

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969453</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____ | (X3) DATE SURVEY<br>COMPLETED<br><br><b>02/16/2022</b> |
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**SENIOR POINT ASSISTED LIVING FACILITY, LLC**

**2940 W HILLSBOROUGH AVE  
TAMPA, FL 33614**

| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 000                    | Initial Comments<br><br>A complaint investigation (complaint #2021016250) was conducted at Senior Point Assisted Living Facility on . Deficiencies were identified at the time of the survey.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | A 000               |                                                                                                                          |                          |
| A 030<br>SS=D            | 59A-36.007(5) FAC; 429.28( ) FS 429.27<br>Resident Care - Rights & Facility Procedures<br><br>59A-36.007<br>(5) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(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.<br>(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.<br>(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 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. | A 030               |                                                                                                                          |                          |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| A 030                    | <p>Continued From page 1</p> <p>(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:</p> <ol style="list-style-type: none"> <li>1. Resident responsibilities;</li> <li>2. _____ and tobacco use;</li> <li>3. Medication storage;</li> <li>4. Resident elopement;</li> <li>5. Reporting resident _____, neglect, and _____;</li> <li>6. Administrative and housekeeping schedules and requirements;</li> <li>7. _____ control, sanitation, and standard precautions;</li> <li>8. The requirements for coordinating the delivery of services to residents by third party providers;</li> <li>9. Assistive devices; and</li> <li>10. Physical _____.</li> </ol> <p>(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.</p> <p>(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), 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.</p> | A 030               |                                                                                                                          |                          |

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| A 030                    | <p>Continued From page 2</p> <p>429.28 Resident bill of rights.-<br/>(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:</p> <p>(a) Live in a safe and decent living environment, free from _____ and neglect.</p> <p>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(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.</p> <p>(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. 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.</p> <p>(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.</p> <p>(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.</p> | A 030               |                                                                                                                          |                          |

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| A 030                    | Continued From page 3<br><br>(g) Share a room with his or her spouse if both are residents of the facility.<br>(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.<br>(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.<br>(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.<br>(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 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 must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free | A 030               |                                                                                                                          |                          |

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| A 030                    | Continued From page 4<br><br>telephone number of the program. 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.<br>(1) 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.<br>(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 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 | A 030               |                                                                                                                          |                          |

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| A 030                    | <p>Continued From page 5</p> <p>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.</p> <p>429.27 Property and personal affairs of residents.-</p> <p>(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 incompetent or incompetent under state law, managing his or her own affairs.</p> <p>(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.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide a reasonable access and communication to facilitate the residents' rights to unrestricted communication, visitation and entry by the residents residing at the facility, visitors and emergency personnel for 2 of 2 sampled residents (#1 and #2).</p> <p>Findings Included:</p> <p>An observation of how the facility answered their</p> | A 030               |                                                                                                                          |                          |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>SENIOR POINT ASSISTED LIVING FACILITY, LLC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2940 W HILLSBOROUGH AVE<br/>TAMPA, FL 33614</b>                              |                          |                                                        |
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| A 030                                                                                 | <p>Continued From page 6</p> <p>telephone was conducted at 5:15pm on . . . . .<br/>The phone number listed in Florida Health Finders was called and the phone rang 20 times before ending the call. No person, recording, or answering machine picked up the call.</p> <p>An observation of how the facility answered their telephone was conducted at 8:02am on . . . . .<br/>The phone number listed in Florida Health Finders was called and the phone rang 20 times before ending the call. No person, recording, or answering machine picked up the call.</p> <p>Upon entering the facility at 10:30am on . . . . . it was observed that there was a receptionist sitting at the front office desk, answering the phone and admitting visitors in and out of the facility.</p> <p>In an interview conducted with the Business Office Manager at 10:35am on . . . . ., she stated that they had a full-time receptionist who worked Monday through Friday from 8:00am - 5:00pm and a part time receptionist who worked on Saturday and Sunday from 8:00am - 5:00pm. The part time receptionist was working during the week because they were looking to hire a full-time receptionist. She stated that when the receptionist was off duty, the phones would ring in the . . . . . part of the building, where the residents resided, and the caregivers worked. The caregivers were supposed to answer the phone calls. She could not explain why the phone rang at least 20 times (on . . . . . at 5:15pm and on . . . . . at 8:02am) and no one answered, and there was no way to leave a message.</p> <p>An interview was conducted with the responsible party for resident #1. She stated that resident #1 resident in the facility and she had concerns and</p> | A 030                                                                          |                                                                                                                          |                          |                                                        |

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| A 030                                                                                 | <p>Continued From page 7</p> <p>frustration with the facility's communication system. When resident #1 was sent out to the hospital to be evaluated. The hospital was not able to return the resident to the facility, due to the fact that they did not answer their phone on 2 occasions. When the emergency management team brought the resident to the facility, no one answered the door, so they were left with no option but to take the resident to the hospital, unnecessarily.</p> <p>An interview was conducted with the responsible party for resident #2. She also stated that on a few occasions, during the daytime, she tried to call the facility and no one answered the phone. The phone would just ring and ring. Also, when she tried to visit resident #2, no one was working at the front desk to let her in, and she had to walk around to the of the building and knock on the window, in order to get someone's attention and be let in.</p> <p>An interview was conducted with Staff A at 12:20pm on . She stated that the receptionist was supposed to answer the phone and if the receptionist didn't answer, the front office managers, such as the business office director, the admissions coordinator, or the administrator were responsible for answering it. She stated that the phone also rang in the of the building, at the nurses station, and the caregivers were supposed to answer it, if no one else did. At night, all of the caregivers were assigned to answer the phone after the receptionist and managers went home. She stated if someone came to the door after hours, they would have to call the facility in order to be let in, because the people working in the of the facility would not be able to tell when someone was at the door. She stated that the</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

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| (X4) ID<br>PREFIX<br>TAG | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE |
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| A 030                    | <p>Continued From page 8</p> <p>facility was a locked facility and someone would need to be let in by a staff member.</p> <p>An interview with the administrator and the admissions coordinator was conducted at 12:50pm on . When asked about the facility's grievance policy and grievance log, the administrator stated they did not have a grievance policy or log. They stated they were unaware of any problems concerning the phone not being answered. They stated that when the receptionist went home, between 5:00pm and 8:00am, the care staff in the . . . of the facility was supposed to answer the phone. The administrator said that on occasion, the portable phones that the caregivers used, were being charged at the charging stations, in the . . . of the building and they may not have heard them ringing. They stated they did not designate any of the staff as being responsible for answering the phone or the door, on off-hours - everyone was responsible. They stated they had been having issues with their phone and Internet provider for the past few days.</p> <p>At 12:55pm on , the admissions coordinator tried phoning the facility phone number, after asking the receptionist not to answer the phone call. The phone rang and rang, and she and the administrator were both appeared surprised when no answering machine, voice mail box, or caregiver in the of the building picked up the call.</p> <p>Class III</p> | A 030               |                                                                                                                          |                          |