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
	AL11969671	A. BUILDING: _____ B. WING _____	06/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERCREST WINTER PARK ASSISTED LIVING AND	1501 GLENDON PARKWAY WINTER PARK, FL 32789

(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 #2021008822, Control survey and Generator Monitoring were conducted on and . Watercrest Winter Park had deficiencies at the time of visit.	A 000		
A 010 SS=D	429.26(.) 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 must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, 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. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the	A 010		

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A 010	Continued From page 1 resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) 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. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial	A 010		

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A 010	Continued From page 2 examination for admission purposes may not have financial interests in the facility. 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, 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	A 010		

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A 010	Continued From page 3 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. (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 develope and implement an interdisciplinary plan of care that specified the services being provided by hospice and those	A 010		

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A 010	Continued From page 4 being provided by the facility for 2 of 5 sampled residents who received hospice services (#1 & 5). Findings: During the facility entrance on at 9:30 AM, resident #5 was identified as being under care of hospice. 1. Resident #5's record revealed a hospice admission date of . Health assessment report, dated , listed diagnoses of high , and advanced . The review revealed an alert paper that indicated "Alert call us (hospice) first!" There was no evidence to confirm that an interdisciplinary plan of care that specified the services being provided by hospice and those being provided by the facility had been developed. 2. Resident #1's record revealed he had been under the care of hospice since and , on . The review did not reveal any evidence to confirm that an interdisciplinary plan of care that specified the services being provided by hospice and those being provided by the facility had been developed. On at 3:30 PM, the Health Wellness Director said that at times getting the hospice paperwork was a challenge. She did not have the interdisciplinary plan available because hospice would not release it. Class III	A 010		
A 025 SS=G	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision	A 025		

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A 025	Continued From page 5 429.26 (7) The facility shall 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 must notify the resident ' s representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (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. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel	A 025		

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A 025	Continued From page 6 independently in the community. (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. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a healthcare provider's orders to hold 2 medications were followed, and a new medication to be started for 1 of 5 sampled residents (#2). The resident subsequently was hospitalized. Findings: Review of an internal facility report, dated , indicated that on at 9 AM, resident #2 had . The Advanced Practice Registered Nurse (APRN) saw the resident in the AM and gave an order to hold and and to start suppositories. " ( ) prevents platelets in your from sticking together to form an unwanted clot that could an is used to lower your risk of having a , clot, or serious problem after you've had a , severe ..." (drugs.com). The Health and	A 025		

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A 025	Continued From page 7 Wellness Director received an order to hold and , and sent the order to the pharmacy at approximately 4:30 PM on . On , a nurse called about the suppositories and was told they were coming. On at 9 AM, staff noted the medication was not available, and called the pharmacy. The pharmacy stated they reached out to the family, and the family stated to send them to the facility. On , was noted at 9 AM, the healthcare provider was called and ordered staff to send the resident to the emergency room. The resident's family member took the resident to the hopsital. The family memeber said the resident was still getting and at that time. The resident was admitted to the hospital with diagnoses of and . Resident #2's record revealed a health assessment report, dated , that listed , and . Healthcare provider orders, dated , indicated to hold , 81 milligrams (mg.) and ( ) 75 mg. for 7 days. Healthcare provider orders, dated , indicated , hold , until , hold , 7 ( ) 5 mg. until ; and for internal start suppositories twice a day for 1 week. The Medication Observation Record (MOR) revealed the following: , 81 mg. 1 tablet daily and , 75 mg. 1 tablet daily, both for clot prevention. Both were marked as given on , although they should have been held on , and , were given	A 025		

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A 025	Continued From page 8 on [redacted] and [redacted], when it should have been held as per order dated [redacted]. [redacted] 25 mg. [redacted] twice daily for 7 days. On [redacted] at 8 PM, the MOR indicated "physically unable to take". On [redacted] AM and PM and [redacted] AM, the MOR had staff initials circled. The MOR indicated on [redacted] "physically unable to take". The facility notes indicated the following: [redacted] at 11:08 AM - a new order was received to hold [redacted] and [redacted] for 7 days. Per the [redacted] MOR, both were marked as given on [redacted]. [redacted] at 7:57 AM - the resident complained he had [redacted] in his [redacted]. The APRN examined the resident and ordered to hold [redacted] and [redacted], and start suppositories for the [redacted]. [redacted] at 7:25 PM, the resident had a [redacted] movement with minimal [redacted]. At 9:53 AM, the nurse called the pharmacy regarding suppositories, and was told medication will be delivered by 5 PM. At 9:54 AM, the nurse was called to the dining room; the resident had on his "bottom" and chair. The resident was escorted to his room. [redacted] was noted in his bathroom and on his bed. The health care provider was called, and ordered the resident to be sent to the emergency room. At 10 AM, the family member was made aware and transported the resident to the hospital. She voiced she was upset regarding the late arrival of the suppositories. On [redacted], the resident returned to the facility.	A 025		

