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
	AL11964507	A. BUILDING: _____ B. WING _____	03/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN HOUSE	7999 SPYGLASS HILL ROAD VIERA, FL 32940

(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 complaint Investigation #2022002996 and an [redacted] control monitoring were conducted at Autumn House on [redacted]. The facility had a deficiency at the time of the 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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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 resident diets in accordance with Rule	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 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 observations, record reviews, and interviews, the facility failed to provide appropriate care and services to meet the needs of residents by failing to ensure a health care provider's modified food and liquid consistency diet was followed for 1 of 3 sampled residents (#1) and by failing to have documented evidence to indicate follow-up and additional steps were taken to ensure a non-healing was further assessed for 1 of 3 sampled residents (#3). Findings: 1. Review of resident #1's record revealed a facility admission date of . An admission	A 025		

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A 025	Continued From page 2 1823 health assessment form, dated [redacted], indicated the resident's diagnoses included [redacted], history of [redacted] ([redacted]) with left [redacted], [redacted], Covid, and left [redacted]. A health care provider's order, dated [redacted], indicated the resident's diet was nectar thick liquids and mechanical chopped. On [redacted] at 12:30 p.m., resident #1 was seen sitting in a Geri-chair at a dining room table. An unchopped hamburger and a cup of thin water, that was approximately [redacted] full, were in front of him. On [redacted] at 12:35 p.m., nurse A was seen attempting to place a bite of hamburger into resident #1's [redacted] however, the resident did not accept it. Review of the dietary card that was sent from the kitchen with resident #1's plate revealed it indicated the resident was on a mechanical soft diet with nectar thickened liquids. When the surveyor asked nurse A why the resident was not served a mechanical soft diet and nectar thickened liquid, she said the diet and liquid consistency served depended on how the resident felt. On [redacted] at 12:40 p.m., staff B said that although he placed a cup of thin water on resident #1's table, staff B knew the resident was supposed to be given nectar thickened liquids. Staff B retrieved a container of thickener powder from a cabinet in the dining room. Both the container and the inside of the cabinet door contained instructions on how to use the product to achieve the desired consistency. Staff B then	A 025		

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A 025	Continued From page 3 said if a cup, such as the one given to resident #1, was full, he mixed in two scoops of the product. He was unable to tell the surveyor how much total volume the cup could hold. The product instructions indicated that to achieve nectar consistency for 4 ounces of water, one tablespoon plus one teaspoon of it should be used. On at 12:48 p.m., the unchopped hamburger was still seen in front of resident #1. On at 1 p.m., staff C said when she cooked and prepared resident #1's food that day, she did not chop up the hamburger. On at 1:40 p.m., staff C said the cup given to resident #1 could hold a total of 8 ounces of fluid. 2. Review of resident #3's record revealed a facility admission date of . An 1823, dated , indicated the resident's diagnoses included , , and . On at 9:40 a.m., the director of nursing said resident #3 was receiving care to a non-healing on her right . A health care provider's order, dated , instructed to cleanse an open on the resident's , with cleanser, apply Xeroform and a -Aid, and change every three days until healed. A health care provider's order, dated , instructed to discontinue the current treatment. Cleanse area, apply Maxorb and -Aid every three days until healed.	A 025		

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A 025	Continued From page 4 A facility note, dated , indicated staff noted an open, on the resident's . A facility note, dated , indicated the had a moderate amount of drainage. A facility note, dated , indicated the did not have drainage. Facility notes dated and , both indicated the had a moderate amount of drainage. A facility note, dated , indicated the had a small amount of drainage and a consult was pending. A facility note, dated , indicated the had a small amount of drainage. A fax cover sheet addressed to a office, dated , requested an evaluation for a non-healing on the resident's right , that was present for two months. A fax cover sheet, dated , requested a evaluation for a non-healing on the resident's right that was present for three months. The resident's record did not contain any documentation to indicate the facility made any follow-ups to the faxed requests nor any additional steps to have the non-healing assessed. On at 2:29 p.m., the director of nursing	A 025		

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A 025	Continued From page 5 (DON) said a dermatologist visited on that day and determined their practice was not in the resident's insurance network. The DON said she was going to speak with the resident's family about having the resident seen by an outside dermatologist. The DON said that since the . . . . . was first seen, she had sent three different requests to the dermatologist who visited that day but never received a response. The DON said besides sending the faxes, there was no follow-up or additional steps taken to have the assessed due to its non-healing status. Class III	A 025		