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
	AL11965763	A. BUILDING _____ B. WING _____	

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BARRINGTON TERRACE - FT MYERS	9731 COMMERCE CENTER COURT FORT MYERS, FL 33908

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A 000	Initial Comments An unannounced Biennial Survey visit was conducted on through at Barrington Terrace, an Assisted Living Facility (ALF) in Sarasota, FL.	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 the provision of additional services.	A 025		

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This Statute or Rule is not met as evidenced by:
Based on a comprehensive review of residents, interview with administrative staff, and review of policy and procedures, the facility failed to provide supervision related to weight loss for 1 (Resident #1) of 2 residents reviewed.

The findings include:

A comprehensive review of Resident #1's record was performed on 1/15 of the record revealed the following weight information. On resident's weight was noted as 126 pounds. On resident weighed 124 pounds. On 8/2 health assessment following hospitalization the resident was 122 pounds. On resident weighed 120 pounds and on resident weight 113 pounds. For the total period of time, this was a weight change of 10.3% for the 6 months, and 5.8% from September October.

of the facility's policy and procedure related to weights is as follows: "...3. Monthly weights and blood be recorded on the Monthly Weights and Blood which will be kept in a separate binder by room 4. Any resident who experiences a 5% unplanned increase or decrease in weight in a given month will be re-weighed within 24 hours. 5. For resident weight a confirmed 5% loss or gain in 30 days; 7.5% loss or gain in 60 days, or 10% loss or gain in 90 days, the Resident Care Director will discuss the necessity of interventions with the resident's family and physician. Unplanned weight loss or gain will be record monthly as part of the Quality improvement Program."

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A 025	Continued From page 2 Further review of the record for Resident #1 revealed no evidence related to interventions related to weight loss and no physician or family notification of the change in the resident's weight. Also when the resident demonstrated a 5% weight loss in 1 month, there was no re-weigh performed. During an interview on [redacted] at 4:00 p.m. the Executive Director and Regional Director of Resident Care agreed there was no documentation in the record about the weight loss, nor were there any interventions in the weight loss. During an interview on [redacted] at 4:00 p.m. the Resident Care Director indicated there had been no changes in the resident's medications to account for the change in the weight. Class II	A 025		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such	A 030		

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procedure is implemented upon receipt of a complaint.
(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida _____ Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s _____ and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private

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communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical . . . . . shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . . .

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from . . . . and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and

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visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a . . . . . his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . the guardian shall be given at least 45 days ' notice of a

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nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on resident interview, review of town hall meeting minutes and interview with administrative staff, the facility failed to ensure resident issues and complaints were resolved.

The findings include:

During 2 of the sampled resident interviews, the residents indicated when there are complaints, they do not receive any indication what the corrective action plan is, and are not able to provide feedback about the results of any interventions. One of the sampled residents revealed it was discussed during resident's town hall meetings.

A review of the resident town hall meeting minutes was performed. In meeting

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A 030	Continued From page 7 of 2012, it was noted in the minutes, the residents would like to go on an outing to a historical site, there was concerns about the seating times in the dining , the residents wanted sliders for the heavy dining chairs, and the residents wanted the snack and soda machines "Back", the residents felt there was not sufficient staff present in the dining one of the residents was choking and there was no one there to help the resident (although there was serving staff present in the , there was no present). In the meeting there was no addressing of the issues from and there was no way to determine if these areas were address and whether what was put in place was shown to be effective. The meeting minutes indicated there was a continued issue with meal seating, the residents at the meeting indicated they were feeling rushed for their meals. The also indicated the food comes out and pasta is too hard. During an interview on at 3:30 p.m. the Activity Director indicated agreement she has not been putting any of this information into the meeting minutes. She agreed she does not ask the residents at the meeting about any improvement or if what has been put in place to correct issues. Class III	A 030		
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or	A 052		

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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 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

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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, compounding, , or calculating 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 nebulizer.
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of parenteral
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) Rectal, vaginal
(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

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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 observation, record review and interview, the facility failed to observe and explain the medications being assisted with for Residents #4 and #5 and allowed unlicensed staff to assist 1 Resident #6 with [redacted] treatments of 4 residents surveyed.

The findings include:

1. During the medication review on [redacted] at 8:30 a.m., Resident #4 was observed sitting in a chair in the nurse's office. Staff E was observed preparing the residents pills by checking them on a computer Medication Observation Record (MOR) and popping the pills into a plastic cup sitting on her cart. She was then observed to walk to the resident and set the pills next to the resident and walk away from the resident without explaining what was in the cup or observing the resident take her pills.

