STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964789	02/10/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Bonita Springs	26850 South Bay Drive Bonita Springs, FL 34134	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D

An unannounced Biennial with Limited Nursing Services survey was conducted on through at Emeritus at Bonita Springs, an Assisted Living Facility in Bonita Springs, FL.

The following is a description on non-compliance:

0025-Resident Care - Supervision 429.26(7) FS; 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to provide care and services by monitoring weight and addressing for 1 of 2 (Resident #8) residents sampled.

The findings include:

1. During an interview conducted on at 10:20 am, Resident #8 stated, "I stopped wearing the stockings on Saturday. I did not put them on Saturday because of what it's doing to my legs. I have where they dig their knuckles in trying to pull them up and you can see the indentations where they roll down. (Areas of to left lower leg and indentations visualized.) I have a doctor's appointment soon so I will talk to him about it."

2. Record review for Resident #8 reveals a diagnosis of and An order for Hose to lower extremities, to be placed on in the mornings and removed at night was noted.

Monthly assessments with weight recorded noted as follows: 190 ; 172 (almost 10% weight loss in one month); and 182 (a 5.5% weight gain in one month). All three assessment forms also document there is no weight loss or weight gain and is signed by a Licensed Practical Nurse (LPN) and the Resident Care Director who is a Registered Nurse (RN). Nursing progress notes shows no documentation of weight changes, communication with resident's family or health care practitioner. There is no documentation in the nursing notes related to the on Resident #8 left leg.

3. Review of facility's weight monitoring policy included resident's weight shall be done monthly and notify the attending physician and family of significant weight changes (weight loss or gain of 5% in one month, 7.5% in three months, or 10% in 6 months). The facility will also implement interventions and document on service plans and service notes.

4. Interview on at 12:50 p.m., Staff J confirmed Resident #8 has refused Hose for the past few days but is unaware of the reason. Staff J did not have knowledge of to residents left leg.

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5. Interview on at 12:30 p.m., the Resident Care Director (RCD) confirmed they calibrate their weight scales regularly. There are two scales, a sit down and a standing scale. Resident #8 would use the seated scale. The RCD stated, "I don't know why there is a weight variance. I must have missed that."

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation and record review, the facility failed to maintain an accurate Medication Observation Record (MOR) for 1 of 4 residents (Resident #11) reviewed.

The findings include:

1. On , record review for Resident #11 revealed a prescription dated which reads: Please give his mg tabs at the following times. 0700 to 0800 - 1.5 tabs 10 to 10:30 - 1.5 tabs, 1 to 1:30 - 1.5 tabs, 4 to 5 - 1.5 tabs. This was a change to specific times instead of 4 times a day as previously prescribed.

2. On at 12:50 p.m., during medication observation, Staff K assisted Resident #11 with an oral medication. The Medication Observation Record (MOR) read: 25-100 Tab Take 1 tab along with ½ tab by mouth four times daily at 8 a.m., 10:30 a.m., between 1-1:30 p.m., and between 4-5 p.m. in the medication instruction box. However, the MOR has the medication times for administration listed as 9:00 a.m., 1:00 p.m., 5:00 p.m. and 9:00 p.m. From through of 2015, the medications were being provided to Resident #11 at 9:00 a.m., 1:00 p.m., 5:00 p.m. and 9:00 p.m.

When asked why the medication was being provided at different times from the doctor's order, Staff K stated, "I see what you mean. I will have to check with the nurse and have her clarify that."

3. The facility utilizes a pack medication system. Observation revealed there are two packages for this medication. One pack containing the whole tablet and one containing the scored (1/2) tablet.

The labels read as follows:

Packing for whole tablets dated 25-100 tab. Take 1 tablet by mouth four times daily. (diagnosis) Parkinson's.

Packing for ½ tabs dated 25-100 tab. Take 1 tab along with ½ tab by mouth four times daily at 8 am, 10:30 am, between 1-1:30 pm and between 4-5 pm.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on observation and record review, the facility failed to place an alert or revised label on medication package and follow physician orders for medication administration times for 1 of 4 residents (Resident #11) reviewed.

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The findings include:

1. On , record review for Resident #11 revealed a Prescription dated which reads: Please give his mg tabs at the following times. 0700 to 0800 - 1.5 tabs 10 to 10:30 - 1.5 tabs, 1 to 1:30 - 1.5 tabs, 4 to 5 - 1.5 tabs.

2. The facility utilizes a pack medication system. There are two packages for this medication. One pack contains the whole tablet and one contains the scored (1/2) tablet.

The labels read as follows:

Packing for whole tablets dated 25-100 tab. Take 1 tablet by mouth four times daily. (diagnosis) Parkinson's. There is no alert label found on the whole tablets dated to inform staff of the revised directions.

Packing for ½ tabs dated 25-100 tab. Take 1 tab along with ½ tab by mouth four times daily at 8 a.m., 10:30 a.m., between 1-1:30 p.m. and between 4-5 p.m.

3. When asked why the medication was being provided at different times from the doctor's order, Staff K stated, "I see what you mean. I will have to check with the nurse and have her clarify that."

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation, the facility failed to ensure the residents were served food in a safe, sanitary manor. This practice promotes contamination of the food and puts residents at risk for illness.

The findings include:

During lunch on from 12:00 p.m. to 12:30 p.m. the following observations were made:

1. Staff E was observed on from 12:02 p.m. to 12:05 p.m., touching the upper part of soup bowls when he was serving soup to 10 different residents. On at 12:19 p.m., Staff E was observed placing his fingers on the plate when he delivered the main course to two residents. Staff E repeated the same while serving a total of 5 residents.

2. Staff D was observed on at 12:06 p.m., touching the upper part of the soup bowl when he served soup to 4 different residents. Staff D picked up 2 dirty bowls of soup placed them in his tray and then delivered two more bowls of soup. Staff D was observed touching the upper lip of the soup bowl. Staff D was not observed using hand sanitizer. Staff D was observed placing his finger at the lip of the plate when he delivered a cottage cheese and fruit platter on at 12:07 p.m. and a bowl of cream of corn on 12:08 p.m. Staff D was observed on at 12:10 p.m., placing his thumbs and big finger on the upper part of 2 drinking glasses of cranberry juice when he placed them at residents tables. On at 12:16 p.m., Staff D was observed putting his fingers on the plate when he delivered the main course to two residents.

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3. Staff F was observed on at 12:15 p.m., placing her fingers at the upper part of 3 bowls of soup. Then Staff F was observed taking 1 of the bowls of soup and placing it on a tray. Staff F proceed by taking a bowl of soup and touching the upper part of the bowl and placing it at a residents table. Staff was not observed using hand sanitizer.

4. Staff G was observed on at 12:00 p.m. to 12:30 p.m. holding a carafe of regular coffee on one hand and a carafe of decaffeinated coffee in the other hand. Staff G was observed coming in and out of the kitchen to refill coffee a total of 5 times. Staff G did not have a hair net on.

5. Findings were discussed with Executive Director during exit on at 3:00 p.m.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

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

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2015 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) 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 surveyor(s). Should you have any questions please call this office at 239-335-1315.

Sincerely,

Jon Seehawer, RN
Acting Field Office Manager

JS:ss
Enclosure: State Form

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