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 |
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| | AL11910758 | A. BUILDING: _____ B. WING _____ | 08/07/2020 |

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| WIRICK (THE) | 434 4TH STREET, NORTH SAINT PETERSBURG, FL 33701 |

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| A 000 | Initial Comments<br><br>A complaint survey (Complaint Number 2020001849) was conducted in conjunction with a 5th revisit to the monitoring survey of and a 2nd revisit to the focused control survey on was conducted at The Wirick on . There were deficiencies identified at the time of the survey. | A 000 | | |
| A 030 SS=J | 59A-36.007(6) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C.<br>(b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.<br>(c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, | A 030 | | |

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| A 030 | Continued From page 1<br><br>1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.<br>(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:<br>1. Resident responsibilities;<br>2. and tobacco use;<br>3. Medication storage;<br>4. Resident elopement;<br>5. Reporting resident . . . . , neglect, and<br>. ;<br>6. Administrative and housekeeping schedules and requirements;<br>7. . . . . control, sanitation, and universal precautions; and,<br>8. The requirements for coordinating the delivery of services to residents by third party providers.<br>(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.<br>(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible | A 030 | | |

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| A 030 | Continued From page 2<br><br>telephone on each floor of each building where residents reside.<br>(g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . .<br><br>429.28 Resident bill of rights.-<br>(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:<br>(a) Live in a safe and decent living environment, free from . . . . . and neglect.<br>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.<br>(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.<br>(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.<br>(e) Freedom to participate in and benefit from | A 030 | | |

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| A 030 | Continued From page 3<br>community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.<br>(f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.<br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.<br>(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.<br>(j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . . . . . for health care services, the provision of or arrangement of transportation to health care . . . . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community.<br>(k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated | A 030 | | |

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| A 030 | Continued From page 4<br>mentally , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.<br>(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.<br>(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a | A 030 | | |

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| A 030 | Continued From page 5<br><br>resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and , Rights Florida.<br><br>429.27 Property and personal affairs of residents.-<br>(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs.<br>(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to provide all thirty-three (33) of the current residents with a safe and decent living environment, free of and hazards. Additionally, the facility failed to ensure residents were treated with consideration and respect for 1 (Resident #1) of 8 sampled residents. | A 030 | | |

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| A 030 | Continued From page 6<br>Finding Included:<br><br>A tour of the facility conducted on . . . . . beginning at 10:15am, revealed the following:<br>a. There was broken furniture and equipment stored throughout the facility.<br>b. In the kitchen there were dirty and torn oven mitts lying on top of the stove presenting a potential fire hazard, the commercial refrigerator was out of order, and a drip pan was under the kitchen sink catching water.<br>c. There was a deep freezer stored in the dining room that was not working.<br>d. A mini refrigerator in the dining room that appeared dirty and not able to close properly.<br>e. There were live roaches, bed bugs and bed bug fecal matter in . .<br>f. In , there was a broken toilet, sink, and shower. When the residents turned on the sink, the shower turned on. The shower knobs did not work and the sink did not work. There was a carpenter's knife and a tube of caulk lying under the bathroom sink.<br>g. There was a large hole in the bathroom door on the 1st floor restroom by the medication cart.<br>h. A door leading to the roof was tied to the wall with a steel cable, which is a potential fire hazard.<br>i. There was a sign posted on the bathroom in the dining area that read "no residents in this bathroom you will be fined if caught! Camera is on! Employees only".<br>j. A door frame at the end of the hallway on the 3rd floor was rotted.<br>k. The second and third floor fire doors by the stairwell were propped open by concrete blocks at each end of the hallway.<br>l. On the 3rd floor the windows were broken and would not close completely. (Photographic Evidence). | A 030 | | |

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| A 030 | Continued From page 7<br><br>An interview was conducted with Resident #1 on at 10:16am and she stated, "I just killed a bed bug in my room, there is also a roach in the drawer. Sometimes the Resident Care Coordinator (RCC) is in a bad , she yells and rolls her , . The RCC and Maintenance Director yell at me, they are mean to me. The RCC said "get out of here" and closed the door. I'm scared to tell them anything because they will yell at me. My bathroom has been broken for a while and I have to go use another bathroom."<br><br>An interview was conducted with Resident #2 on at 10:27am and she stated, "There are a couple of rooms with bed bugs, they have been spraying for a while."<br><br>On at 11:09am Resident #1 was observed sitting at the dining table. The RCC walked up to Resident#1 and stated, "stop touching those forks, people have to eat there. Go sit somewhere else." Resident #1 replied, "I'm sorry, I just made a mistake."<br><br>The RCC was interviewed on at 11:09am and stated, "We see bed bugs. The residents go through toilet paper like a , . The bathroom in just got broken, the toilet should be in today. The residents will get fined $1.00 if they go in the employee bathroom, $1.00 gets taken from their account. The Residents pay about as much attention to me as my grandkids do. There is nothing in writing for the Residents about the bathroom fine."<br><br>The Maintenance Director was interviewed on at 11:28am and stated, "We have had bed bugs on and off. We have done heat treatments in the past but are not doing them right now. The Owner is aware of problem. Our | A 030 | | |

