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
	AL11964789	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT BONITA SPRINGS	26850 SOUTH BAY DRIVE BONITA SPRINGS, FL 34134

(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	A 000		

These are the results of an unannounced Complaint Survey, CCR# 2013005117 and CCR# 2013006097 and a concern were conducted at Emeritus at Bonita Springs, an Assisted Living Facility (ALF) on _____.

CCR# 20136097 was not substantiated without any citations.

One of the three allegations was substantiated with a citation for CCR# 2013005771.

The concern was founded with a citation.

The following is a description of non-compliance:

A 007	58A-5.0181(1) FAC Admissions - Criteria	A 007		

Admission Procedures, Appropriateness of Placement and Continued Residency Criteria.
(1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license:
(a) Be at least
(b) Be free from signs and symptoms of any communicable _____ which is likely to be transmitted to other residents or staff; however, a person who has
_____ may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule.
(c) Be able to perform the activities of daily living, with supervision or assistance if necessary.
(d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted.
(e) Be capable of taking his/her own medication with assistance from staff if necessary.

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A 007	Continued From page 1	A 007		

1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent to provide such assistance as required under Section 429.256, F.S.
2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident.
(f) Any special dietary needs can be met by the facility.
(g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S.
(h) Not require licensed professional mental health treatment on a 24-hour a day basis.
(i) Not be bedridden.
(j) Not have any or 4 pressure sores. A resident requiring care of a pressure may be admitted provided that:
1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care;
2. The condition is documented in the resident ' s record; and
3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility.

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A 007	Continued From page 2 (k) Not require any of the following nursing services: 1. Oral, , or suctioning; 2. Assistance with tube feeding; 3. Monitoring of gases; 4. Intermittent positive pressure breathing or 5. Treatment of surgical or wounds, unless the surgical or and the condition which caused it have been stabilized and a plan of care developed. (l) Not require 24-hour nursing supervision. (m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. (n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on: 1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule; 2. The facility ' s admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and 3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C. (o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, staff interview and clinical record review, the facility inappropriately admitted	A 007		

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A 007	Continued From page 3	A 007		

1 (Resident #16) of 1 resident with 3 pressure sores.

The findings include:

Review of clinical records on revealed Resident #16 was admitted to the facility on Nurse's note dated at 7:00 p.m. identified a "Red macerated area around Resident was receiving (an at the time of admission.

Nurse's note dated at 1:30 p.m., identified Resident #16 has a on right that originated at home per son. Silverdine to area on admission. Also noted were 3 to right and upper thigh.

Review of Nurse on Call nurses note dated indicated resident had 3 with orders to cleanse with normal , dry, DSD (dry sterile dressing), no tape. Encourage resident to continue to change position at least every 2 hours and to not slide up in the bed, encourage to increase circulation and decrease pressure, change position.

In an interview on at about 1:45 p.m., the Nurse on Call agency nurse said on the resident had a dark line approximately. 0.1 centimeters (cm) with 3 small at the top of the on admission.

Observation on at 12:05 p.m., revealed a on the right during a dressing change by a home health nurse to be 0.5 cm (centimeters) in length, 0.1 cm in width and 0.1 cm in depth with moderate amount of bright red drainage and "Crusted areas around Resident #16 acknowledged mild

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A 007	Continued From page 4 pain during dressing change." Resident #16 was interviewed on at approximately 12:45 p.m. She stated that she has difficulty turning off of her right, due to the size of the bed. She also has an overhead trapeze which resident stated is difficult for her to use at times. In a telephone interview on at 11:15 a.m., Resident #16's son confirmed the resident had before admission. The son said the resident was taking for Therefore, the facility inappropriately admitted Resident #16 with more than one II Class III	A 007		
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	A 025		

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A 025	Continued From page 5	A 025		

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.

This Statute or Rule is not met as evidenced by:
Based on resident records reviewed and staff interview, the facility failed to prevent significant weight loss for 2 (Residents #15 and #14) of 3 residents sampled. The facility failed to follow up with the primary care physician to develop a plan of care for these residents.

The findings include:

1. Record review of Resident #15 revealed a weight loss of 28 pounds in [redacted] 2013. In [redacted] 2012 the resident weighed 134 pounds. In [redacted] 2013 the resident weighed 106 pounds. The physician was notified on [redacted] 6. 2013. On [redacted] the physician faxed a note back stating that the physician is following Resident #15 and is aware of the weight loss. There are no progress notes showing what the physician is doing regarding the weight loss.

An interview was conducted with Staff F on [redacted] at approximately 3:00 p.m. She stated the facility is unaware of any interventions being done by the physician. Staff F states that she has not made any attempts to follow up with the

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A 025	Continued From page 6 physician. 2. Resident #14 was admitted to the facility on . . . . Documentation in her record noted she was admitted to Hospice Services on . . . . . Resident #14 is taking . . . . 20 milligrams (mg) three times a week for . . . . . A review of the weight sheet for Resident #14 noted on . . . . . she weighed 191 lbs. On . . . . . she had a weight loss of 24 pounds. During an interview on . . . . . at 3:09 p.m., the Staff F, on duty, stated she notified Resident #14's physician on . . . . . of the weight loss. A communication sheet from the facility was reviewed in the resident's record. The physician documented on . . . . . the weight loss was noted. The Staff F stated she did not get any direction from the physician on what to do about this weight loss. When asked if she was planning on notifying the physician for directions on this weight loss she stated the resident is on Hospice and if the physician does not give direction than she would "Assume" she would do nothing. Staff F then provided the surveyor with a copy of a fax sent to the physician on . . . . . informing the physician of Resident #14's 24 pound weight loss in the past 6 month and requested advise for treatment. The resident was not available for an interview. The facility failed to prevent Resident #14's weight loss and provide interventions for further weight loss if necessary. Class III	A 025		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Bonita Springs
26850 South Bay Drive
Bonita Springs, FL 34134

Re: CCR #2013005117 & 2013006097

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

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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Fort Myers Field Office
2295 Victoria Avenue, ...
Fort Myers, FL 33901
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