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
	AL11911223	A. BUILDING: _____ B. WING _____	06/29/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICK STREET MANOR	22332 VICK STREET PORT CHARLOTTE, FL 33980

(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 An unannounced emergency power plan monitoring and complaint survey for complaint #2020002883 and complaint #2020000970 was conducted on [redacted] through [redacted] at Vick Street Manor, an assisted living facility in Port Charlotte, Florida. Complaint #2020000970 was substantiated at A0025 & A0152. Complaint #2020002883 was substantiated at A0030 & A0025. The following is description of the deficiencies.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must 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 shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 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 observation, record review and interview, the facility failed to offer supervision and daily observation by designated staff of the activities of the residents while on the premises and awareness of the general health and safety of the residents. The facility failed to offer supervision to prevent . . for 3 (Residents #1, #2, and #3) out of 3 residents sampled. The findings included: 1. The facility had a fire occur in Resident #1's room on . . The apparent cause to the start of the fire was Resident #1 was filling a	A 025		

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A 025	Continued From page 2 cigarette . . . lighter with butane fluid and it ignited onto the walls and ceiling in the room causing a fire. Both sprinklers in the room were activated. The resident sustained to his . . . and was sent to the hospital for treatment. The facility failed to document required routine resident room audits to identify any unsafe or inappropriate materials and equipment that poses a risk to others and the physical plant as indicated in their corrective action plan. In an interview on at 3:00 p.m. with the Administrator, she reported there are currently 20 smokers in the facility (list provided). She reported the smokers are instructed to smoke outside in the parking lot to the left of the facility (given copy of Smoker's policy). The policy stated: "All smokers may ONLY smoke in the facility's designated smoking area." The Administrator reported she was not aware smokers were smoking in front of the building on at 9:30 a.m. and at 9:00 a.m. The Administrator reported she did not look at the types of lighters the smokers were using after the fire. She was aware of the corrective action: "The facility Administrator will be in consistent communication with Resident's legal representatives and primary health care providers to communicate any conditions or behaviors that put residents at risk. The facility will ensure that we will conduct routine room audits to identify any unsafe or inappropriate materials and equipment that poses a risk to other residents and the physical plant." The Administrator reported the direct care staff and the maintenance staff do audits, and she reported she had no documentation that audits were done.	A 025		

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A 025	Continued From page 3 2. Resident #1 who resided in the memory care unit had 3 unwitnessed in 2020. Her health assessment dated listed supervision for ambulation for the resident's safety and Resident #1 was listed as having a history of and under the listing "Special Precautions" was listed as a risk. Resident #1 for or behavioral status was listed as "Cognition severely " and having a diagnosis of with behavioral disturbance. Resident #1 had unwitnessed on dates: , and . Each time the resident was sent to the emergency room (ER) for evaluation and on her diagnosis was injury and The Administrator documented on a progress note dated at 11:00 a.m.: "Resident's left arm had some and from on ." During an interview with the Administrator on at 3:00 p.m., she reported she remembered it was Staff A on who had asked her to look at Resident #1's left arm and left as it was and . Resident #1 was sent to the ER on and diagnosed with left . The report on revealed: "Impression: Moderate displaced left . There is for shortening of the ." The ER note by the attending physician documented: "The left upper arm shows marked of her left region, also of the left area, left has present, tenderness present, present."	A 025		
	In an interview on at 4:30 p.m. with the Resident Care Director (RCD), she reported she			

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A 025	Continued From page 4 was aware Resident #1 needed supervision when she ambulated. The RCD reported she was aware part of her facility job description as Resident Care Director was: "To assure that any medical problems are communicated to the direct care staff, physician and Administrators as necessary and follow-up of these communications by logging." 3. Resident #2 was sampled for and was listed on her health assessment dated as independent with ambulation. This resident had 11 unwitnessed in 2020 on dates , , , , , , , , x 2 and . During an interview on at 4:30 p.m., the resident reported she gets up off the bed very fast at times. She reported she only uses her walker in the hallways. Resident #3 was sampled for and had a health assessment dated . Her activities of daily living had her listed as assistance with her wheelchair and walker. Resident #3 had 3 unwitnessed on dates , and . Resident #3 reported on at 4:50 p.m., the brake on the right side of her wheelchair had been broken for a few months and the maintenance man tried to fix it but he couldn't. Class III	A 025		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.;	A 152		

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A 152	Continued From page 5 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable . . to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide a safe living environment for residents free from hazards. The findings included:	A 152		

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A 152	Continued From page 6 The facility had a fire occur in Resident #1's room on [redacted]. The apparent cause to the start of the fire was Resident #1 was filling a cigarette [redacted] lighter with butane fluid and it ignited onto the walls and ceiling in the room causing a fire. Both sprinklers in the room were activated. The resident sustained [redacted] to his [redacted] and was sent to the hospital for treatment. The facility failed to document required routine resident room audits to identify any unsafe or inappropriate materials and equipment that poses a risk to others and the physical plant as indicated in their corrective action plan. In an interview on [redacted] at 3:00 p.m. with Administrator, she reported there are currently 20 smokers in the facility (list provided). She reported the smokers are instructed to smoke outside in the parking lot to the left of the facility (given copy of Smoker's Policy). The policy stated: "All smokers may ONLY smoke in the facility's designated smoking area." The Administrator reported she was not aware smokers were smoking in front of the building on [redacted] at 9:30 a.m. and [redacted] at 9:00 a.m. The Administrator reported she did not look at the types of lighters the smokers were using after the fire. She was aware of the corrective action: "The facility Administrator will be in consistent communication with resident's legal representatives and primary health care providers to communicate any conditions or behaviors that put residents at risk. The facility will ensure that we will conduct routine room audits to identify any unsafe or inappropriate materials and equipment that poses a risk to other residents and the physical plant." The Administrator reported the direct care staff and the maintenance staff do	A 152		

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A 152	Continued From page 7 audits, and she reported she had no documentation that audits were done. Class III	A 152		