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
	AL11969190	A. BUILDING: _____ B. WING _____	09/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT TAMPA PALMS	17470 BROOKSIDE TRACE CT TAMPA, FL 33647

(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 A Change of Ownership and Complaint Investigation (Complaint Number: 2021009783) were conducted at Discovery Village at Tampa Palms on . . . . . Deficiencies were identified at the time of survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 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 Resident Care Standards. 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	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 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 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 that a doctor's orders for a resident's diet (Resident #15) were followed, by failing to put measures in place for communication and monitoring of the diet with the resident, the healthcare provider and the family. Findings Included: A review of Resident 15's medical record on . . . . revealed that the resident had been in the facility since and the latest signed and dated AHCA form 1823 assessment was dated on . The 1823 assessment stated that	A 025		

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A 025	Continued From page 2 Resident #15 had [redacted] and was ordered a special diet to control [redacted] symptoms or [redacted], called a [redacted] diet. There was another 1823 assessment in the resident's record that was, at the time, unsigned and undated, which indicated that Resident #15 required hospice services, and that she had [redacted] and was ordered a [redacted] diet - this assessment specified that the resident self-monitored her diet. At 3:00pm on [redacted], an interview was conducted with the facility's food service manager. In the interview, when asked whether the facility included a [redacted] diet among its specialty diets, he stated that "I was unaware of any diets like that!" An interview was conducted with the facility's administrator at 3:15pm on [redacted]. When asked about Resident #15's [redacted] diet, she stated that the resident is alert and oriented and she is able to choose the food she eats and that her family member is a nurse and this family member helps with her care and would know about the [redacted] diet and how they accomplish it. A [redacted] diet is not something that the facility provides. An interview conducted on [redacted] at 3:21pm with Resident #15. The resident stated she was unaware of being on a special diet. She stated she was not sure if there was anything she is or is not supposed to eat. She did not know what a [redacted] diet consists of. An interview was conducted via telephone with Resident #15's family member at 3:30pm on [redacted], who stated that she was aware that there was a [redacted] diet ordered for the resident, however she stated that the resident's labs came	A 025		

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A 025	Continued From page 3 looking better, so they decided that a diet would not be necessary for her. At 3:40pm on , an interview was conducted via telephone with one of Resident #15's healthcare providers, a nurse practitioner. In the interview, she could not explain why Resident #15 would have been ordered a diet. She stated that if it was on the orders "we can fix that". She stated that the diet doesn't matter because Resident #15 is on hospice anyway and she can eat whatever she wants to. Photographic evidence obtained. Class III	A 025		