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A 025	Continued From page 9 The hospital History and Physical, dated [redacted], indicated diagnoses of [redacted] and [redacted]. The record did not reveal any evidence that the health care provider was made aware of the delayed pharmacy delivery of the [redacted], and possibly offer another alternative. On [redacted] at 4 PM, the Administrator and Health Wellness Director confirmed the findings. The Administrator stated the nurse should have brought the delay with the suppositories to her attention. She further stated she would have made arrangements for payment and delivery. Both said they did not know why the nurses did not hold the medications per health care provider orders. Class II	A 025		
A 031 SS=D	59A-36.007(7) FAC Resident Care - Third Party Services 59A-36.007 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, [redacted], and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to	A 031		

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A 031	Continued From page 10 coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the resident's needs. (c) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to enforce their Third-Party Provider policy and procedure, and did not obtain a copy of a timely for 1 of 5 sampled residents who subsequently was given resuscitation ( ) (#1). Findings: Review of the facility's Third-Party Provider policy and procedure revealed the facility had last reviewed the policy on according to the date on the bottom left-side of page 2 of 2 pages.	A 031		

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A 031	Continued From page 11 The policy indicated that a report of the visit will be made by the provider to be included in the resident's health record. The report may be made on a progress note or an official report on the provider's form and must include date/time of the visit, name and title of provider, purpose of the visit, summary of the visit (examination findings, treatment(s) provided, etc.), contacts/conversations with other appropriate individuals (physicians, family members, etc.), recommendations, follow-up plan(s) and contain the signature/title of the individual. An internal facility report, dated , indicated nurse A was called to resident's room by the power of attorney (POA). Nurse A said resident #1 was not breathing, and had , . She called hospice. Hospice said the resident may have a with them (hospice). The Administrator and Health Wellness Directed performed on the resident, as there was no available. Nurse A checked the resident's record and did not find a . arrived and pronounced the resident at 1 PM. At 1:10 PM, the hospice social worker arrived with a copy of the resident's . She said it was a failure of the hospice to communicate with the facility. Resident #2's record revealed she was admitted to hospice with a dated . On at 3:30 PM, the Health Wellness Director said at times getting the hospice paperwork was a challenge. Class III	A 031		

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A 090	Continued From page 12	A 090		
A 090 SS=D	59A-36.011(11) FAC Training -	A 090		

(11)
TRAINING.
(a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policies and procedures regarding .
(b) Newly hired facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility's policy and procedures regarding within 30 days after employment.
(c) Training shall consist of the information included in rule 59A-36.009, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on personnel record review and interview, the facility failed to ensure 1 of 1 sampled staff received at least 1-hour of training regarding the facility's policy and procedures regarding (.) (A).

Findings:

Nurse A's personnel record revealed a hire date of , and a certificate, dated , that indicated she received a 1-hour in-service training regarding . The certificate was from an Internet provider and was dated prior her employment at the facility. There was no evidence to confirm she attended and received a 1-hour in-service training regarding the facility's policies and procedures regarding .

On at 3 PM, the administrator confirmed the findings.

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A 090	Continued From page 13 Class III	A 090		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name, 2. , 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance , 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents	A 162		

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	AL11969671	A. BUILDING: _____ B. WING _____	06/28/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERCREST WINTER PARK ASSISTED LIVING AND	1501 GLENDON PARKWAY WINTER PARK, FL 32789

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A 162	Continued From page 14 receiving assistance with the activities of daily living must have their ◡ recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children	A 162		

Agency for Health Care Administration

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A 162	Continued From page 15 and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006, F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for	A 162		

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A 162	Continued From page 16 facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided 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 resident record review and interview, the facility failed to ensure that resident records included documentation of the residents' ( ) for 1 of 5 sampled resident (#1). Findings: An internal facility report, dated , indicated a nurse A was called to resident #1's room by the power of attorney (POA). Nurse A said resident #1 was not breathing, and had , . She called hospice. Hospice said the resident may have a with them (hospice). The Administrator and Health Wellness Directed performed , , resucitation ( ) on the resident, as there was no available. Nurse A checked the resident's record and found no . arrived and pronounced the resident at 1 PM. At 1:10 PM, the hospice social worker arrived with a copy of the resident's . She said it was a failure of the hospice to communicate with the facility. Resident record revealed resident #2 was admitted to hospice , and a was dated . Class III	A 162		

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A 181	Continued From page 17	A 181		
A 181 SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (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. (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. (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. 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. 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. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by:	A 181		

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A 181	Continued From page 18 Based on record review and interview, the facility failed to review its comprehensive emergency management plan (CEMP) on an annual basis. Findings: On . . . . . at 11 AM, the adminstrator said the CEMP was reviewed and submitted for review and approval. She added that the staff responsible for the plan was not longer employed at the facility. She did not know when the plan was submitted. The facility's CEMP was last approved by the Orange County Office of Emergency Management on . . An opportunity was provided to the administrator to locate evidence the CEMP was reviewed and/or approved and to submit it by email to the Agency representative by . . . . An email with such information was not received. Class III	A 181		