Resident #4 was observed at this time to be [redacted] and irritated. She was observed to hold the pills for several minutes and then ask Staff E what medications were in the cup. The staff was observed telling her some of the pills and never observing the resident take the medications.

2. Staff E was then observed preparing medications for Resident #5. Once again she popped the pills in a cup at her chart and was

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then observed to leave the pills in a plastic cup next to the resident without explaining to the resident what she was taking or observing the resident take the medication.

An interview was conducted with Staff E at 10:00 a.m. on [redacted]. She was asked if she always sat the pills in front of the residents and walked away without observing them take their medications or explaining to the residents what they were taking. She confirmed that she had done this action and stated she knew that it was not right to do so. She then stated, "It made me nervous to have someone watching me."

3. Review of Resident #6's MOR showed that four staff who were medication technicians had signed the MOR that they were assisting the resident with her [redacted] treatments.

An interview was conducted with the Resident Care Director on [redacted] at 1:00 p.m. She confirmed that unlicensed staff were signing that they were assisting with [redacted] treatments.

An interview was conducted with Resident #6 at 1:05 p.m. on [redacted]. She confirmed that staff were assisting her with setting up her [redacted] treatment.

An interview was conducted with Staff F at 1:10 p.m. on [redacted]. Staff F is a medication technician who had signed off that on [redacted] and [redacted] that she had assisted the resident with her [redacted]. She stated, "I'm not sure of the process. But I know I made a mistake by signing the medication off."

An interview was conducted with Staff G on [redacted] at 1:18 p.m. Staff G signed the MOR that

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A 052	Continued From page 12 she had assisted the resident with her treatment on ..... and ..... She confirmed that the aide will open the top of the for the resident and sign the MOR that the resident had her treatment. During an interview with Regional Director of Resident Care on ..... at 2:20 p.m., she stated, "The Aides know better than to sign off ..... treatments." Class III	A 052		
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 ..... or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the ..... or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in	A 055		

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a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the 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

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A 055	Continued From page 14	A 055		

provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(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 three medications which had expired.

The findings include:

1. During the initial tour on .. . . .. at 10:40 a.m., the medication 100 mg tablets, was observed in the #2 cart in the nurse's station. The medication had been filled by the pharmacy on The medication had a hand written expiration date on the back of the medication which read 12-12.

An interview was conducted with Staff D at 10:41

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A 055	Continued From page 15 a.m. on . . . . . She confirmed the medication had expired in the month of . . . . . of 2012. She confirmed the medication was being stored in a place where it could be used by the resident. She stated, "I'm going to dispose of this immediately." 2. On . . . . . at 9:40 a.m., two tubes of . . . . . were observed in the medication . . . . . the memory care unit. . . . . is an anti-fungal cream used to treat athlete's foot. The medications were both filled by the pharmacy on the same date . . . . . The expiration dates on both of the tubes read, ... 12." Both the bottles were observed to have been filled after they had expired. One of the tubes was observed to be almost completely empty. The other tube was observed to have 1/2 of the medication used from it. An interview was conducted with Staff D at 9:41 a.m. on . . . . . She confirmed that the bottles had expired before they were filled. She also confirmed that the medications were used on the residents after they had expired. She stated, "They must have come from the same batch of tubes. I'm going to call the pharmacy right now." Class III	A 055		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable . . . . . including . . . . . Freedom from . . . . . must be documented on an annual	A 078		

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A 078	Continued From page 16	A 078		

basis. A person with a positive [redacted] test must submit a health care provider ' s statement that the person does not constitute a risk of communicating [redacted] Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable [redacted] he/she shall be removed from duties until the administrator determines that such condition no longer exists.

(b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.

(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.

(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.

(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:

1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and

2. Maintain time sheets for all staff.

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A 078	Continued From page 17 This Statute or Rule is not met as evidenced by: Based on a review of personnel files and interview with administrative staff, the facility failed to ensure 1 (Staff B) of 3 staff members had the required communicable [redacted] statement within 30 days of hire. The findings include: Review of Staff B's personnel file revealed there was no evidence in the file of the required communicable [redacted] statement from the physician. During an interview on [redacted] at 12:00 p.m. the Executive Director indicated agreement the facility did not have this statement for Staff B. Class III	A 078		
A 090	58A-5.0191(11) FAC Training - Do Not [redacted] Orders (11) [redacted] TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding [redacted] within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policy and procedures regarding [redacted] within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C.	A 090		

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A 090	Continued From page 18	A 090		

This Statute or Rule is not met as evidenced by:
Based on a review of personnel files and interview with administrative staff, the facility failed to ensure 1 (Staff C) of 3 staff had received the required [redacted] training as required.

