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
	AL11968630	A. BUILDING: _____ B. WING _____	R 11/05/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOM AT ST PETERSBURG	6775 40TH AVE NORTH SAINT PETERSBURG, FL 33709

(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 revisit to a change of ownership {CHOW) survey, and a complaint, was conducted at Goldton at St. Petersburg (formally Bloom at St. Petersburg) on . . . . . Deficiencies were identified at the time of the survey.	{A 000}		
{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.	{A 162}		

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{A 162}	Continued From page 1 (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] 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 [illegible] recipient, a copy of the Department of Children and Families form Alternate Care Certification for [illegible] ( ), CF-ES 1006, [illegible], 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	{A 162}		

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{A 162}	Continued From page 2 facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the [illegible] 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 [illegible], 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	{A 162}		

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{A 162}	Continued From page 3 provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for 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 observation, records review and interview, the facility failed to provide documentation of , , , ... of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney for 2 residents (#1 and #12) of 4 residents. Additionally, the facility failed to ensure that AHCA forms 1823 (1823) were completed correctly, as required, for 2 residents (#12 and #13) of 4 residents whose records were reviewed. Findings Included: A record review conducted on 11/5/2021 of Resident #12's records revealed a resident admission agreement with the facility, signed on . . . . . The admission agreement was signed by a person other than the resident himself. The resident's record did not have a copy of the legal paperwork designating that the person who signed the contract agreement had the legal authority to sign it. There was no indication of any addendum letter or new contract between the succeeding facility ownership and Resident #12. Record review of Resident #12's file conducted on . . . . . revealed an untitled document, dated written on the former facility owner's letterhead that stated that Resident #12 appointed his family member to represent him	{A 162}		

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{A 162}	Continued From page 4	{A 162}		

and sign documentation, pay bills, etcetera, on his behalf. It was signed by the Resident #12, and 2 witnesses - a family member and the Administrator of the facility. The document was not notarized. There were no other legal documents in the resident's records appointing a representative, there was nothing notarized. Resident #12's record also revealed an updated AHCA form 1823 assessment dated [redacted], written on the old AHCA form, from [redacted] of 2017. The provider left the resident's diet type blank, even though there was an order in the record dated [redacted] for a pureed diet with honey thickened liquids.

Resident #1 was observed in her room on the memory care unit at 11:52am on [redacted]. A review of Resident #1's record, conducted on [redacted], revealed an admission agreement dated [redacted] signed by a family member and another admission agreement dated [redacted] also signed by the same family member. There was no indication of any addendum letter or new contract between the succeeding facility ownership and Resident #1. Resident #1's record contained a copy of a Durable Power of Attorney (POA) document that was signed, notarized and executed on [redacted], that designated 2 family members, other than the family that signed the admission agreement, to be Resident #1's legal representatives. The record revealed an 1823 assessment dated [redacted] stating the resident had [redacted] and that she was an elopement risk.

In an interview with the Administrator, conducted on [redacted] at 1:45pm, he stated he had been working in this industry for a long time and had never known that it was required to have notarized, legal paperwork designating a representative in order for anyone to sign on a

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{A 162}	Continued From page 5 resident's behalf or make far-reaching healthcare decisions such as being admitted to an assisted living facility. He stated that he did not really do that and that all the residents were there on their own free will and could leave anytime they wanted to, including the ones living in the memory care unit. The Administrator did not have an answer, when asked, for why the facility allowed a person, not named as Resident #1's POA, to sign the admission contract agreements on her behalf. A review of Resident #13's record was conducted on . The review revealed an AHCA form 1823 assessment dated that stated the resident was bedridden, had an , required total care for all activities of daily living (ambulation, bathing, , eating, self-care, transferring and toileting), that she required 24-hour nursing or , care, that she required medication administration and that in the provider's opinion, the resident's needs could not be met in an assisted living facility. In an interview with the Administrator of the facility at 1:45pm on , he stated that the facility only employed 1 nurse, who was the Wellness Director, and no others. He acknowledged that Resident #13 did still resided in the facility. He also stated that he had issued a letter to the family of Resident #13, giving them notice that they would need to move the resident out to a facility that could meet the resident's needs, since they no longer could. The Administrator never provided a copy of the letter, or any other documentation, showing that he had ever notified Resident #13's family of the need to move their loved one to a better suited location. Photographic evidence obtained.	{A 162}		

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{A 162}	Continued From page 6 Class III	{A 162}		