STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964789	**08/05/2016**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BONITA SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **26850 SOUTH BAY DRIVE BONITA SPRINGS, FL 34134**	

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

0000 Initial Comments

An unannounced complaint survey for CCR #2016008653 was conducted on through at Brookdale Bonita Springs, an Assisted Living Facility (license #9322) in Bonita Springs, Florida.

The complaint contained 2 allegations, which were substantiated at A025 Supervision.

The following is description of the deficiency.

0025 Resident Care - Supervision

Based on interviews and record review, the facility failed provide the appropriate care and supervision for 1 (Resident #4) of 4 sampled residents with special care needs. The facility failed to provide care and supervision regardless of the facility's awareness of the resident's condition, presence of a medical device, and the resident's physical inability for self-care. As a result, the resident suffered an , to his leg. The facility failed to clarify care of an orthopedic device. is a known risk for orthopedic devices.

The findings included:

Review of facility records revealed according to the admission record, Resident #4 had a history of with left-sided , ( ) and a left ankle . The Resident Health Assessment (Form 1823) dated noted the resident needed supervision with bathing and dressing. The form lacked an explanation of the type or extent of the assistance needed.

Review of orthopedic physician office notes for Resident #4 dated / showed derm (skin): well healed, no breaks in the skin. The plan included, "WBAT [weight bearing as tolerated] in cam [controlled ankle motion] . OK to get LLE [left lower extremity] wet when bathing. Please remove camboot when bathing."

Review of Resident #4's Personal Service Plan (PSP) prepared by the facility showed "Resident is able to perform the following showering tasks with physical assistance as needed: shampooing hair, washing upper body and washing lower body." The PSP did not address the resident's CAM .

In an interview on at 1:34 p.m., the facility Administrator said Resident #4 & shattered his left ankle prior to admission to the facility. She said "He came here with a ," but admitted it was not included in his PSP. His physical assistance was bathing "as needed" including lower body. The

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Administrator said he went to an orthopedic doctor and supposedly came back with an order. "We didn't know about the order." The Administrator said, "[The resident] told us not to touch the ..." She described the as extending from toes to knee.

In an interview on at 1:57 p.m., Licensed Practical Nurse (LPN) Staff A said Resident #4 had an immobilizing on his left leg. He could not take it on/off. "We had no orders to remove." She added, he could be belligerent, could be physical, called people names.

In an interview on at 2:00 p.m., LPN Staff B said Resident #4 had an immobilizer up to his knee. He was unable to take it on/off by himself; "no way." She explained they could not take it off without an order. She said she questioned the angle of his foot but was told not to worry.

In an interview on at 2:03 p.m., Med Tech Staff C had dealings with Resident #4 "every day I worked." She was aware he had a device on his left leg. She said the resident needed 3 staff to help with shower. She stated, "We put a bag over the so it wouldn't get wet." She noted he was very , I witnessed him punch an aide in the stomach. She admitted, "I never saw the off."

In an interview on at 2:10 p.m., LPN Staff D said she had dealings with Resident #4 "every single day I worked." She said she was aware he had a , but there was no order to apply or remove . She said the resident did not allow them to touch or worry about the .

Checking skin condition for pressure areas is common nursing practice for orthopedic devices. is a known risk for support devices. For example, CAM Walker instructions note: " cause such as scratching, , or , which can cause serious complications if the skin is not checked regularly or if the device is not applied as directed."

Resident#4's facility records included notes dated at 5:30 p.m., "Resident's wife came to floor nurse with an order that is written for ..." In the records there was an order from an orthopedic physician dated instructing: "1) WBAT in camboot or AFO [ankle foot brace.] 2) Please remove camboot when sleeping and bathing." The order was date stamped .

In an interview on at 10:18 a.m., admissions staff person from another community explained she was referred to assess Resident #4 for possible transfer. The afternoon of she and a facility staff member saw the . "It looked and could smell it when we walked into the ." She said 9-1-1 was called.

Review of hospital records revealed Resident #4 was admitted . History & Physical noted: approximately 5 centimeters (about 2 inches) in diameter on the lateral aspect of left lower leg, which is

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rotated outward making in position consistent with pressure. There is yellow (skin and pus) in the center surrounded by mild tissue. There is foul odor. It is minimal drainage with a very small spot of in the center of the dressing. There is surrounding (redness) that extends to the front of leg anteriorly and to the . It is hot to touch. Diagnoses included acute LLE with - most likely related to appliance. The Final Summary of noted during hospitalization he had debridement, was started on a 14-day course and was to continue with care.

Class II

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Brookdale Bonita Springs
26850 South Bay Drive
Bonita Springs, FL 34134

Dear Administrator:

This letter reports the findings of a complaint inspection survey conducted on through , by a representative of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there was a deficiency noted during the inspection.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision, Class II

Directed Corrective Actions:

1. The Assisted Living Facility is required to have a Registered Nurse review all residents in the facility to determine if anyone is utilizing a medical device. This review will be completed no later than .

2. For each resident that is utilizing a medical device a Registered Nurse will ensure that a Personal Service Plan is developed to ensure that care related the medical device is appropriate. This is to be completed no later than .

3. All resident care staff will be in-serviced by a Registered Nurse on each resident's Personal Service Plan to ensure that care is provided and appropriate. This will include resident care staff observing skin during periods of care and notifying the nurse of any concerns. If issues are discovered the Registered Nurse will then assess for any skin condition. This in-service is to be completed no later than . Competency checks will be done to ensure each staff person is competent in the provision of care.

4. The facility Administrator or designee will monitor the implementation of each resident's Personal Service Plan on each shift and document this monitoring in each resident's file.

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Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com

Brookdale Bonita Springs
, 2016

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact Laura Manville, Survey and Certification Support Branch, at (727) 552-1955 or Jon Seehawer, R.N., Area 8 Field Office.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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D7JR

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