

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 105960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Solaris Healthcare Windermere		STREET ADDRESS, CITY, STATE, ZIP CODE 4875 Cason Cove Drive Orlando, FL 32811	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32131</p> <p>Based on observation, interview, and record review, the facility failed to ensure physician orders were obtained for safe self-administration of medications for 2 of 4 residents reviewed for choices, of a total sample of 47 residents, (#46, and #81).</p> <p>Findings:</p> <p>1. Resident #46, a [AGE] year-old female was admitted to the facility on [DATE] with diagnoses including epilepsy, depression, and adjustment disorder with anxiety.</p> <p>Review of the resident's quarterly Minimum Data Set (MDS) assessment with Assessment Reference date (ARD) of 4/23/24 revealed the resident's cognition was intact with a Brief Interview of Mental Status (BIMS) score of 14/15. The assessment noted the resident was independent, and only needed supervision or touching assistance from staff for her activities of daily living (ADL), and mobility needs.</p> <p>On 7/08/24 at 11:58 AM, and on 7/09/24 at 9:29 AM, resident #46 was sitting on the side of her bed. Noted on her tray table was a plastic bag with a pharmacy label that contained a tube of Hydrocortisone cream 2.5 %. Resident #46 said she applied the cream herself twice daily, and she needed a refill as the current tube would be completed soon.</p> <p>Review of the medical record revealed a physician's order dated 5/15/24 for Hydrocortisone 2.5 %. The order directed one application could be given twice daily as needed, to be applied to the affected areas of the body for itching.</p> <p>Hydrocortisone cream is used to treat a variety of skin conditions (such as . eczema, dermatitis, .rash). Hydrocortisone reduces the swelling, itching, and redness that can occur (retrieved on 7/12/24 from webmd. com).</p> <p>On 7/09/24 at 10:41 AM, observation of the Hydrocortisone cream on the resident's tray table was conducted with the Director of Nursing (DON) and Licensed Practical Nurse (LPN) B, the resident's primary nurse. They acknowledged the findings, and the resident reiterated that she applied the cream herself twice daily.</p> <p>On 7/09/24 at 10:45 AM, a review of the resident's physician's orders was conducted with the DON which revealed the order for Hydrocortisone cream twice daily as needed. The DON verbalized there were no directives or order for self-administration of the medication.</p> <p>(continued on next page)</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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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/09/24 at 10:46 AM, LPN B stated in order for residents to self-administer medications, they were supposed to have a physician's order for self-administration. She explained the resident had to demonstrate the ability to perform the task, then the medication would be placed in a locked drawer in the resident's room. She said, the resident would then administer the medication in the presence of the nurse. LPN B acknowledged resident #45 did not have a physician's order for self-administration of the Hydrocortisone cream.</p> <p>On 7/09/24 at 11:17 AM, the DON stated a medication self-administration evaluation was completed for resident #46 in May 2024, however, a physician's order was not obtained for self-administration of the Hydrocortisone cream.</p> <p>A review of the resident's Medication Administration Summary for the period 5/14/24 through 7/09/24 revealed no documentation by nurses to indicate the Hydrocortisone cream was ever administered, either by staff or the resident. This was in conflict with resident #46's verbalizations she had applied the cream twice a day. This finding was acknowledged by the Unit Manager, and LPN B.</p> <p>2. Resident #81, an [AGE] year-old female was admitted to the facility on [DATE], with her most recent readmission on 5/31/24. Her diagnoses included Parkinson's disease, respiratory failure, chronic pulmonary edema, dementia, fibromyalgia, stage 4 pressure ulcer, and osteoarthritis.</p> <p>Review of the resident's discharge- return anticipated MDS assessment with ARD of 5/26/24, revealed the resident's cognitive skills for daily decision making was moderately impaired, and she required substantial/maximal assistance from staff for some ADLs, and mobility needs.</p> <p>Review of the medical record revealed a physician's order dated 5/31/24 was for acetaminophen (Tylenol) 325 milligrams (mg) three times daily, as needed for mild pain.</p> <p>On 7/08/24 at 12:08 PM, resident # 81 was sitting up in bed. The resident's family member stated he had fast acting Tylenol locked in a drawer, and he had permission to give the Tylenol to the resident as needed.</p> <p>On 7/09/24 at 10:19 AM, LPN A stated for a resident to self-administer medications, the resident would be assessed for competency to give the medication, a physician's order had to be obtained, and a care plan would be developed for self-administration of medication. LPN A stated if a family member was allowed to administer medication to the resident, the family member would have to inform the nurse when the medication was given. The LPN reviewed the resident's physician orders and acknowledged there was an order for Tylenol three times daily, as needed and verbalized there was no documentation to indicate the family/resident could self-administer the medication. She stated she was not aware the family had administered Tylenol to the resident.</p> <p>On 7/09/24 at 10:30 AM, an observation was conducted in the resident's room with the DON, and LPN A. The resident's family member was in the room, and stated the DON gave him permission to give the resident the Tylenol as needed and shared the Tylenol was in the bedside table drawer. After the observation and interview with resident #81's family member, the DON stated when the resident was first admitted , orders were in place for the family to self-administer the resident's medications. The resident's physician's orders were reviewed by the DON, and she stated the Tylenol order currently in place, was for staff to administer the medication. She acknowledged a physician's order for family administration of the medication was not present.</p> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Admission handbook revealed documentation pertaining to the facility's policies regarding self-administration of medication and medication storage at bedside. The document directed that, A physician's order is required for all medications being administered or self-administered .includes over-the-counter medications and patches, lotions/creams, inhalers, eye drops, etc.</p>		