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 |
|---|---|---|---|
| | AL11965596 | A. BUILDING: _____ B. WING _____ | 12/09/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| HAINES MANOR ALF | 301 SOUTH 10TH STREET HAINES CITY, FL 33844 |

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| A 000 | Initial Comments<br><br>A complaint investigation (complaint numbers 2019015743, 2019017104 and 2019015008) was conducted at Haines Manor Assisted Living Facility on . Haines Manor Assisted Living Facility had deficiencies at the time of the survey. | A 000 | | |
| A 025 SS=G | 429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision<br><br>429.26<br>(7) The facility must notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition.<br><br>59A-36.007<br>An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following:<br>(a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C.<br>(b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident.<br>(c) Maintaining a general awareness of the | A 025 | | |

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| A 025 | Continued From page 1<br><br>resident's whereabouts. The resident may travel independently in the community.<br>(d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change.<br>(e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out.<br>(f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review, the facility failed to provide sufficient supervision for 2 (Resident #1 and #2) of 2 residents sampled.<br><br>Findings Included:<br><br>A record review of Resident's 1 file conducted on revealed the resident lived in a secured unit, he was declared , by the court on and he had participated in activity in the facility with Resident # 2. Resident #1's 1823 (Health Assessment) documented resident may be to being manipulated by others or mistreated due to negative symptoms of , .<br><br>An interview was conducted on at 3:44pm with the Administrator, he acknowledged Resident #1 cannot make his own decisions and had engaged in activity. | A 025 | | |

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| A 025 | Continued From page 2<br><br>A record review on ... of Resident #2's observation log dated . documentation by the physician stated that the resident needs to be closely monitored around male residents. The observation log also documented on ... that night shift staff member reported to administration that Resident #2 was seen engaging in activity with Resident #1. Observation log revealed staff member walked out the room and shut the door. Resident #2 record revealed she can make her own decisions and have not been adjudicated , by the court at this time.<br><br>In an interview with the Assistant Administrator on at 3:29pm, stated "I don't think we have enough people. We have the one person from AL- (Assisted Living) float to the memory cares. Yes, I agree that leaves AL without supervision for a period of time." The Assisted Administrator also confirmed that 1 staff member on night shift for a current census of 30 residents in the secured unit is not sufficient staffing.<br><br>On ... at 12:15 p.m. both Resident #1 and #2 were observed standing closely together while in the dining room and engaged in conversation, there were no staff present inside the dining room at this time.<br><br>On ... in an interview with the Assistant Administrator at 3:45p.m., when asked how the facility planned to closely monitor Resident#1 and #2 daily interactions or engagements with each other, she could not provide an explanation. Both Resident#1 and #2 currently resides in the same memory care unit.<br><br>Class II | A 025 | | |

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| A 123 SS=D | 429.27( ) FS; 59A-36.013(2) FAC Fiscal - Resident Trust Funds<br><br>429.27<br>(3) A facility, upon mutual consent with the resident, shall provide for the safekeeping in the facility of personal effects not in excess of $500 and funds of the resident not in excess of $500 cash, and shall keep complete and accurate records of all such funds and personal effects received. If a resident is absent from a facility for 24 hours or more, the facility may provide for the safekeeping of the resident's personal effects in excess of $500.<br>(4) Any funds or other property belonging to or due to a resident, or expendable for his or her account, which is received by a facility shall be trust funds which shall be kept separate from the funds and property of the facility and other residents or shall be specifically credited to such resident. Such trust funds shall be used or otherwise expended only for the account of the resident. At least once every 3 months, unless upon order of a court of competent jurisdiction, the facility shall furnish the resident and his or her guardian, trustee, or conservator, if any, a complete and verified statement of all funds and other property to which this subsection applies, detailing the amount and items received, together with their sources and disposition. In any event, the facility shall furnish such statement annually and upon the discharge or transfer of a resident. Any governmental agency or private charitable agency contributing funds or other property to the account of a resident shall also be entitled to receive such statement annually and upon the discharge or transfer of the resident.<br>(5) Any personal funds available to facility residents may be used by residents as they choose to obtain clothing, personal items, leisure | A 123 | | |

