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
	AL11963950	A. BUILDING: _____ B. WING _____	08/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BENEVA LAKES ASSISTED LIVING CENTER	743 S. BENEVA ROAD SARASOTA, FL 34232

(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 unannounced focused control, emergency power plan monitoring and complaint survey for complaint #2019020151, #2020001452, #2020010990, #2020011947 & 2020013778 was conducted through . . . . . at Beneva Lakes Assisted Living Center, an assisted living facility in Sarasota, Florida. Complaint #'s #2019020151, #2020001452, #2020010990, #2020011947 & #2020013778 were substantiated at A0030 and A0152. The following is description of the deficiencies.	A 000		
A 030	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (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. (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. (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	A 030		

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A 030	Continued From page 1 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, 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. (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: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (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. (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),	A 030		

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A 030	Continued From page 2 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 telephone on each floor of each building where residents reside. (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 . 429.28 Resident bill of rights.- (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: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (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. (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.	A 030		

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A 030	Continued From page 3 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. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (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. (g) Share a room with his or her spouse if both are residents of the facility. (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. (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. (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. (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	A 030		

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A 030	Continued From page 4 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 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. (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. (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	A 030		

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A 030	Continued From page 5 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 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. 429.27 Property and personal affairs of residents.- (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. (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. This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff and resident interview, the facility failed to provide assistance with obtaining access to adequate and appropriate health care for 1 (Resident #1) of 3	A 030		

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A 030	Continued From page 6 residents reviewed for care and services. The findings included: Record review of Resident #1's chart on . . . . revealed Resident #1 returned to the facility on . . . . . after a stay at a rehabilitation facility. The discharge orders from the rehabilitation facility included home health services for continued , , , , ( ) and , , (.) upon return to the assisted living facility. On . . . . . at 11:01 a.m., Resident #1said she had been from the rehabilitation facility for over a month. She said she had received no , , since returning to the assisted living facility and felt it would have benefited her to have received continued services. On at 11:24 a.m., the Director of Nursing (DON) said she was aware Resident #1 had / ordered after her stay at the rehabilitation facility. The DON said due to COVID protocol they weren't letting / in the building as they were told that wasn't essential healthcare and therefore, Resident #1 didn't receive any / when she returned to the facility. The DON said they were told under the mandate / wasn't a service they would be doing at the facility. On . . . . . at 12:55 p.m., the DON explained it was corporate policy to exclude / and said the person would have to go to skilled care for the services. The DON said if the person didn't meet qualifications to go to skilled nursing, she would have to have a discussion with corporate about what to do. The DON said she had been aware Resident #1 had orders for / , but said she had not discussed this with corporate. The DON provided corporate policy titled COVID -19	A 030		

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A 030	Continued From page 7 Pandemic plan ..... , revised ..... . On page #2, bullet point #4 the policy lists who is considered essential healthcare personnel. This list did not include , , or ..... On ..... at 11:46 a.m., Resident #1 was observed seated on the edge of her bed. A large bandage was noted to her right lower . . The bandage had been marked with initials and dated ..... . The bandage had a large amount of old drainage showing through the front of the bandage. Resident #1 said she had a ..... and facility staff have been doing changes without an order. She said the staff changed the bandage when she asked them to. (photographic evidence obtained) Record review of Resident #1's chart on ..... found no orders for facility staff to be performing any type of ..... care or ..... changes, and no documentation of care to the ..... . Record review did show Resident #1 had been seen by physician services on who ordered home health ..... care to evaluate and treat three open noted to and right lower extremity. Record also revealed a fax had been sent to the physician services on . The fax was checked notification and read: "Resident #1's Right Lower extremity is an approximate 4 inch x 2 inch open ..... that resident states happened because of pulling her briefs up and down. Please advise." No response from physician services to this notification was found in the chart and no documentation could be found in chart that any home health agency had been in to treat Resident #1's . On at 11:55 a.m., the DON was unaware	A 030		

