Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964944	A. BUILDING: _____ B. WING _____	C 02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHADY ACRES ASSISTED LIVING FACILITY	670 COUNTY ROAD 782 WEBSTER, FL 33597

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On , an unannounced complaint survey (CCR#2018018327 & CCR#2019000137) was conducted at Shady Acres Assisted Living Facility. Deficient practice was identified at the time of the survey.	A 000		
A 008 SS=D	429.26( ) FS; 58A-5.0181(2) FAC Admissions - Health Assessment 429.26 (4) If possible, each resident shall have been examined by a licensed physician, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, licensed physician assistant, or licensed nurse practitioner shall examine the resident and complete a medical examination form provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission.	A 008		

AHCA Form 3020-0001

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

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A 008	Continued From page 1 The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request. (6) Any resident accepted in a facility and placed by the department or the Department of Children and Families shall have been examined by medical personnel within 30 days before placement in the facility. The examination shall include an assessment of the appropriateness of placement in a facility. The findings of this examination shall be recorded on the examination form provided by the agency. The completed form shall accompany the resident and shall be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident providing it was completed within 90 days prior to admission to the facility. The applicable department shall provide to the facility administrator any information about the resident that would help the administrator meet his or her responsibilities under subsection (1). Further, department personnel shall explain to the facility operator any special needs of the resident and advise the	A 008		

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A 008	Continued From page 2 operator whom to call should problems arise. The applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of , require such assistance. 58A-5.0181 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations, 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living, 3. Any nursing or services required by the individual, 4. Any special diet required by the individual, 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication, 6. Whether the individual has signs or symptoms of , , or any other communicable , which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name,	A 008		

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A 008	Continued From page 3	A 008		

signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S.
(b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed.
1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider.
2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided.
3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823.
(c) Any information required by paragraph (a), that is not contained in the medical examination report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission.
(d) Medical examinations of residents placed by

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A 008	Continued From page 4 the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida Form, for residents who do not wish to be administered in the case of or . (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review, and interview the facility failed to ensure that residents AHCA form 1823 are complete and accurate for two of four	A 008		

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A 008	Continued From page 5 sampled residents. (Resident #1, and Resident #4) Findings: A review of the incomplete AHCA form 1823 revealed that Resident # 1 had three , ... on her bottom. There was no information on the form 1823 to show what size or depth or what stage the , were. The form 1823 under nursing treatment simply revealed care. A review of the form 1823 medication page revealed to see medication reconciliation. A review of the medication reconciliation form did not reveal any resident identifiers on the page. The medication reconciliation form was partly typed and partly written. The form 1823 form did not reveal the name, address contact person or telephone number of the facility. The 1823 did not show the type of diet the resident was to receive. A review of the incomplete AHCA form 1823 revealed that Resident # 4 medication page revealed to see medication reconciliation. A review of the medication reconciliation form did not reveal any resident identifiers on the page. The medication reconciliation form was typed without a physicians signature. During an interview with the Administrator she confirmed that the form 1823 was incomplete for resident #1 and #4. The Administrator confirmed that she did not have an order to place resident #1 on Hospice services or the Hospice record, or any documentation that she tried to attempt to contact Hospice to obtain the resident's Hospice record. The Administrator confirmed that resident #1 AHCA form 1823 did not show the name, address contact person or telephone number of	A 008		

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A 008	Continued From page 6 the facility. The 1823 did not show the type of diet the resident was to receive. The attached medication reconciliation sheet did not have resident identifiers on the form to show who the resident was. Continued interview with the Administrator she confirmed that resident #4 medication reconciliation form that is attached to the form 1823 did not have resident identifiers on the reconciliation form to show who the resident was. Class III	A 008		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable _ to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, or other furniture designed for storage of clothing or personal effects;	A 152		

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A 152	Continued From page 7 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview the assisted living facility failed to ensure 16 of 16 residents are provided a safe living, clean, homelike environment and that all existing architectural, mechanical, electrical, structural systems and appurtenances are maintained in good working order, and provided 1 of 16 residents (Resident #1) with bed linens free of stains. Findings: On . . . . . at 10:30 AM, a tour of the facility began, at which time several observations of concern were noted: General observations: General observations made during the tour of the facility on . . . . . beginning at 10:30 AM, included the discovery of three uncovered electrical receptacles in the dining area. One of the fire sprinklers in the ceiling above the table in the dining area was observed to be missing the ring which fits around the base of the sprinkler	A 152		