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| A 030 | Continued From page 8<br><br>residents buy things off the street and that brings them in. With the type of residents we have, it's hard to keep the bed bugs away. The Residents bring them in off the streets. I would be surprised to see an assisted living facility with no bed bugs; I just don't believe that. I try to make the repairs the best I can, I try to keep up with them, it is just one thing after the other."<br><br>A record review of the maintenance log was conducted on . . . . . The log detailed the presence of bed bugs in the facility dating to . . . . . The log showed no facility repairs had been completed or evidence or a plan to resolve and eradicate the infestation.<br><br>Class I | A 030 | | |
| A 056 SS=D | 59A-36.008(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS.<br>(a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:<br>1. The resident's name; and,<br>2. The identification of each medicinal drug in the container.<br>(b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to | A 056 | | |

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| A 056 | Continued From page 9<br>another.<br>(c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.<br>(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.<br>(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.<br>(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled | A 056 | | |

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| A 056 | Continued From page 10<br><br>or refilled in a timely manner.<br>(g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:<br>1. Practitioner's name,<br>2. Resident's name,<br>3. Date dispensed,<br>4. Name and strength of the drug,<br>5. Directions for use; and,<br>6. Expiration date.<br>(h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interview, the Facility failed to make every reasonable effort to ensure that prescriptions for four (Resident #5, #6, #7, and #8) out of thirty three residents who received assistance with self-administration of medication are filled or refilled in a timely manner.<br><br>Findings Included:<br><br>A record review of medication observation records (MOR) was conducted on revealed the following: | A 056 | | |

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| A 056 | Continued From page 11<br><br>-Resident #5 had been out of . . . since , and since<br><br>-Resident #6 had been out of , Oyster Shell, D3, and 1000iu, and Super B 50 . . , since . Additionally, the Resident had been out of . . . . . , and Fluphenzine since<br><br>-Resident #7 had been out of , since . . . . . .<br><br>-Resident #8 had been out of . . . , since , Inhaler since . . , . . . . . since . . . . . , and / D since<br>(Photographic Evidence)<br><br>Resident #2 was interviewed on . . . . . at 10:27am and stated, "I am out of Oyster shell right now."<br><br>Resident #3 was interviewed on . . . 2020 at 10:29am and stated, "My , . . medication is out right now. They are out once a week."<br><br>The Maintenance Director was interviewed on . . . . . at 11:55am and stated, "Several of the residents are out of medication right now. It is mostly insurance issues. We usually just call their doctor or insurance company. The O with a line through it on the MOR means they are out of medication."<br><br>Class III | A 056 | | |
| A 181 SS=G | 59A-36.019(2) FAC Emergency Plan Approval | A 181 | | |

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| (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 181 | Continued From page 12<br><br>(2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency.<br>(a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised.<br>(b) A new facility as described in rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license.<br>(c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval.<br>1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule.<br>2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval.<br>(d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities.<br>(e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule.<br><br>This Statute or Rule is not met as evidenced by:<br>Based on interview and record review, the facility failed to have an approved comprehensive emergency management plan (CEMP) which | A 181 | | |

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 |
|---|---|---|---|
| | AL11910758 | A. BUILDING: _____ B. WING _____ | 08/07/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WIRICK (THE) | 434 4TH STREET, NORTH SAINT PETERSBURG, FL 33701 |

| (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 181 | Continued From page 13<br><br>placed 33 of 33 residents that reside at the facility at risk.<br><br>Findings Included:<br><br>A record review was conducted on of the facility's approved CEMP, however it was noted that facility's CEMP had expired. (Photographic Evidence Obtained)<br><br>During interview conducted with the Maintenance Director on at 11:16am he stated he was not sure if the owner had resubmitted another plan to the county for review or not.<br><br>A phone interview was conducted on at 9:37am with Emergency Management Healthcare Plan Compliance , for Pinellas County Emergency Management that reviews the county's CEMPs, stated that the last documented communication with the facility was dated . Pinellas County Emergency Management sent the facility a letter of noncompliance in . The facility communicated with Pinellas County Management on , however they did not submit the accurate documentation. Per Pinellas County Emergency Management as of , the facility had not submitted documentation and remained noncompliant with their CEMP.<br><br>Class II | A 181 | | |