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A 030	Continued From page 8 if a home health agency had been in to see Resident #1. The DON said they didn't have an order for facility staff to be providing care to Resident #1's , but they had just been changing it until they could get something in place for her. The DON was unsure whose initials were on the bandage dated and agreed there was no documentation of the or care provided to it. On at 11:55 a.m., the Administrator said they should have documentation of skilled nursing visits in the visitor log. At 12:45 p.m., the Administrator said she could find no documented skilled nursing visits for Resident #1. On at 2:15 p.m., the Administrator agreed the ordered home health for , , , and skilled nursing care had not been provided to Resident #1, nor was there documentation that Resident #1's provider had been informed she was not receiving these services. Class II	A 030		
A 152	59A-36.014(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	A 152		

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A 152	Continued From page 9 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 [illegible] 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, 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 [illegible] This Statute or Rule is not met as evidenced by: Based on observation and staff and resident interview, the facility failed to maintain the facility in a safe and sanitary manner that is in good repair. The carpet in the resident common areas in the game room and library were heavily soiled/stained. The ceiling tiles in the resident common areas in the library and activity center were broken and/or missing, with evidence of water damage and black bio-growth. This poses the potential of negative outcomes to the clients.	A 152		

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A 152	Continued From page 10 The findings included: Observation of the facility on . . and . . . revealed the following: 1 .In the game room, the carpet was heavily stained/soiled, the vents in the ceiling were covered with grime and debris. 2. In the activity center there was evidence of water damage, and black bio-growth to the ceiling tiles and water damage to the walls. 3. Residents rooms, #119, #132, #207, #305, #314, #401, and #404 had heavily soiled/ stained carpets. The door frame upon entrance to # had a hole. The shower curtain in the bathroom of # had black bio-growth on the exterior and interior. 4. The carpet in the library in the #200 hall was heavily stained/soiled, the ceiling tiles revealed evidence of water damage and black bio-growth, with tiles missing leaving an exposed hole. 5. In the bathroom of resident # , there was a plunger on the floor next to the toilet standing on paper towels with evidence of black bio-growth. 6. Resident . . # . had broken and missing ceiling tiles with wiring exposed. The bathroom had lighting fixtures with non-working bulbs. 7. The drinking fountain outside of . . # revealed evidence of grime and debris and was currently working. 8. The ceiling tiles in the Café Ole had water damage and were bulging, the air vents were	A 152		

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A 152	Continued From page 11 covered in debris and grime. The bathroom sink was leaking and a container was placed under the sink with accumulated discolored water containing evidence of insects and debris. 9. The air vent in the #100 hall was covered grime and debris. 10. Resident # , bathroom ceiling tiles with a popcorn finish exterior revealed evidence of black bio-growth. 11. The door frame in the medication technician nurses station revealed evidence of brown bio-growth and debris. On at 9:35 a.m., in an interview with Resident #5, she stated if water is spilled on the carpet the black stains appear, and she wishes they would rip the carpet out of her room and give her hard floors, she said she has told the office about the carpet and nothing has been done. On at 10:35 a.m., in an interview with Resident #6, she said she has asked multiple times for the carpet to be cleaned and was told by the Executive Director the stains on the carpet are from previous years and nothing can be done about it. On at 10:50 a.m., in an interview with Resident #7, she said she has asked multiple times for the carpet to be cleaned and no one has ever come to clean it. On at 2:05 p.m., in an interview with the Maintenance Director confirmed the carpets were heavily stained/soiled, he said has to await instruction from the Executive Director about	A 152		

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A 152	Continued From page 12 replacing them. During a tour of the facility on . . . . . at 12:35 p.m., the Executive Director confirmed the black bio-growth in resident . . . # . . , she said she does not know what it is. She said she knows about the carpet in the rooms. She stated the building is old and the carpet needs replacing but has nothing in process to do so. She confirmed the broken and missing ceiling tiles in resident . . . # . . with exposed wiring, the water damaged ceiling tiles with bio-growth in the activity center and water damage in the walls. She confirmed the bathroom sink in the Café Ole had a leak and the container had accumulated the dripping water, which was discolored and contained . . . . . insects. *Photographic Evidence Obtained* Class III	A 152		