The findings include:

A review of the personnel file for staff C revealed there was no evidence of [redacted] located in the file.

During an interview on [redacted] at 12:15 p.m. the Resident Director indicated this staff member had not received the required training about the facility's policy and procedure.

Class III

AE201	58A-5.030(2) FAC ECC - Policies	AE201	

(2) EXTENDED CONGREGATE CARE POLICIES. Policies and procedures established through an extended congregate care program must promote resident independence, dignity, choice, and decision-making. The program shall develop and implement specific written policies and procedures which address:
(a) Aging in place.
(b) The facility's residency criteria developed in accordance with the admission and discharge requirements described in subsection (5) and ECC services listed in subsection (8).
(c) The personal and supportive services the facility intends to provide, how the services will be

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AE201	Continued From page 19	AE201		

provided, and the identification of staff positions to provide the services including their relationship to the facility.
(d) The nursing services the facility intends to provide, identification of staff positions to provide nursing services, and the license status, duties, general working hours, and supervision of such staff.
(e) Identifying potential unscheduled resident service needs and mechanism for meeting those needs including the identification of resources to meet those needs.
(f) A process for mediating conflicts among residents regarding choice of [redacted] apartment and [redacted]
(g) How to involve residents in decisions concerning the resident. The program shall provide opportunities and encouragement for the resident to make personal choices and decisions. If a resident needs assistance to make choices or decisions a family member or other resident representative shall be consulted. Choices shall include at a minimum:
1. To participate in the process of developing, implementing, reviewing, and revising the resident ' s service plan;
2. To remain in the same [redacted] the facility, except that a current resident transferring into an ECC program may be required to move to the part of the facility licensed for extended congregate care, if only part of the facility is so licensed;
3. To select among social and leisure activities;
4. To participate in activities in the community. At a minimum the facility shall arrange transportation to such activities if requested by the resident; and
5. To provide input with respect to the adoption and amendment of facility policies and procedures.

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AE201	Continued From page 20	AE201		

This Statute or Rule is not met as evidenced by:
Based on record review, interview and observation, the facility failed to develop an ECC (Extended Congregate Care) service plan that provided for the choice, needs and independence of the resident and failed to ensure the physician's order was followed for 1 (Resident #1) of 10 residents surveyed.

The findings include:

A review of the facility's Policy & Procedure for ECC resident's shows "Services shall be provided in the least restrictive environment that allows the resident the maximum amount of independence.... Authorized by a health care provider and pursuant to a plan of care...In accordance with a prevailing standard of practice in the nursing community."

During the initial tour on at 10:35 a.m., Resident #1 was observed in the nurse's station talking loudly to Staff F. Staff F is an unlicensed medication technician in the facility. The resident was telling the staff that she could not were her ...l Hose stockings because they were wet. She turned to the Surveyor and stated, "Feel these. Would you wear these stocking if they were this damp."

On ..... at 2:18 p.m., the resident was observed in her ..... any ...l hose.

During an interview with the resident on at 2:20 p.m., she stated, "They wanted to charge me for putting on my stockings. I learned how to put them on myself. I only have one pair of stockings. I wear those two days. I go one day

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AE201	Continued From page 21	AE201		

without them. On that day I wash them and let them air dry." She stated one of the aides told her she had to put her stockings on today. She stated, "She wouldn't leave until I put them on. I wouldn't put them on because they were wet. I only have one pair. I've been putting them on myself for about a year. She stated the Aide told her, "Staff F feels you have to put them on or she'll get in trouble with the state."

An interview was conducted with Staff F, Med Tech Resident Care Aide, on . . . . . at 2:51 p.m. She stated, "To be honest she just brought this to my attention today." She denied telling the resident she had to put on her . . . hose today.

An interview was conducted with Staff I on . . at 3:00 p.m. She was asked when the . . . hose are put on the resident. She stated, "The nurse puts them on in the morning." She then stated, "I went to put them on this morning I told her to come and get me as soon as they dry and I would put them on." She confirmed the resident only had one pair of . . . hose. She stated, "She doesn't want us to order a second pair because they cost too much." She confirmed the resident has been wearing the stockings two days and washing them on the third day. She states that all the staff are aware the resident only has one pair of stockings and that she is not wearing them every day.

Review of the ECC progress notes shows the nurses are not documenting they are applying the . . . hose each shift. They are documenting a date and shift but not a time the hose are applied. They are then writing a vague statement . . . hose on every shift" or . . . Hose to be applied"

Review of the physician's order, dated

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reads, "Hose . Apply every am and off at hour of sleep. Resident can independently apply and remove, proper technique demonstrated."

On the same date another order reads, "Admit to ECC for application and removal bilateral stockings." There is no time on either order.