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| A 123 | Continued From page 4<br><br>activities, and other supplies and services for their personal use. A facility may not demand, require, or contract for payment of all or any part of the personal funds in satisfaction of the facility rate for supplies and services beyond that amount agreed to in writing and may not levy an additional charge to the individual or the account for any supplies or services that the facility has agreed by contract to provide as part of the standard monthly rate. Any service or supplies provided by the facility which are charged separately to the individual or the account may be provided only with the specific written consent of the individual, who shall be furnished in advance of the provision of the services or supplies with an itemized written statement to be attached to the contract setting forth the charges for the services or supplies.<br><br>59A-36.013<br>(2) RESIDENT TRUST FUNDS. Funds or other property received by the facility belonging to or due a resident, including personal funds, must be held as trust funds and expended only for the resident's account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co-mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds must include income and expense records of the trust fund, including the source and disposition of the funds.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review, the facility did not keep complete and accurate records for 1 (Resident#3) of 3 residents files reviewed for trust funds and personal effects received. | A 123 | | |

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| A 123 | Continued From page 5<br><br>Findings Included:<br><br>A record review of the facility's resident finance accounting log for conducted on revealed a date of in which Resident #3 received $30.00 and not the required $54.00. On she should have received $54.00 and on she should have received $178.00. All resident signature sections for dates , or on form were left blank, therefore there was no indication as to if Resident #3 received her funds. Records revealed the facility did receive checks from the State of Florida Department of Financial Services dated , and in the amount of $78.40. The check was made out to Resident #3 in C/O (care of) the facility where she currently resides.<br><br>During an interview with Resident#3 on at 1:54 p.m., Resident #3 stated, she doesn't know what this is about, no she didn't sign anything for the months of , or related to accounting funds. She believes she was in the hospital a few weeks ago in Orlando.<br><br>During an interview with the Administrator on at 2:38 p.m., the Administrator stated " if they didn't get the $54.00 dollars than they don't sign it." Records were reviewed with the administrator, and findings were confirmed that Resident#3 did not sign for the last three months of receiving her $54.00 or funds provided. Therefore, it is unclear if the resident received the required $54.00 dollars for the months of , or of 2019. | A 123 | | |

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| A 123 | Continued From page 6<br><br>Class III | A 123 | | |
| A 168 SS=D | 429.24(3)(a) FS; 429.27(7), FS Resident Refund Policy<br><br>429.24<br>(3)(a) . . . The refund policy shall provide that the resident or responsible party is entitled to a prorated refund based on the daily rate for any unused portion of payment beyond the termination date after all charges, including the cost of damages to the residential unit resulting from circumstances other than normal use, have been paid to the licensee. For the purpose of this paragraph, the termination date shall be the date the unit is vacated by the resident and cleared of all personal belongings. If the amount of belongings does not preclude renting the unit, the facility may clear the unit and charge the resident or his or her estate for moving and storing the items at a rate equal to the actual cost to the facility, not to exceed 20 percent of the regular rate for the unit, provided that 14 days' advance written notification is given. If the resident's possessions are not claimed within 45 days after notification, the facility may dispose of them. The contract shall also specify any other conditions under which claims will be made against the refund due the resident. Except in the case of . . . . or a discharge due to medical reasons, the refunds shall be computed in accordance with the notice of relocation requirements specified in the contract. However, a resident may not be required to provide the licensee with more than 30 days' notice of termination. If after a contract is terminated, the facility intends to make a claim against a refund due the resident, the facility shall notify the resident or responsible party in writing | A 168 | | |

