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
	AL11968663	A. BUILDING: _____ B. WING _____	01/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS BELLEAIR	1145 PONCE DE LEON DRIVE BELLEAIR, FL 33756

(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 Complaint investigation (complaint numbers 2019016269 and 2019016479) was conducted on at Seasons of Belleair. There were deficient practices identified at the time of survey.	A 000		
A 008 SS=D	429.26( ) FS; 59A-36.006(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. The medical examination form shall become a	A 008		

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A 008	Continued From page 1	A 008		

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 [illegible] 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 operator whom to call should problems arise. The

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A 008	Continued From page 2 applicable department shall advise and assist the facility administrator where the special needs of residents who are recipients of [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] 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 [illegible] 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 [illegible] or any other communicable [illegible], 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, signature, address, telephone number, and license number of the examining health care	A 008		

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A 008	Continued From page 3 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, [illegible], 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 the department, by the Department of Children and Families, or by an agency under contract with	A 008		

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A 008	Continued From page 4 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 interview, the Facility failed to obtain completed health assessment forms with all required data within thirty days of admission for four (Residents #1, #7, #8, and #9) of four sampled residents.	A 008		

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A 008	Continued From page 5 Findings Included: A record review for Resident #1, conducted on . . . . . , revealed that Resident #1's most recent health assessment form dated did not state whether the resident's needs could be met in an assisted living facility. There was no medical license number, telephone number, title, or address of the Examiner. Resident #1 was admitted into the Facility on . . . . . . A record review for Resident #7, conducted on , revealed that Resident #7's most recent health assessment form dated . . . . . did not include the type of assistance that the resident required with medication administration and the resident's name and date of birth was not noted on pages two, three, and four. There was no elopement risk assessment documented on the health assessment form. There was no telephone number or address of the Examiner on Resident #7's health assessment form. Resident #7 was admitted on . A record review for Resident #8, conducted on , revealed that Resident #8's most recent health assessment form dated did not include the address of the Examiner. Resident #8 was admitted into the Facility . . . . . . A record review for Resident #9, conducted on , revealed that Resident #9 most recent health assessment form dated . . . . . did not include the type of assistance that the resident required with medication administration and the resident's name and date of birth was not noted on pages two, three, and four. There was no indication whether Resident #9's needed	A 008		

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A 008	Continued From page 6 twenty-four-hour nursing or [illegible] care. There was no telephone number of the Examiner on Resident 9's health assessment form. During an interview with the Director of Nursing, conducted on at 04:30 pm, the Director of Nursing reviewed and agreed that Residents #1, #7, #8, and #9's health assessment forms were incomplete and did not contain all of the required data. Class III	A 008		
A 010 SS=D	429.26(&9) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable	A 010		

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A 010	Continued From page 7 department. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility. (9) A . . . , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a , . . . may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care,	A 010		

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A 010	Continued From page 8 or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily	A 010		

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A 010	Continued From page 9 living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to assess and determine residents who were no longer appropriate to reside in an assisted living facility and failed to obtain a new health assessment form when a resident had a decline in condition necessitating the residents admission into Hospice services for three Residents (1, 7, and 8) of three sampled residents. Findings Included: A record review for Resident #1, conducted on [redacted], revealed that Resident #1 was not appropriate to reside in an assisted living facility. Resident #1's most recent health assessment form dated [redacted] stated that the resident required total care for [redacted], grooming, and toileting and was not admitted to Hospice services. Resident #1's health assessment form did not state whether the resident's needs could be met in an assisted living facility. There was no documentation in Resident #1's record regarding the resident's condition changes. Resident #1 was admitted into the Facility on [redacted]. A record review for Resident #7, conducted on [redacted], revealed that Resident #7 was not appropriate to reside in an assisted living facility. Resident #7's most recent health assessment form dated [redacted] stated that the resident had	A 010		

