

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966170	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER LAUREL OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 3809 CAPPER RD JACKSONVILLE, FL 32218		
(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 Two unannounced complaint investigations, CCR# 2012010279 and CCR# 2012011320 were conducted on Deficiencies related to CCR# 2012010279 were identified at the time of the visit.	A 000			
A 027	58A-5.0182(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to needed health care, the facility shall, as needed by each resident: (a) Assist residents in making appointments and remind residents about scheduled appointments for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation for persons with (c) The facility may not require residents to see a health care provider. This Statute or Rule is not met as evidenced by: Based on review of the clinical record and interview it was determined that the Assisted Living Facility (ALF) failed to assist in making an appointment and failed to remind a resident of an appointment for mental health services for 1 of 3 sampled residents. (#2) Findings include: 1) On during a review of the clinical	A 027			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6800

WMM11

If continuation sheet 1 of 10

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A 027	Continued From page 1 record for Resident #2, it was revealed that the physician's progress note dated _____ referred to an order for a _____ consult to determine the resident's competency. There was no record of this resident having had a consult or being scheduled for a consult for competency since _____ when this was noted. 2) On _____ an interview with Employee A at 2:20 P.M. revealed that he was unaware of a _____ appointment having been ordered. When the physician's progress note was reviewed with Employee A, he said that he would have to call the resident's physician to verify that the appointment was still needed. Class III Correction Date: _____, 2012	A 027			
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 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	A 056			

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FORM APPROVED

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A 056	Continued From page 2 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. (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	A 056		

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A 056	Continued From page 3 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 of available medications, review of clinical records and staff interviews, it was determined that the ALF failed to contact the health care provider to request revised instructions for an "as needed" prescription, and failed to ensure that a prescription for a resident who received assistance with self-administration of medication was filled for 2 of 3 sampled residents, and failed to update the medication observation record when medication orders changed. (#1 and #2) Findings include:	A 056			

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A 056	Continued From page 4 1) Review of the Resident Health Assessment (Form 1823) dated _____ for Resident #1 revealed an order for _____ 100 mg by mouth as needed for pain. This did not correspond with what was written on the medication bottle, the _____ 2012 medication observation record (MOR), or the _____ 2012 MOR which directed the resident to take _____ 100 mg by mouth twice daily. Additionally, this order did not address how often/at what interval the "as needed" medication should be taken. 2) Review of form 1823 dated _____ and the physician's progress note dated _____ for Resident #2 revealed that _____ 20 mg by mouth daily was ordered. This did not correspond with the _____ 2012 or _____ 2012 MOR. Additionally, it did not match any of the actual medications that this resident was receiving. The same physician's progress note dated _____ also noted _____ 25 mg by mouth daily at bedtime. The _____ dosage noted on the 1823 dated _____ the medication bottle, and the MOR for _____ and _____ 2012 was 20 mg by mouth daily at bedtime. 3) An interview with Employee A on _____ at 2:20 P.M. revealed that he was unaware of the order for _____ and the discrepancy between the _____ dosages for Resident #2. When the 1823 and the physician's progress note were reviewed with Employee A, he said that he would call the resident's physician to clarify the medications. When the discrepancy between the _____ order and Resident #1's MOR and medications was discussed, Employee A admitted that he was unaware of the issue. When the medication,	A 056			

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A 056	Continued From page 5 MOR and the AHCA Form 1823 were reviewed with Employee A, he said that he would call the resident's physician to clarify the orders. Class III Correction Date: , 2012 (Immediate)	A 056			
A 162	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider 's orders for medications, nursing services, therapeutic diets, or other services to be provided, supervised, or implemented by the facility that require a health care provider 's order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph	A 162			

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A 162	Continued From page 6 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident's health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for _____ Form, CF-ES 1006, _____ 1998, if the resident is an _____ recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the	A 162			

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A 162	Continued From page 7 Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended	A 162			

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A 162	Continued From page 8 congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on resident record review and staff interview, it was determined that the ALF failed to retain all resident records following the departure of a resident from the facility for 1 of 3 sampled residents. (#3) Findings include: 1) Review of the closed record for Resident #3 revealed that all MORs except for a partial MOR for through and for through were missing. Resident Health Assessments (form 1823) were dispersed throughout the record and their were not attached; therefore, which pages went with which could not be determined. Page 4 of the 1823 forms (medications section) noted "see attached", though nothing was attached to any of the forms, nor could any documentation be located in the chart indicating which medications this resident should have been receiving. The resident was admitted on and was discharged sometime close to the end of 2012. There was not enough documentation in the chart to determine the exact date of discharge. Many of the progress notes were missing, and information related to another unsampled resident was found in this record. Resident #3 was receiving hospice services; however, it was not possible to determine when hospice services began or ended as most of this information was missing. A diagnosis for hospice care could not be determined.	A 162			

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A 162	Continued From page 9 2) An interview with Employee A on _____ at 3:15 P.M. revealed that he was unaware that Resident #3's clinical record was incomplete. Employee A said that he had only been employed at the facility since _____ and that he could try to go through "old boxes" to see whether he could find anything more. An interview with Employee B on _____ at 3:30 P.M. revealed that she was unaware that Resident #3's clinical record was incomplete. Employee B said that she had only been employed at the facility since _____ but offered to see whether she could find anything further in some of the "old file boxes". Class III Correction Date: _____	A 162			



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Laurel Oaks
3809 Capper Road
Jacksonville, FL 32218

Re: CCR #2012010279 and 2012011320

Dear Administrator:

This letter reports the findings of a state licensure 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 , 2012 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

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JV/JL/KW/sm
Enclosure

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