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
	AL11965303	A. BUILDING: _____ B. WING _____	R-C 08/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAWN OAKS ASSISTED LIVING LLC	820 15 TH STREET N. SAINT PETERSBURG, FL 33705

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{CZ830} SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	{CZ830}		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{CZ830}	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	{CZ830}		

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{CZ830}	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to submit their comprehensive emergency management plan (CEMP) to the local emergency management agency annually for approval. Findings Included: During an attempt to review the approved CEMP, conducted on , the Administrator did not provide an approved CEMP from the local emergency management agency. During an attempt to review the letter that the facility's CEMP had been submitted to the local emergency management office, conducted on , the letter of submission was not provided. During an interview with the Administrator, conducted on at 11:40am, the Administrator stated that the facility had not submitted their CEMP to the local emergency management agency. Class III	{CZ830}		
{A 000}	Initial Comments A second revisit to biennial survey was conducted at Woodlawn Oaks Assisted Living on . Deficiencies were identified at the time of survey.	{A 000}		

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{A 034} SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to have an assistive devices policy and procedures in place for ensuring the safe usage and for assessing the physical condition of the assistive devices. Findings Included: During an attempt to review the facility's assistive devices policy and procedures, conducted on , revealed that there was no assistive devices policy and procedures to review. During an interview with the Administrator, conducted on at 11;45am, the Administrator stated that an assistive devices	{A 034}		

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{A 034}	Continued From page 4 policy and procedures had not been created. Class III	{A 034}		
{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.; 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.	{A 152}		

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{A 152}	Continued From page 5 (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, clean, decent, and homelike environment. Furthermore, the facility failed to maintain all existing mechanical and electrical systems in good working order (photographic evidence obtained). Findings Included: During observations, conducted on from 10:05 - 10:30am, the wall in the dining room in front of the second table to the right, there were drips of unknown substances. The baseboard in the dining room was caked with dust and unknown substances. The air return vent and the air discharge vent were caked and covered with an accumulation of dust. The discharge vent had black areas consistent with bio growth. There was no room or area that had comfortable seating for reading and engaging in socialization or other leisure time activities. The seating in the dining room was hard wood furniture. There was one of two chairs by the kitchen area that was worn, torn, stained, and unsightly chair. The hallway by , the lower part of the wall had a large area with black scuffs and scratches. 's entry door had black scuffs and scratches to the lower part of the doors. There was a broken outlet cover to the electrical plug between . , the bathroom light cover had many bug carcasses inside. The wall behind the	{A 152}		

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{A 152}	Continued From page 6	{A 152}		

bed had paint peeling from the wall. There was five bags full of trash stacked by the fence in the backyard. , had an extreme odor of ammonia/ in the bedroom and bathroom. The bathroom had numerous fruit flies fly when the light was turned on. The toilet was extremely filthy with brown unknown splatters covering the base of the toilet. There was no lid for the toilet tank. There was a dirty smelly washcloth hanging on the towel rack. There was a nightstand near the bathroom full of clothes and the door and shelves were broken. There was a nightstand near the entry door that had a red/brown unknown substance smeared at the bottom. At the of the first bed, there were bags of clothing that reeked of . The paint was peeling from the walls around the bed. The top of the mattress was worn and there was a whole through the mattress foam which exposed the springs. (photographic evidence obtained)

During an interview with Staff A, conducted on at 10:25am, Staff A stated that Resident #8 slept in the bed with the whole through the mattress. Staff A stated that it was Resident #8's clothing that reeked of . At 11:50am, Staff A stated that the facility trash pick up was through the City department and have not picked up the trash in over a week. Staff A stated that the five bags of trash was placed in the backyard next to the fence because the trash bins were full and that the trash bins were located on the other side of the fence.

During an attempt to review any quotes, contracts, and timeline for the needed repairs, conducted on , there were none to review.

During an interview with the Administrator,

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{A 152}	Continued From page 7 conducted on at 12:05pm, the Administrator stated that there was no timeline to complete the needed repairs, and no quotes obtained from any company. The Administrator agreed that the facility continued to need repairs and cleaning. The Administrator was unable to state when cleaning, repairs, or furnishings would be obtained. The Administrator stated that the facility had not contacted the City to find out the reason that they were not picking up the facility's trash. During a telephone interview with a Representative from the City utilities department, conducted on , the Representative stated that the facility did not have a trash bin or services with the City. During a telephone interview with the Owner, conducted on at 12:12pm, the Owner stated that he may have forgotten to pay the bill for trash pickup. During a telephone interview between the Administrator and the City utilities department, conducted on at 12:15pm, the City utilities department Representative was unable to provide account information for the facility and stated that she would have her supervisor contact the facility. During an attempt to review a paid trash utility bill, conducted on , none was provided. Class III	{A 152}		
{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 162}		

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{A 162}	Continued From page 8 (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 resident's health care practioner and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 or the health care practitioner's medical examination form 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)(f), F.A.C. (f) A ◡ 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 ◡ recorded semi-annually. This subsection does not apply to residents who are receiving licensed hospice services when such residents, their representatives, or their physicians request in	{A 162}		

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{A 162}	Continued From page 9 writing that ⌄ not be taken. (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 recipient, a copy of the Department of Children and Families form Alternate Care Certification for , , ( ), CF-ES 1006, , 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 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 , , of a	{A 162}		

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{A 162}	Continued From page 10 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 , 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 a log listing the names of residents participating in this arrangement. (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 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 record review and interview, the facility failed to obtain health assessment forms that noted the date of the examination and documented on the required , form for three Residents (#3, #4, and #8) of three sampled residents. Findings Included:	{A 162}		

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{A 162}	Continued From page 11 A record review for Residents #3 and #8, conducted on , revealed that Residents #3 and #8's health assessment form had no date of the assessment noted on the forms. A record review for Resident #4, conducted on , revealed that Resident #4's health assessment form dated was noted on the form and not on the required , form. The date of the examination was greater than three years ago. During an interview with the Administrator, conducted on at 12:00pm, the Administrator agreed that Residents #3 and #8's health assessment forms had no date of the examinations noted on the form. The Administrator agreed that Resident #4's health assessment form was obtained greater than three years ago and not noted on the required , form. Class III Revised	{A 162}		