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 _____	09/29/2021

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 Investigations #2021003499 and #2021001805 were conducted at Watercrest Winter Park Assisted Living and Memory Care on . . . . The facility had deficiencies at the time of the survey.	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	A 010		

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A 010	Continued From page 1	A 010		

who agrees that the physical needs of the 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

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A 010	Continued From page 2	A 010		

assisted living facility to provide an initial 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 [illegible]-to-[illegible] 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 [illegible] 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 [illegible] ill resident who no longer meets the criteria for continued residency may continue

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A 010	Continued From page 3 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. (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 observations, record reviews and interviews, the facility retained 1 of 4 sampled residents (#4) who exceeded the continued	A 010		

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A 010	Continued From page 4 residency criteria in an Assisted Living Facility (ALF) by requiring total assistance with Activities of Daily Living (ADLs). Findings: Review of resident #4's record revealed a facility admission date of . An 1823 form that was dated indicated the resident's diagnoses included , status post x2, , Amyloid Angiopathy. The form indicated she had generalized and deconditioning and required assistance with ADLs. Facility documentation that was dated indicated the resident was provided with 2-person assistance with transferring to the bed. Facility documentation that was dated indicated she remained a 2-person assistance and she was not assisting with transferring. The nurse encouraged staff to continue encouraging the resident to assist with transfers. A home health care evaluation that was dated indicated the resident was dependent entirely upon another person to dress her lower body, she was unable to participate effectively in bathing and was bathed totally by another person, was totally dependent in toileting, depended entirely upon another person to maintain toileting hygiene, was bedfast, unable to transfer and was unable to turn and position self. An occupation note that was dated indicated she was unable to bear on her lower extremities, she required x2 with transferring and was	A 010		

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A 010	Continued From page 5 dependent for toileting, bathing, and [illegible]. On [illegible] at 2:27 p.m. staff A said resident #4 required total assistance with lower body [illegible], total with [illegible] care, total with lower body bathing, assistance with grooming and 2-person total assistance during transfers. On [illegible] at 3:34 p.m. staff B said resident #4 required total lifting by 2 people during transfers, total assist with lower body [illegible], total with care, total with lower body bathing and assistance with grooming. On [illegible] at 3:52 p.m. staff C said resident #4 had upper body strength but she did not bear [illegible] and required 2-person total assist during transfers, total lower body [illegible] and total [illegible] care. On [illegible] at 4:05 p.m. observed transferring of the resident. Staff D placed the wheelchair at a 90-degree angle with the bed then locked the chair. She then brought the resident's [illegible] over the side of the bed. The resident used the right side rail to pull herself to a sitting position on the side of the bed. Staff D put the resident's shoes on. Staff C placed her arm under the resident's right arm pit and staff D placed her arm under the resident's left arm pit then they both lifted the resident off the bed and placed her in the chair. The resident's were on the floor during the transfer, but she did not participate or pivot her . During a transfer to the bed, staff E positioned the chair at a 45-degree angle to the bed. Staff E gave verbal cues and instructions to the resident during the transfer. Staff E and Staff D each placed a under the resident's upper arms. They assisted the resident to stand then the resident took small steps,	A 010		

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A 010	Continued From page 6 turned her own body then sat on the side of the bed. On at 4:38 p.m. staff F said she saw resident #4 transfer when she was still at the rehab center prior to admission and the resident was able to transfer with only 1 person assistance. Class III	A 010		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 4 sampled residents received showers (#4). Findings: Review of resident #4's record revealed a facility admission date of . An 1823 form that was dated indicated the resident's diagnoses included , status post x2, , Amyloid Angiopathy. The form indicated she had generalized and deconditioning, and she required assistance with ADLs. On at 10:33 a.m. resident #4 said she'd	A 028		

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A 028	Continued From page 7 not had a shower in a month and said when she asked staff why, they said "I ain't got time for that today" and "we're busy." Review of the facility's resident shower schedule revealed resident #4 was to receive a shower every Tuesday, Thursday, and Saturday. On [redacted] at 3:34 p.m. staff B said she did not give the resident a shower yesterday because the resident was too heavy to sit on the shower chair. Staff B said the resident required total lifting by 2 people during transfers, total assist with lower body [redacted], total with [redacted] care, total with lower body bathing and assistance with grooming. She said she tried one time to give the resident a shower, but the resident could not stand in the shower and could not safely use the shower chair. On [redacted] at 4:38 p.m. staff F said resident #4 did not receive showers however, she was given bed baths and that the resident probably needed different durable medical equipment to enable her to have a shower. Review of facility documentation of completed showers revealed the only documented shower was on [redacted]. Class III	A 028		