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A 152	Continued From page 8 . . . (see photographic evidence obtained). An observation of the storage closet located off the kitchen where facility records(including employee and resident records are kept) was observed in disarray, files were observed piled on the floor. In the hallway next to the entrance to the main house bathroom, the baseboard was observed torn away from the ceiling. (See photographic evidence obtained). Bathroom concerns: Observations were made of the 5 bathrooms in the facility. During the tour on . . . . . beginning at 10:30 AM, of the main house bathroom revealed dark rust colored stains in the shower; and a rusty colored discoloration on the bathroom floor; as well as a crusty build up observed on the vanity and sink. During an observation of Resident #1's bathroom, on at 1:50 PM, found a yellowish colored residue present in and around the floor of the shower; the shower nozzle was also observed with a rusty colored build up. The toilet was observed wrapped at the base with towels due to what Resident #1 described as, water leakage. The toilet was observed unflushed. (See photographic evidence obtained). During the interview with Resident #1, on at 1:50 PM, she stated she cannot flush the toilet because the water leaks all over the floor and that is why she has the towels around the base of the toilet. On . . . . . at approximately 3:25 PM an interview was conducted with the Administrator. She confirmed that there is a lot to be done as far as upkeep of the facility is concerned, as she has to do most of it on her own. She further stated in reference to Resident #1's toilet not functioning	A 152		

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A 152	Continued From page 9 properly that is caused by a couple of residents who flush things down the toilet and the line gets clogged. She stated, this has happened before she knows what is wrong and will get the toilet fixed. ADDITIONAL CONCERNS NOTED IN RESIDENT #1'S ROOM: On . . . . . at approximately 2:36 PM, a second observation of Resident #1's room was completed. During this observation an opening was observed in the ceiling above Resident #1's bed. (See photographic evidence obtained). On . . . . . at approximately 3:25 PM, during an interview with the Administrator, she confirmed the water is very hard and causes stains in the bathrooms, stains on linens and clothing. She further stated she has the water tested regularly by the county health department. She added, the water is safe it just causes stains which are hard to keep up with. The linens are cleaned almost every day, but the water does stain them. On . . . . . at 2:40 PM, Resident #1 stated the opening in the ceiling made her uncomfortable and she wished the vent covering would put up. She also pointed out a yellow stain on her bed covering, caused from the facility's hard water. (See photographic evidence obtained). On . . . . . at 3:32 PM, a second interview concerning Resident #1's room was conducted with the Administrator. She confirmed she had the vent cover she just had to get the anchor screws to install it properly. Class III	A 152		

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A 164	Continued From page 10	A 164		
A 164 SS=D	58A-5.024(4) FAC Records - Inspection Availability (4) RECORD INSPECTION. (a) The resident's records must be available to the resident; the resident's legal representative, designee, surrogate, guardian, attorney in fact, or case manager; or the resident's estate, and such additional parties as authorized in writing or by law. (b) Pursuant to Section 429.35, F.S., agency reports that pertain to any agency survey, inspection, or monitoring visit must be available to the residents and the public. In facilities that are co-located with a licensed nursing home, the inspection of record for all common areas is the nursing home inspection report. This Statute or Rule is not met as evidenced by: Based on observation, and interview the facility failed to make available all records for one of four sampled residents. Resident #1. Findings: The resident was placed on Hospice services. However; there is no physicians order to place the resident on Hospice care. There is no chart available to review showing the stage and size of the , . No Hospice folder was found. No note in the residents chart to show that the Administrator tried to retrieve the resident's folder from Hospice. During an interview with the Administrator she confirmed that the form 1823 was incomplete for resident #1 and #2. The Administrator confirmed that she did not have an order to place the resident Hospice services or the Hospice record,	A 164		

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A 164	Continued From page 11 or any documentation that she tried to attempt to contact Hospice to obtain the resident's Hospice record. Class III	A 164		