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
	AL11969059	A. BUILDING: _____ B. WING _____	04/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE COCONUT POINT	8460 MURANO DEL LAGO DR BONITA SPRINGS, FL 34135

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A 000	Initial Comments An unannounced complaint survey for #2024013817 and #20254385 was conducted on through at American House Coconut Point, an assisted living facility in Estero, Florida. Complaint #2024013817 was not substantiated. Complaint #2025004385 was substantiated at A0030 and A0076. The following is the description of the deficiencies. .	A 000		
A 030 SS=H	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (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. (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. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in	A 030		

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A 030	Continued From page 1	A 030		

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.
(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:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and , ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and standard precautions;
8. The requirements for coordinating the delivery of services to residents by third party providers;
9. Assistive devices; and
10. Physical .
(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.

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

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A 030	Continued From page 3 similar situations. (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. (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. (g) Share a room with his or her spouse if both are residents of the facility. (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. (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. (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. (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	A 030		

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A 030	Continued From page 4 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 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. (l) 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. (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	A 030		

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A 030	Continued From page 5 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 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. 429.27 Property and personal affairs of residents.- (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 , or , under state law, managing his or her own affairs. (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. This Statute or Rule is not met as evidenced by:	A 030		

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A 030	Continued From page 6 Based on record review and interviews, the facility failed to ensure resident rights were honored by not performing [illegible] ( ) for residents with valid ( ) for 1 (Resident #1) of 1 resident reviewed. This has the potential for residents in the facility with a valid order to be at risk for potential violation of their rights in an emergency situation. The findings included: Review of Resident #1's State of Florida patient's statement indicated that, "Based upon informed consent, I, the undersigned, hereby direct that be withheld or withdrawn." This order was signed by the resident and a licensed physician on . The Physician's Statement directs the withholding or withdrawing of (and) from the patient in the event of the patient's or [illegible]. Review of the health record for Resident #1 revealed medical diagnoses of left (break in the upper part of the left bone at the area) intramedullary nail fixation (involves placing a metal rod [nail] inside the hollow shaft of the to hold the broken pieces in place and support healing), HFrEF { with reduced ejection fraction [therefore, HFrEF indicates a type of where the is not pumping efficiently and has a significantly reduced ejection fraction. This condition is also known as]), fib ( ), (high) and a signed on .	A 030		

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A 030	Continued From page 7 During an interview on at 11:11 a.m., Medication Technician (MT) Staff A stated that on at approximately 8:10 a.m., she went to Resident #1's room to give him his medication and he had been found unresponsive. Staff A said she knew he had a because she filed it away in his chart and asked a coworker to get his emergency packet (including his) while she called 911. Staff A said that the 911 operator instructed her to put him on the floor and perform . She performed , on Resident #1 for seven minutes until Emergency Medical Services ( ) arrived and verified his code status was confirmed to be a . During an interview on at 11:56 a.m., the Administrator acknowledged the findings and stated that should not have been performed on a resident with a as it did violate their policy. Class II .	A 030		
A 076 SS=H	59A-36.009 FAC ( ) (1) POLICIES AND PROCEDURES. (a) Each assisted living facility must have written policies and procedures that explain its implementation of state laws and rules relative to ( ). An assisted living facility may not require execution of a as a condition of admission or treatment. The assisted living facility must provide the following to each resident, or resident's representative, at the time of admission:	A 076		

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A 076	Continued From page 8 1. Form SCHS- , "Health Care Advance Directives - The Patient's Right to Decide," , , or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in chapter 765, F.S. Form SCHS- is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308 or the agency's website at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and, 2. DH Form 1896, Florida Form, , 2004, which is hereby incorporated by reference. This form may be obtained by calling the Department of Health's toll free number 1(800)226-1911, extension 2780 or online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04005. (b) There must be documentation in the resident's record indicating whether a DH Form 1896 has been executed. If a DH Form 1896 has been executed, a yellow copy of that document must be made a part of the resident's record. If the assisted living facility does not receive a copy of a resident's executed DH Form 1896, the assisted living facility must document in the resident's record that it has requested a copy. (c) The executed DH Form 1896 must be readily available to medical staff in the event of an emergency. (2) LICENSE REVOCATION. An assisted living facility's license is subject to revocation pursuant to section 408.815, F.S., if, as a condition of treatment or admission, the facility requires an individual to execute or waive DH Form 1896. (3) PROCEDURES. Pursuant to section 429.255, F.S., an assisted living facility must	A 076		

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A 076	Continued From page 9 honor a properly executed DH Form 1896 as follows: (a) In the event a resident experiences or , staff trained in , ( ) or a health care provider present in the facility, may withhold , (, , and). (b) In the event a resident is receiving hospice services and experiences or , , facility staff must immediately contact hospice staff. The hospice procedures take precedence over those of the assisted living facility. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff honored properly executed ( ) by not performing , ( ) for residents with valid for 1 (Resident #1) of 1 resident reviewed. Residents with a valid who experience may be subjected to the , and of , and if successfully , could suffer complications such as broken or , internal organ damage, , (collapsed), and, in rare cases, , or even , . This has the potential to lead to post- , and decreased quality of life. The findings included: Review of American House Emergency Care - Florida policy and procedure manual effective date . revision date . Policy: It is American House policy that resdient will recieve appropriate emergency care. . . Purpose: To	A 076		

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A 076	Continued From page 10 ensure health and safety. . .In the Event of a Medical Emergency: 5. If orders are present, do NOT Start or engage the use of an . Assist resident to a comfortable position as appropriate and stay with resident until emergency personnel arrive. Provide emergency personnel with the orders upon their arrival. On , review of the facility current census revealed a total of 139 residents. The list of residents showed there was a total of 68 residents with a . Review of Resident #1's health record revealed he had a history of receiving hospice services from until discharge form services on . Medical diagnoses including left (break in the upper part of the left bone at the , , area) intramedullary nail fixation , , (involves placing a metal rod [nail] inside the hollow shaft of the to hold the broken pieces in place and support healing), HFrEF (with reduced ejection fraction [therefore, HFrEF indicates a type of where the is not pumping efficiently and has a significantly reduced ejection fraction. This condition is also known as ,]), fib ( ), , , , , (high). Resident #1 record also revealed a signed effective . During an interview on at 11:11 a.m., Medication Technician (MT) Staff A stated that on at approximately 8:10 a.m., she went to Resident #1's room to give him his medication and he had been found unresponsive. Staff A said	A 076		

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A 076	Continued From page 11 she knew he had a because she filed it away in his chart and asked a coworker to get his emergency packet (including his) while she called 911. Staff A said the 911 operator instructed her to put him on the floor and perform . She performed on Resident #1 for seven minutes until Emergency Medical Services ( ) arrived and verified his code status was confirmed to be a . During an interview on at 11:56 a.m., the Administrator acknowledged the findings and stated that should not have been performed on a resident with a as it violates their policy. Class II .	A 076		