STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966133	04/15/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ATLANTIS ASSISTED LIVING	6026 OLD CONGRESS LANTANA, FL 33462	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced Change of Ownership (CHOW) survey was conducted on 14 and 15, 2015 at Atlantis Assisted Living. The facility had deficiencies found at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation, interview and record review, it was determined the facility's staff member providing assistance with the self administration of medications failed to provide a safe environment and access to adequate and appropriate health care consistent with established and recognized standards within the community with respect to assistance with medications. As evidence of staff failure to wash or sanitize hands while providing assistance to multiple residents with their medications for 5 of 5 sampled residents (Residents #10, #11, #8, #12, and #1).

The findings include:

During medication observation conducted with an unlicensed staff member providing assistance with the self administration of medications (Staff E), on from 9:30 AM through 9:53 AM, this staff member did not wash or sanitize her hands. She provided oral medications and inhaled medications to 5 of 5 sampled residents Residents #10, #11, #8, #12, and #1) as well as cups of water. She was in direct contact with these residents; the supplies to provide their medications; and routes to gain access to these residents (souffle cups; cups of water; inhalers; and resident wheelchairs; doorways to resident ; and door to smoking patio). Staff E was not observed to wash or sanitize her hands at all during the following observations:

1) Resident #10 on at 9:30 AM was provided the following medications:
a) 6.25mg twice daily
b) 50mg every 12 hours

2) Resident #11 on at 9:37 AM (Staff E knocked on this resident's door prior to entrance to the following medications were provided:
a) 325mg twice daily
b) ER 25mg 1/2 tab twice daily

3) Resident #8 on at 9:42 AM (this resident was on the smoking patio and Staff E had to handle the door handled to enter and exit this area), the following medications were provided:
a) 20mg every morning before eating
b) 25mg daily
c) 5mg daily
d) 81mg daily

4) Resident #12 on at 9:48 AM (Staff E knocked on resident's door prior to entrance), the following medications were provided:
a) 500mg twice daily
b) 10mg daily
c) 81mg daily
d) 20mg daily
e) diskus 1 puff by mouth every 12 hours rinse mouth after

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f) 18mcg cap use 1 puff by moth via inhaler daily rinse mouth after
(she was provide water to rinse mouth afterwards)
5) Resident #1 on at 9:53 AM (Staff E knocked on resident' door prior to entrance), the following medications were provided:
a) 25mcg every morning
b) Meclazine 25mg daily
c) 20mg daily
d) 25mg daily
e) 50mg 1 & 1/2 tab daily (75mg)
During interview with the facility's LPN (licensed Practical Nurse - Staff F); Administrator; and Regional Clinical Nurse, conducted on beginning at approximately 11:45 AM, the failure of the unlicensed staff member to wash or sanitize hands at any time during the medication observation was discussed. They did not provide any additional information or explanations at this time, other than the Medication Techs would be inserviced accordingly related to the identified concern. The Regional Clinical nurse stated this concern did not meet this organizations standards of practice.
The current CDC (Center for Control) guidelines (obtained from the Internet) indicated healthcare providers should practice hand hygiene at key points in time to disrupt the transmission of microorganisms to patients including: before patient contact; after contact with body fluids, or contaminated surfaces (even if gloves are worn).
Class III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observation, record review, and interview, it was determined the facility failed to ensure that unlicensed staff that provides assistance with the self administration of medications to residents followed Rule 58A-5.0191, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. As evidence of facility staff failure to open the medications in front of the residents; not informing the resident of what medication they are receiving; and not providing their medication within the prescribed time parameters, for 5 of 5 sampled residents (Residents #10, #11, #8, #12, and #1).
The findings include:
1) Resident #10 on at 9:30 AM:
a) 6.25mg twice daily (scheduled for 8:00 AM)
b) 50mg every 12 hours (scheduled for 8:00 AM)
2) Resident #11 on at 9:37 AM (Staff E knocked on this resident's door prior to entrance to
a) 325mg twice daily (scheduled for 8:00 AM)
b) ER 25mg 1/2 tab twice daily (scheduled for 8:00 AM)
3) Resident #8 on at 9:42 AM (this resident was on the smoking patio and Staff E had to handle the door handled to enter and exit this area):
a) 20mg every morning before eating (scheduled for 8:00 AM)
b) 25mg daily (scheduled for 8:00 AM)