Review of the progress note dated 11/1 "Resident admitted to ECC services for application/removal of bilateral hose. Family notified."

There was no documentation the staff ever assessed the resident's needs. There was no documentation that the resident was not wearing her Ted daily because she only had one pair of stockings. There was no documentation that the family was notified that the resident needed more than one pair of Ted so she could wear them daily.

In an interview conducted with resident's son, at 3:20 p.m. on 1/14 stated that no one at the facility had contacted him that his mother only had one pair of stockings, and if they had he would have made sure to get her another pair because she needs more than one pair to wear when one is being cleaned.

On 1/14 3:48 p.m., an interview was conducted with the Resident Care Director. She stated she was not sure about the residents cleaning habits of her Ted She was sure the nurse put the Ted on her every shift. She stated, "Why would she be on EEC if she could put her own Ted on." She stated that today is the first time the issue ever came up

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AE201	Continued From page 23 about her needing to clean her [illegible] hose. She was shown the documentation of the [illegible] hose. The 11-7 shift and 7-3 shift both documenting [illegible] hose to be placed on the resident." She stated, "I see what you mean. There is no statement that the [illegible] hose were applied. There is no time that the [illegible] hose were applied. I will have to in-service my staff on documenting putting them on and taking them off." On [illegible] at 9:00 a.m., the Resident Care Director brought a paper showing she had in-service the nurses on [illegible] Hose documentation. She stated at that time she had spoken with the nurses and that she had been mistaken and the resident had been putting on her own [illegible] Hose. She stated she was notifying the medical doctor to have her ECC services discontinued. An interview was conducted with the Executive Director on [illegible] at 3:30 p.m. She stated she had spoken to the nurses and they had told her the reason the resident was placed on ECC was because they had seen her periodically not wearing her [illegible] Hose. She confirmed the nurses should have found out why she was not wearing the hose and obtained another pair for the resident to wear. The Executive Director stated she had asked the nurses why they had documented so vaguely and they had told her that when they had gone into put the residents [illegible] hose on they were either already on or the resident would tell them she would put them on later. Class III	AE201		
AE206	58A-5.030(7) FAC ECC - Service Plans	AE206		

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AE206	Continued From page 24	AE206		

(7) SERVICE PLANS.
(a) Prior to admission the extended congregate care supervisor shall develop a preliminary service plan which includes an assessment of whether the resident meets the facility ' s residency criteria, an appraisal of the resident ' s unique physical and psycho social needs and preferences, and an evaluation of the facility ' s ability to meet the resident ' s needs.
(b) Within 14 days of admission the congregate care supervisor shall coordinate the development of a written service plan which takes into account the resident ' s health assessment obtained pursuant to subsection (6); the resident ' s unique physical and psycho social needs and preferences; and how the facility will meet the resident ' s needs including the following if required:
1. Health monitoring;
2. Assistance with personal care services;
3. Nursing services;
4. Supervision;
5. Special diets;
6. Ancillary services;
7. The provision of other services such as transportation and supportive services; and
8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.
(c) Pursuant to the definitions of " shared responsibility " and " managed risk " as provided in Section 429.02, F.S., the service plan shall be developed and agreed upon by the resident or the resident ' s representative or designee, surrogate, guardian, or attorney-in-fact, the facility designee, and shall reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident ' s service needs and preferences.

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(d) The service plan shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident ' s physical or mental status, or pursuant to recommendations for modifications in the resident ' s care as documented in the nursing assessment.

This Statute or Rule is not met as evidenced by:
Based on a review of 1 resident record of a resident receiving extended congregate care (ECC), and interview with administrative staff, the facility failed to ensure all required areas were addressed on the plan of care for Resident #1.

The findings include:

Review of the record for Resident #1 revealed the resident started ECC services on [redacted]. Care continued through [redacted], when ECC services were discontinued for this resident. The resident was receiving the services for the application and remove of [redacted] (support stockings ordered by the physician) hose.

A review of the service plan for Resident #1 revealed the only area address on the plan was that of nursing services. There was no mention of any of the other areas although the resident receives bathing assistance, monthly vital signs and weights from the area of health monitoring and transportation services from the facility.

Interview with the resident Director on [redacted], at approximately 3:30 p.m., revealed she did the plan and also does the monthly assessment. She indicated she thought the assessment showed the rest of the service plan. She agreed she did

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AE206	Continued From page 26 not address the applicable areas on the service provision plan for this resident. Class III	AE206		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Barrington Terrace - Ft Myers
9731 Commerce Center Court
Fort Myers, FL 33908

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by a representative 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.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. 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 2013.**

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

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Enclosure: State Form

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