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
	AL11968907	A. BUILDING: _____ B. WING _____	05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE COTTAGES AT THE SHORES	471 SHORES BLVD SAINT . . . . . , FL 32086

(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 abbreviated relicensure survey and complaint investigation (complaint #2022009028) was conducted at Riverside Cottages at the Shores Assisted Living Facility . . . . . - . . . . The facility had deficiencies at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (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,	A 010		

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A 010	Continued From page 1 additional care is provided by a licensed hospice, and the resident is under the care of a physician 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	A 010		

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A 010	Continued From page 2 applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an 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 practitioner 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 the practitioner's form or 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, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a [illegible], [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 practitioner, 2. The condition is documented in the resident's	A 010		

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A 010	Continued From page 3 record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue 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 an 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	A 010		

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A 010	Continued From page 4 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 staff interview, record reviews and third-party provider interviews the facility failed to obtain a new Agency for Health Care Administration (AHCA) 1823 Health Assessment Form completed by the healthcare provider after the development of , for three of three residents (Resident #7, #8, and #9.) Additionally, one of three sampled residents (Resident #9) did not have a comprehensive interdisciplinary plan of care which delineated how the facility and the hospice will meet the scheduled and unscheduled needs of the resident for care. The findings include: During an interview with the Administrator on at 9:55 am, she stated that there were three residents in the facility that received care from a third-party hospice provider, Resident #7, #8, and #9. Their most recent 1823 Health Assessment Forms were requested. Review of the facility census report revealed Resident #7 was admitted on . Review of the Health Assessment, Form 1823 dated revealed the resident's diagnoses included: , , , acute injury, hyperkalemia, severe , and . No , upon admission. (Photographic evidence obtained.) Review of the Nursing Assessment dated revealed the resident had a , , (DTI) to both her right and left heel.	A 010		

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A 010	Continued From page 5 On the nursing Focus Visit form date 11/01/2023, the nurse documented the resident had a , on both the left and the right heel. On the third party's Focus Form documented that facility staff identified in the region, and care was provided. The third-party's documentation showed care was provided to Resident #7 on , , and , Focused care visits were documented up to . (Photographic evidence obtained). No new 1823 Health Assessment Form was located in Resident #7's record after the development of the , Review of the clinical record for Resident #8 revealed she was admitted on . Review of the AHCA Health Assessment form 1823 dated revealed the resident's diagnoses included with behavioral disturbance, , and The physician documented the resident had no on that date. (Photographic evidence obtained.) Review of the Focus Visit form dated revealed to the region with two on the right . The Nursing Assessment dated read: Patient stated "My hurt" unable to give any other info/details; patient had newly diagnosed to heels.	A 010		

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A 010	Continued From page 6	A 010		

care by the third-party provider was documented on . Additional documentation from to showed Resident #8 received care visits from the third-party provider weekly. (Photographic evidence obtained.)

No new Health Assessment, Form 1823, was in Resident #8's record after development of the

Review of the facility census report revealed Resident #9 was admitted . Review of the AHCA Health Assessment form 1823 dated revealed her diagnoses included , fatty , elevated . The physician documented the resident had no on that date. (Photographic evidence obtained.)

The third-party provider's Initial Nursing Assessment form dated revealed the nurse assessed the resident as having a on her left ankle. Subsequent visit forms showed Resident #9 received care through , but the interdisciplinary plan of care dated revealed no directions regarding Resident #9's care. Photographic evidence obtained.

No new Health Assessment, Form 1823 was in Resident #9's record after development of the

During a telephone interview with the third party

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A 010	Continued From page 7 provider Nurse #1, Registered Nurse (RN) on at 11:21 AM. She confirmed she is the nurse from the hospice provider that performed the care on Residents #8 and #9. She reviewed the plan of care dated for Resident #9, and confirmed that she signed it. She confirmed that care was not added as an intervention the third-party would be providing. She confirmed that the on Resident #9's left heel had never healed completely, and had remained a and as of . During a telephone interview with the third party provider Nurse #2, RN, on at 12:19 pm. She confirmed she was the nurse from the third-party provider that performed the care on Resident #7. She confirmed that the Resident #7 has was identified on . The resident also currently has a to her left heel that was first identified on . Class III	A 010		
A 031	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of	A 031		

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A 031	Continued From page 8 services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the	A 031		

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A 031	Continued From page 9 attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to maintain documentation of communication with the third party provider regarding the condition of three of three sampled residents (Residents #7, #8, and #9.) The findings include: During an interview with the Administrator on [illegible] at 9:55 am, she stated that there were three residents in the facility that received [illegible] care from a third-party hospice provider. She explained she was not sure what the status of the [illegible] were, or their stages, and needed to call the third-party provider and find out. The third-party provider was to fill out a facility form for each visit and it was to be kept in the clinical record onsite. The [illegible] information for the sampled residents was not available and had to be sent from the third-party to the facility the day of the survey. The Administrator provided the clinical	A 031		

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A 031	Continued From page 10 documentation sent from the third-party provider at 5:30 pm on . The third-party hospice provider's documentation for Resident #7, #8, and #9 included care information, dates and times of care and services provided during their visit, and recommendations made to facility staff. (Photographic evidence obtained.) During an interview with the Administrator on at 5:45 pm she was asked if she had ever seen the documents that had been faxed to the facility from the third party provider that day. She stated no, she had not. Review of the facility policy and procedures entitled Third Party Services, effective , revealed the facility mandated the facility would document the communication with the third-party provider about the resident's condition and response to treatment. (Photographic evidence obtained.) Class III	A 031		