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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| | 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<br><br>A Compliant Survey, CCR# 2013001347 was conducted at Barrington Terrace, an Assisted Living Facility (ALF) on<br><br>Deficient practice was identified at the time of the survey. | A 000 | | |
| A 025 | 58A-5.0182(1) FAC Resident Care - Supervision<br><br>An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following:<br>(a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C.<br>(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.<br>(c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community.<br>(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.<br>(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 record review and interview, the facility failed to provide the appropriate supervision for 2 (Residents #1 and #2) of 3 residents reviewed who are assessed as a risk.

The findings include:

1. On Resident #1's record was reviewed. The record revealed Resident #1 was assessed by a physician on as was determined to need special precautions." Further review revealed the Personal Service Plan Assessments (effective stated Resident #1, "Receives regularly scheduled checks during the night..." Resident #1's Nursing Progress Notes stated, at 7:45 am I was notified that [Resident #1] was observed on her lining on her back, feces spread all around and walls, resident hands and face covered with feces." Additional documentation form 3:45 p.m. of the same day stated, " [Power of Attorney] concerned about resident nightly check-up and pendent at the time of She was informed that all resident are (checked) up every two hours and as needed." At the time of the review there was no documentation to indicate when Resident #1 was last checked before she was discovered covered in feces on

2. On Resident #2's record was reviewed. The record revealed a Shared Responsibility Agreement for Risk (dated between the facility and Resident #2's POA which stated, "This letter documents the agreement between [The facility] and Resident

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| A 025 | Continued From page 2 | A 025 | | |

#2's regarding the case of the above named resident. This agreement provides formal notification that the resident listed above has been assessed to be at risk for falling." Resident #2's Personal Service Plan (effective ) stated, Receives regularly scheduled checks during night ..."

3. On at 11:29 a.m., Resident #2 was interviewed. Resident #2 stated if she at the facility the staff would not know it. Resident #2 denied the facility staff check on her during the night.

4. On 12:55 a.m., Licensed Practical Nurse #1 (LPN #1) was interviewed. She confirmed all residents in the facility should receive a "Wellness check" every two hours.

5. On at 1:15 p.m., the Administrator was interviewed. The Administrator stated it is the policy of the facility to do "A wellness check" on all residents, unless they signed a waiver saying they did not want to be checked. The Administrator also stated she held meeting with the staff members reminding them to check residents every two hours.

6. On at 2:24 p.m., LPN #2 was interviewed. She stated on Resident #2 was found on the floor covered in feces by the staff who arrive at 7:00 a.m. She stated the incident was reported to her by the staff after 7:00 a.m. on She stated she does not know how long the resident was on the floor or when the resident was last observed by the prior shift staff.

7. On 3:42 p.m., Staff B was interviewed. She stated she checked on Resident #1 a t

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| A 025 | Continued From page 3<br><br>approximately 1:30 a.m. on She stated at that time she switched floors with Staff C and Staff C was responsible for doing the checks on Resident #1's hallway. She denied know how long Resident #1 was on the floor covered in feces.<br><br>8. On 4:23 p.m., Staff C was interviewed. Staff C denied working on Resident #1's hallway on . She denied checking on Resident #1. She denied knowing how long Resident #1 was on the floor.<br><br>Class III | A 025 | | |
| A 052 | 58A-5.0185(3) FAC Medication - Assistance with Self-Admin<br><br>(3) ASSISTANCE WITH SELF-ADMINISTRATION.<br>(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.<br>(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 | A 052 | | |

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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 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

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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 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 observation and interview, the facility failed to ensure an unlicensed staff member (Staff A) followed the proper procedures of preparing the medication and/or reading the medication labels in the presence of the resident while assisting 3 (Residents #5, #6, and #7) of 3 residents with the self-administration of medication.

The findings include:

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1. On [redacted] at 9:33 a.m., Staff A was observed preparing Resident #5's medication in the hallway outside of Resident #5's [redacted] Staff A dispensed 7 pills from the original packaging and into a small cup. On [redacted] at approximately 9:42 a.m., Staff A entered Resident #5's [redacted] Staff A informed Resident #5 of only three of the medications in the cup. Staff A stated, "I have your medication for you today. You do have a pain pill today it's your [redacted] That's your coalace and you also have a Tylenol [redacted] there for your pain with your head."

2. On 4/0[redacted] 10:04 a.m., Staff A was observed preparing Resident #2's medication in the hallway outside of Resident #2's door. Staff A entered Resident #2's room [redacted] her a cup of pills. Staff A did not read the medication labels to Resident #2.

3. On 4/0[redacted] approximately 10:10 p.m., Staff A was observed preparing the medication in the presence of Resident #7, however, Staff A did not red the medication labels to Resident #7. Staff A handed Resident #7 a small cup of pills. Resident #7 decided to take her pills two at a time. On 4/0[redacted] #7 stated, "I'll take the yellow one even though I do not know what it is."

4. On 4/0[redacted] 10:35 a.m., Staff A was interviewed. She confirmed she was not taught to prepare the medication without the resident being present and without reading the medication label(s) to the resident.

5. On 4/0[redacted] Administrator was interviewed, she confirmed Staff A did not follow the proper process for assisting resident with the self-administration of medications.

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| A 052 | Continued From page 7<br><br>Class III | A 052 | | |

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2013

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

**Re: CCR #201300134**

Dear Administrator:

This letter reports the findings of a Complaint 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. 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 . 2013 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

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2727 Mahan Drive
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http://ahca.myflorida.com

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Fort Myers, FL 33901
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