

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105731	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Commons at Orlando Lutheran Towers		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Lake Avenue Orlando, FL 32801	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39943</p> <p>Based on interview, and record review, the facility failed to follow professional standards of practice for blood glucose monitoring as ordered by the physician, for 1 of 3 residents reviewed for blood glucose monitoring, of a total sample of 6 residents, (#1).</p> <p>Findings:</p> <p>Resident #1 was admitted to the facility on [DATE] from an acute care hospital. Her diagnoses included pneumonia, acute respiratory failure, type 2 diabetes mellitus, chronic kidney disease, and atrial fibrillation.</p> <p>Review of the Hospital Medical Certification for Medicaid Long-Term Care Services and Patient Transfer form dated 6/04/24 revealed resident #1 was alert, oriented, followed instructions and capable to make her own healthcare decisions.</p> <p>Resident #1 had a care plan for Diabetes Mellitus dated 6/05/24. The goal was to minimize the risk of complications related to low or high blood glucose through the review date. Interventions included staff to administer diabetes medication as ordered by the physician and to monitor side effects and effectiveness of the medications. Additional interventions included staff to monitor and report low or high blood glucose signs or symptoms.</p> <p>An Order Summary Report dated 6/13/24 revealed a physician order dated 6/05/24 for accu-checks AC (before meals), HS (at bedtime), and as needed for anti-diabetics. The order directed nurses to call the physician if results were less than 70 or greater than 300.</p> <p>Review of the Medication Administration Record (MAR) for June 2024 and the medical record revealed 12 omissions of documentation of accu-check performed from 6/05/24 to 6/12/24, when the resident was transferred to the hospital.</p> <p>On 8/29/24 at approximately 9:00 AM, the Director of Nursing (DON) confirmed resident #1's MAR was missing documentation on 12 occasions from the period of 6/05/24 to 6/12/24 to show accu-checks were performed as ordered. She stated her expectation was nurses would follow the physician orders and document the accu-check results in the chart. The DON was unable to provide any additional evidence the missing accu-checks were performed for resident #1 in accordance with physician orders.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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