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A 010	Continued From page 10 a communicable . The health assessment form stated that Resident #7 required twenty-four-hour nursing or . . care and required total care with all activities of daily living. There was no evidence in Resident #7's record that the resident was no longer . . . There was no evidence that Resident #7 was admitted to Hospice services. There was no documentation in Resident #7's describing the resident's decline in condition. A record review for Resident #8, conducted on . , revealed that Resident #8's most recent health assessment form was dated on . and did not include the required nursing services of Hospice. The Facility did not obtain a . to . health assessment when Resident #8 condition declined necessitating the resident's admission to Hospice services. Resident #8 was admitted to Hospice services on . . During an interview with Staff B, conducted on at 02:44 pm, Staff B stated that Resident #7 does not bear . . and . . During an interview with Staff C and D, conducted on at 03:3 0pm, Staff C and D stated that Resident #7 was unable to bear . to assist with transfers "her . are bent and can't touch the floor". During an interview with the Director of Nursing, conducted on at 03:30 pm, the Director of Nursing stated that Resident #7 was not admitted to Hospice services and agreed that the resident was not appropriate for continued residency and the Facility. At 04:30pm, the Director of Nursing that the Facility did not obtain a -to- health assessment for Resident #8	A 010		

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A 010	Continued From page 11 had a decline in condition necessitating the resident admission into Hospice services. The Director of Nursing stated that "they don't make notes" in resident records regarding changes in condition, health, illnesses, or other. Class III	A 010		
A 053 SS=D	59A-36.008(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record. (c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff. (d) A facility that performs clinical laboratory tests for residents, including [redacted] testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and chapter 483, part I, F.S. A valid copy of the State Clinical Laboratory License, if required, and the federal CLIA Certificate must be maintained in the facility. A state license or federal CLIA certificate is not required if residents perform the test themselves or if a third party	A 053		

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A 053	Continued From page 12 assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a federal CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' equipment. Information about the State Clinical Laboratory License and federal CLIA Certificate is available from the Laboratory Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)412-4500. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to employ or contract with a licensed nurse to provide medication administration for four Residents (#1, #2, #6, and #7) of four sampled current and former residents that required medication administration. Findings Included: A review of the Facility's advertisement, conducted on , revealed that the Facility advertised to provide direct twenty-four-hour nurses. A record review for current Resident #1, conducted on , revealed that Resident #1's health assessment form dated stated that the resident required medication administration. A record review for former Resident #2, conducted on , revealed that Resident #2's health assessment form dated stated that the resident required medication administration when the resident resided in the Facility.	A 053		

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A 053	Continued From page 13 A record review for former Resident #6, conducted on , revealed that Resident #6's health assessment forms dated and stated that the resident required medication administration when the resident resided in the Facility. A record review for current Resident #7, conducted on , revealed that Resident #7's health assessment form dated stated that the resident required medication administration. During an interview with the Director of Nursing, conducted on at 04:30 pm, the Director of Nursing stated that the Facility does not have licensed staff (nurses) twenty-four-hours every day and that unlicensed Medication Technicians provide medications to all of the residents. Class III	A 053		
A 160 SS=D	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a	A 160		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968663	A. BUILDING: _____ B. WING _____	01/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEASONS BELLEAIR	1145 PONCE DE LEON DRIVE BELLEAIR, FL 33756

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A 160	Continued From page 14 conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a , , ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177,	A 160		

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A 160	Continued From page 15 F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain an admission and discharge log with residents' place of admission and discharged residents' date, reason, and place of discharge.	A 160		

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A 160	Continued From page 16 Findings Included: A review of the Facility's admission and discharge log, conducted on [redacted], revealed that the Facility did not note each residents' place that they were admitted from, which was greater than ten residents admitted into the Facility. The Facility did not note each discharged residents' date, reason, and place that the residents were discharged to, which was greater than ten residents discharged from the Facility. During an interview with the Administrator, conducted on [redacted] at 05:04 pm, the Administrator agreed that the Facility's admission and discharge log did not contain all of the required data. Class III	A 160		