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
	AL11969002	A. BUILDING: _____ B. WING _____	06/02/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ROSE GARDEN OF FT MYERS	2117 EARL RD FORT MYERS, FL 33901

(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 An control focused visit and complaint survey #2020003820 was conducted on ..... at The Rose Garden of Ft. Myers, an assisted living facility in Fort Myers, Florida. Complaint #2020003820 was substantiated at tag A0010. The following is description of the deficiency.	A 000		
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 department. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living	A 010		

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A 010	Continued From page 1	A 010		

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, 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,

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A 010	Continued From page 2 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 [redacted], 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 living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training.	A 010		

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A 010	Continued From page 3 (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 determine the continued appropriateness of 1 (Resident #1) to remain at the facility out of 3 resident records reviewed. The findings included: Record review of Resident #1 showed he was admitted to the facility on . His diagnosis was ( ) and high , . He was taking medication for , and , (, ,) 200 milligrams (mg) by daily. On he was moved from the assisted living side of the facility to the memory care side due to increased and exit seeking behavior. Record review of Resident #1's medication sheets for revealed he refused all of his medications on , , , , , , , , and and the Health Care Provider (HCP) was notified. On Resident #1 had a while chasing 2 employees and sustained a , requiring a hospital visit. On the HCP ordered a , nurse practitioner to evaluate Resident #1.	A 010		

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A 010	Continued From page 4 On . . . . . Resident #1 displayed violent behavior toward 3 other memory care residents. One resident sustained an injury. All 4 residents were sent to the hospital and Resident #1 did not return to the facility due to his violent behavior. During an interview with Staff A on . . . . at 1:20 p.m., she reported she had worked at the facility for 3 years. She reported she has known Resident #1 since his admission to the facility . . . . . , 2019. She reported it became apparent Resident #1 was not suitable for the assisted living side of the facility when he became non compliant with his care. During an interview with the Director of Nursing (DON) on . . . . . at 1:50 p.m., she reported she came to the facility the end of , 2019. She reported Resident #1's family would take him out of the facility for day trips home to see his family and when he returned to the facility he seemed agitated. The DON reported Resident #1 would get angry at times. Class III	A 010		