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| A 168 | Continued From page 7<br><br>of the claim and shall provide said party with a reasonable time period of no less than 14 calendar days to respond. The facility shall provide a refund to the resident or responsible party within 45 days after the transfer, discharge, or of the resident. The agency shall impose a fine upon a facility that fails to comply with the refund provisions of the paragraph, which fine shall be equal to three times the amount due to the resident. One-half of the fine shall be remitted to the resident or his or her estate, and the other half to the Health Care Trust Fund to be used for the purpose specified in s. 429.18.<br><br>429.27, FS Property and personal affairs of residents. -<br>(7) In the event of the of a resident, a licensee shall return all refunds, funds, and property held in trust to the resident's personal representative, if one has been appointed at the time the facility disburses such funds, and, if not, to the resident's spouse or adult next of kin named in a beneficiary designation form provided by the facility to the resident. If the resident has no spouse or adult next of kin or such person cannot be located, funds due the resident shall be placed in an interest-bearing account, and all property held in trust by the facility shall be safeguarded until such time as the funds and property are disbursed pursuant to the Florida Probate Code. Such funds shall be kept separate from the funds and property of the facility and other residents of the facility. If the funds of the resident are not disbursed pursuant to the Florida Probate Code within 2 years after the resident's , the funds shall be deposited in the Health Care Trust Fund administered by the agency. | A 168 | | |

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| A 168 | Continued From page 8<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review, the facility did not follow their contract to honor the refund policy for 3 (Resident#8, #9, and #10) of 3 residents files reviewed for refunds.<br><br>Findings Included:<br><br>On a record review of the facility admissions and discharged log showed evidence that Residents #8, #9 and #10 had been discharged from the facility for more than 45 days. However, the facility continued to receive direct deposit payments into their bank account for Residents #8, #9 and #10 for several month after their discharge.<br><br>A record review of the facility financial agreements for Residents #8, #9 and #10 section titled Refund Policy: stated, "the facility shall provide a refund to the resident or responsible party with 45 days after the transfer, discharge or of the resident."<br><br>A record review of Resident #8's financial agreement with the facility revealed a signed date of and was discharged from the facility on . . . . . . . . . Resident #8 agreed to payment amount of $698.00 which was signed by Resident #8 and the facility's representative on . . . . . . . . . Records revealed Resident #8 had an increase of monthly payments on . . . . . of $52.00 and the facility begin receiving $750.00 in payments. Resident #8 had another payment increase from $750.00 to $771.00 on . The facility continued to receive direct deposit into their bank account until , which totals 11 months of payments after the Resident had been discharged from the facility. Total amount | A 168 | | |

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| A 168 | Continued From page 9<br><br>collected reflected: $8,397 in resident payments to the facility when in fact Resident#8 was discharged from the facility during that time frame.<br><br>A record review of Resident #9's financial agreement with the facility revealed a signed date of . The facility records showed evidence that Resident#9 was discharged from the facility on and the facility continued to receive payment via direct deposit until .<br><br>A record review of Resident #10's financial agreement with the facility showed no signature or date, both fields were left blank. The facility records showed evidence that Resident #10 was discharged to another facility on . The facility financial records showed the last payment received from Resident #10 was dated . The facility continued to receive payment via direct deposit until which included $1,550.82 of monies were deposited for a total of 10 months after Resident#10 was discharged from the facility.<br><br>During an interview with the facility's bookkeeper and accounting personal on at 1:27 p.m., the accounting/bookkeeper stated the facility was waiting on a letter from Social Security on the residents' behalf, and they were making changes to the residents' payee service and payments. Therefore, the facility did make any attempts to stop Residents #8, #9 and #10 payments from being direct deposited in the facility bank accounts, they continued to collect th e funds.<br><br>Attempted record review conducted n revealed the facility could not provide any | A 168 | | |

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| A 168 | Continued From page 10<br><br>additional documentation as to who is/was Resident #8, #9 or #10 financial representative payee of record.<br><br>During an interview with the Administrator on at 4:19 p.m., the Administrator, stated, "I usually wait until the other facility to ask for the funds of the transferring resident, I am with you I understand, it was not done correctly, yes we have always done it that way."<br><br>Class III | A 168 | | |