complaint survey CCR# 2012009605 conducted on at Windsor of Cape Coral, an Assisted Living Facility. There were two allegations in this complaint and both were substantiated.	A 000		
A 025	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 administration, or other changes which resulted in	A 025		

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A 025	Continued From page 1	A 025		

the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on a review observation, record review for 1 (Resident#2) resident and interview with administrative staff, the facility failed to supervise Resident #2 for appropriateness of diet as related to the physician's order. The facility also failed to monitor and assess the resident for weight loss.

The findings include:

Resident #2 was admitted to the facility on .... The health assessment for this resident was not dated by the physician or the facility staff completing page 5. However, there was a date on the from of .. the admission date to the hospital the resident was in. On the health assessment it indicated the resident was to have a pureed diet with thickened liquids. The facility does not offer a pureed diet as noted on their menu and confirmed with facility staff. However, they have a mechanical soft diet which requires ground or chopped meats and to avoid raw fruits and vegetables except for bananas, and avoid corn on the cob, coconut and sesame seeds.

Observation during lunch on 9/1... approximately 12 noon, revealed the Resident #2 was given pudding thickened liquids to drink for lunch. Further review of the resident record revealed there was no order clarifying the consistency of the fluids the resident was to take. Administrative staff provided a physician's order dated 2/1(the resident was to have nectar thick liquids pureed diet and to "slowly adding soft food." Staff indicated the resident was eating whatever everyone else was eating, but they chopped up the meat for the resident.

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A 025	Continued From page 2	A 025		

Administrative staff were unaware the resident had orders for nectar thickened liquids and was receiving pudding thickened liquids.

Interview with the Administrator and the Health Care Coordinator revealed they were unaware of the pureed diet order and did not know how the resident was tolerating the food consistency. They were unaware of the pudding thickened liquids.

Further review of the resident record revealed a weight record. The documentation on the resident weight record stated the resident weighed 123 pounds in . The resident's weight gradually decline until , the resident's weight was 101 pounds. This is an 18% in the resident's weight.

The Administrator and the Health Care Coordinator indicated during interview on at 1:30 p.m. that they were unaware of the weight loss. There was no other documentation in the record about the weight loss. This resident is taking a edication to remove excess fluid from the body), and an additional was added in . The resident's weight change as a result of the 2nd was 4 pounds. The resident had a done on . The radiologist indicated the resident was a silent aspirator which means the resident does not present any symptoms when food or fluids pass into the lungs. This did not appear in the record until surveyor intervention. There was no interventions initiated as a result of these issues.

Class III
Correction Date:

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A 052	Continued From page 3	A 052		
A 052	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 , trained to 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:
1. The health care provider may prescribe a medication schedule which coincides with the

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A 052	Continued From page 4	A 052		

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.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the

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A 052	Continued From page 5	A 052		

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 a observation of medication pass, the facility failed to ensure residents who received their medication in accordance with the rules regarding assistance with medications.

The findings include:

A medication pass was observed on at 2:00 p.m. for 3 residents. Observation during the pass by a medication technician revealed when she doing the medications, she poured all of the medications into a medicine cup and took the cup to the resident. Three of the resident had apple sauce added to their medication to improved their swallowing.

Medications of and Lorezepam were taken to Resident #1. The medication was placed into a cup and taken to the resident. There was no identification of the medications. This resident was able to independently swallow the medications.

Resident #6's medication of and

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A 052	Continued From page 6 Carbamzaepine were taken from the cart, put in a medication cup, apple sauce was added, and then taken to the resident. The medication was identified to the resident. Resident #7 also received [redacted] was placed in a cup, apple sauce was added, and taken to the resident. The resident was told it was apple sauce, but was not told what the medication was. Class III Correction Date:	A 052		
A 053	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record. (c) Medication administration includes the conducting of any examination or testing such as [redacted] glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including [redacted] glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A	A 053		

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A 053	Continued From page 7	A 053		

valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by:
Based on observation and review of physician's orders for 3 residents, the facility failed to ensure 2 (Residents #1 and #7) of the residents who had physician's orders for administration of medications received administrative of medication from the appropriate level of staff.

The findings include:

1. A medication pass was observed on [redacted] at 2:00 p.m. The medication pass was performed by a certified nursing assistant working as a medication technician. Observation of the medication pass revealed the medication technician would remove the medication from the [redacted] package at the medication cart, place it into a medication cup, and take it to the resident. In 2 of the 3 observations the medication was not identified to the resident.

2. A medication reconciliation was performed for the residents involved in the medication pass.

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A 053	Continued From page 8 Review of Resident #7's health assessment form dated . . . . indicated in one place the resident's medications should be assisted. However there was additional pages to the form that had been faxed to the physician, but were not dated, indicating this resident needed administration of medication. There were no orders in the record to clarify this discrepancy. Observation of the resident during the medication pass revealed the resident was unable to be assisted with medication due to mental status. The resident has . . . . . and is legally , among other diagnosis. 3. Resident #1 also received medication from the medication technician during the medication pass. Reconciliation of the medications for Resident #1 revealed an health assessment form dated . . . . . which indicated the resident needed administration of medication. This resident was not receiving the medication in this manner. 4. Interview with the Administrator and the Health Care Coordinator at 3:30 p.m. revealed they were unaware either of these residents had physician's orders for administration of medication. Class III Correction Date:	A 053		
A 092	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the	A 092		

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A 092	Continued From page 9	A 092		

day to day supervision of food services staff.
(b) Perform his/her duties in a safe and sanitary manner.
(c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets.
(d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, and review of 1 resident record, and interview with administrative staff, the staff of the facility failed to ensure the 1 (Resident #2) resident received the ordered therapeutic diet.

The findings include:

Observation of lunch for Resident #2 on [redacted] at 12 noon revealed Resident #2 received a regular tray with the egg plant parmesan, cauliflower and broccoli mixed as vegetable, and a 1/2 slice of toasted garlic bread for lunch. The resident was also served pudding thickened liquids.

Review of the resident record revealed an 1823 with no date on it (from the hospital with an admission date of [redacted] that ordered the resident to have a pureed diet with thickened liquids. The facility had a verbal order from the physician dated [redacted] for the resident to be on nectar thickened liquids with slowly advancing of the resident's diet with soft foods. There was no documentation in the record to demonstrate the

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A 092	Continued From page 10 resident's tolerance of the diet. During an interview on : at 1:30 p.m. the Health Care Coordinator and the Administrator indicated they were unaware of the pureed diet and if there was a reason for the pudding thickened liquids. Class III Correction Date:	A 092		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Windsor Of Cape Coral
831 Santa Barbara Rd
Cape Coral, FL 33991

Dear Administrator:

Re: CCR #2012009605

This letter reports the findings of a Complaint survey that was conducted on , 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,

Harold D. Williams
Field Office Manager

bw
Enclosure

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

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2295 Victoria Avenue,
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Phone (239) 335-1315; Fax (239) 338-2372