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c) 5mg daily (scheduled for 8:00 AM)
d) 81mg daily (scheduled for 8:00 AM)
4) Resident #12 on at 9:48 AM (Staff E knocked on resident's door prior to entrance):
a) 500mg twice daily (scheduled for 8:00 AM)
b)Pred 10mg daily (scheduled for 8:00 AM)
c) 81mg daily (scheduled for 8:00 AM)
d) 20mg daily (scheduled for 8:00 AM)
e) diskus 1 puff by mouth every 12 hours rinse mouth after (scheduled for 8:00 AM)
f) 18mcg cap use 1 puff by moth via inhaler daily rinse mouth after (scheduled for 8:00 AM). The resident was provide water to rinse mouth afterwards.
5) Resident #1 on at 9:53 AM (Staff E knocked on resident' door prior to entrance):
a) 25mcg every morning (scheduled for 8:00 AM)
b) Meclazine 25mg daily (scheduled for 8:00 AM)
c) 20mg daily (scheduled for 8:00 AM)
d) 25mg daily (scheduled for 8:00 AM)
e) 50mg 1 & 1/2 tab daily (75mg) (scheduled for 8:00 AM)
The Administrator provided a copy of the facility's policy and procedure entitled "Times for Assistance with Self Administration of Medications" for review on at approximately 1:00 PM. This policy and procedure indicated 8:00 AM as the standard time for the morning medication to be provided and the the facility permits an "allowance of one hour before and one hour after the ordered time".
During interview with Staff E, conducted on beginning at approximately 10:20 AM, she was asked how long she has worked at this facility as a "Medication Tech" and she replied approximately 7 years. She was asked when she usually finishes providing assistance with the self administration of medication of the 8:00 AM medications for the 65 current residents of this facility. She replied at approximately 9:45 AM. She confirmed that she works the 7:00 AM - 3:00 PM shift on a routine basis. She was asked if she was the only staff member that provides assistance with medications on the days that she is scheduled to work. She confirmed that she was the only one. She was asked if the facility ever provides any additional staff to assist with this process for a census of 65 residents. She acknowledged that they do not provide any additional help.
During interview with the facility's LPN (licensed Practical Nurse - Staff F); Administrator; and Regional Clinical Nurse, conducted on beginning at approximately 11:45 AM, the failure of the unlicensed staff member to open the medications in the presence of each resident and inform each resident of their medications during the medication observation was discussed. They did not provide any additional information or explanations at this time, other than the Medication Techs would be in-serviced accordingly related to the identified concern. The Regional Clinical nurse stated this concern did not meet this organizations standards of practice.

Class III

0056 - Medication - Labeling and Orders - 58A-5.0185(7) FAC

Based on observation, record review, and interview it was determined the facility failed to ensure that physician's

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medication orders were followed for 1 of 5 sampled residents (Resident #8); specifically related to the provision of a medication on an empty stomach.

The findings include:

Resident #8 on at 9:42 AM (this resident was on the smoking patio at this time), the following medications were provided:
a) 20mg every morning before eating (scheduled for 8:00 AM)
b) 25mg daily (scheduled for 8:00 AM)
c) 5mg daily (scheduled for 8:00 AM)
d) 81mg daily (scheduled for 8:00 AM)
At the time of this observation, in the presence of Staff E, Resident #8 was asked if he had already had his breakfast. He stated he had already had his usual breakfast of 2 bagels and 3 cream cheeses.
During record review and interview with the LPN (Staff F), conducted on beginning at 9:30 AM, she confirmed that this residents most recent medication order list (dated indicated that 20mg capsule is to be "taken every morning before eating for stomach She acknowledged this medication should be taken prior to eating breakfast. Review of this resident's health assessment (1823 form), dated noted diagnoses of adjustment with depressed mood; 1998 with left ; s/p left above the knee amputation; s/p X 2; and chronic This form did not indicate any or behavioral concerns.
During interview with the facility's LPN (licensed Practical Nurse - Staff F); Administrator; and Regional Clinical Nurse, conducted on beginning at approximately 11:45 AM, the failure of the unlicensed staff member to provide the after Resident #8 had consumed his breakfast was discussed. They did not provide any additional information or explanations at this time, other than the Medication Techs would be in-serviced accordingly related to the identified concern. The Regional Clinical nurse stated this concern did not meet this organizations standards of practice.

Class III

0093 - Food Service - Dietary Standards - 58A-5.020(2) FAC

Based on observation, record review and an interview, the facility failed to ensure therapeutic diets were served as ordered, for 2 out of 2 sampled residents (Resident #8 and #14).

The findings include:

a) On at 12:15 PM, Resident #8 was served beef brisket with gravy, scalloped potatoes, carrots and a roll with butter for lunch. On at 12:30 PM, the resident was served ham with brown sugar glaze, mixed vegetables (with carrots), noodles and a roll with butter for lunch.

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The resident stated during interview on [redacted] at 12:45 PM that he was [redacted] to carrots and did not know why the facility served him carrots.

Review of the health assessment (ACHA Form 1823) dated [redacted] had documented that the resident was to receive a no added salt and low fat/cho [redacted] diet and was [redacted] to carrots. Review of the list of residents on special diets provided by the facility showed no special diet for Resident #8. Review of the resident's [redacted] 2015 Medication Record showed carrots listed as an [redacted]

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Atlantis Assisted Living
6026 Old Congress
Lantana, FL 33462

RE: Change of Ownership (CHOW)

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on 14 and 2015 by a representative from 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 representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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