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
	AL11922298	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY TRADITIONS III	352 LAKE ROAD VENICE, FL 34293

(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 This is the Biennial survey conducted on [redacted] at Family Traditions, an Assisted Living Facility. The facility received citations as a result of this survey.	A 000		
A 007	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable [redacted] which is likely to be transmitted to other residents or staff; however, a person who has [redacted] may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent to provide such assistance as required under Section 429.256, F.S.	A 007		

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A 007	Continued From page 1 2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident. (f) Any special dietary needs can be met by the facility. (g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S. (h) Not require licensed professional mental health treatment on a 24-hour a day basis. (i) Not be bedridden. (j) Not have any or 4 pressure sores. A resident requiring care of a pressure may be admitted provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility. (k) Not require any of the following nursing services: 1. Oral, , or suctioning; 2. Assistance with tube feeding; 3. Monitoring of gases; 4. Intermittent positive pressure breathing or 5. Treatment of surgical or wounds, unless the surgical or and the	A 007		

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A 007	Continued From page 2 condition which caused it have been stabilized and a plan of care developed. (l) Not require 24-hour nursing supervision. (m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. (n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on: 1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule; 2. The facility ' s admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and 3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C. (o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, one of one resident record reviewed, a review of the facility license and staff interview, the facility failed to ensure Resident #1 meets the criteria for continued residency in an assisted living facility with a Standard license. The findings include: A review of the facility license shows it is a Standard license with no specialty license. Observation of Resident #1 during the initial tour	A 007		

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A 007	Continued From page 3 of the survey on [redacted] at 9:15 a.m. showed she was sitting on the couch in the living [redacted]. She was slumped over with her eyes closed. An interview was conducted with the direct care staff at this time. She stated Resident #1 used to be on Hospice care but Hospice took her off of it. She stated she thinks Resident #1 should still be on Hospice. She does require some total assistance with some of her Activities of Daily Living (ADLs). A review of Resident #1's record showed she was admitted to the facility on [redacted]. The last health assessment (1823) was completed on [redacted]. This health assessment showed she required assistance with all ADLs (ambulating, transfer, eating, dressing, [redacted] toileting and bathing). Observation at 12:15 p.m. showed Resident #1 requires total assist with ambulation and transfer. Observation during lunch at 12:25 p.m. showed Resident #1 requires total assist for eating. She can drink with assistance. Observation at 12:45 p.m. showed Resident #1 requires total assistance with toileting. An interview with the direct care staff was conducted at 1:30 p.m. on [redacted]. She stated Resident #1 requires total assistance with bathing and [redacted]. A review of Hospice notes in Resident #1's record dated [redacted] showed they picked up all Hospice supplies from Resident #1. On [redacted] at 1:30 p.m. the administrator stated Hospice released her from Hospice. They will continue to see her on a voluntary basis. She stated she wanted Resident #1 to continue to stay on Hospice. She thought Resident #1 could continue to reside in	A 007		

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A 007	Continued From page 4 the facility. Further review of Resident #1's record showed there was no monitoring to ensure she is able to perform her ADLs with assistance or supervision. The administrator did not ensure Resident #1 met the Continued Residency Criteria to reside in an assisted living facility with a standard license. Class II Correction Date: _ _ _ _	A 007		
A 009	58A-5.0181(3) FAC Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility shall make available to potential residents a written statement(s) which includes the following information listed below. A copy of the facility resident contract or facility brochure containing all the required information shall meet this requirement. 1. The facility ' s residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provide by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility;	A 009		

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A 009	Continued From page 5	A 009		

9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any;
10. A statement of facility rules and regulations that residents must follow as described in Rule 58A-5.0182, F.A.C.;
11. A statement of the facility policy concerning . . . . . pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.
12. If the facility also has an extended congregate care program, the ECC program ' s residency criteria; and a description of the additional personal, supportive, and nursing services provided by the program; additional costs; and any limitations, if any, on where ECC residents must reside based on the policies and procedures described in Rule 58A-5.030, F.A.C.;
13. If the facility advertises that it provides special care for persons with . . . . . s and related . a written description of those special services as required under Section 429.177, F.S.; and
14. A copy of the facility ' s resident elopement response policies and procedures.
(b) Prior to or at the time of admission, the resident, responsible party, guardian, or attorney in fact, if applicable, shall be provided with the following:
1. A copy of the resident ' s contract which meets the requirements of Rule 58A-5.025, F.A.C.;
2. A copy of the facility statement described in paragraph (a) of this subsection if one has not already been provided;
3. A copy of the resident ' s bill of rights as required by Rule 58A-5.0182, F.A.C.; and
4. A Long-Term Care Ombudsman Council brochure which includes the telephone number and address of the district council.
(c) Documents required by this subsection shall

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A 009	Continued From page 6 be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. This Statute or Rule is not met as evidenced by: Based on a review of the facility admission packet and staff interview, the facility did not have the required information in the admission packet. The findings include: 1. A review of the admission packet admission packet showed the following information missing: a. The food service and the ability of the facility to accommodate special diets; b. Social and leisure activities offered by the facility; c. The facility's policy and procedure for [illegible] and Advance Directives; d. The facility's policy and procedure for elopement. An interview was conducted by the administrator on [illegible]. She stated she was not aware this information was required to be in the admission packet. Class Correction Date: [illegible]	A 009		
A 011	58A-5.0181(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or	A 011		

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A 011	Continued From page 7 licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based on one of one resident record review, observation and facility staff interview, the facility failed to provide Resident #1 or her responsible party with a 45 day discharge notice when she no longer met the criteria for continued residency in an assisted living facility with a Standard license. The findings include: Observation of Resident #1 during the initial tour, lunch and activities of daily living (see F 0007) for more detailed information showed she requires total care for all of her ADLs except dressing. An interview with the direct care staff during the initial tour and at 1:30 p.m. on [redacted]; revealed Resident #1 requires total assistance with some of her ADLs. It was determined by the surveyor on [redacted] Resident #1 no longer meets the criteria for continued residency in an assisted living facility. A review of Resident #1's record showed there was no 45 day discharge notice given to Resident #1 or her responsible party. An interview was conducted with the administrator on [redacted] at 1:30 p.m. She stated she did not give Resident #1 or her responsible party a 45 day discharge notice. She thought she would be able to allow Resident #1 to stay in the facility. Class III Correction Date: [redacted]	A 011		

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A 030	Continued From page 8	A 030		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) 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 Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for 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 address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida ____ Hotline " 1(800)9€ or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example,	A 030		

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A 030	Continued From page 9	A 030		

as resident responsibilities, the facility ' s ..... and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall 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 shall not prohibit 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 shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical .....

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

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A 030	Continued From page 10 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 similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve 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 . . . . 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.	A 030		

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A 030	Continued From page 11 (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) Access to adequate and appropriate health care 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 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 shall be set forth in writing. 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. This Statute or Rule is not met as evidenced by:	A 030		

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A 030	Continued From page 12 Based on a review of the facility contract and staff interview, the facility did not honor resident rights for a 45 discharge notice for non-payment of services. The findings include: A review of the facility's contract showed on page 4, #8A, the 45 day discharge notice is waived when "A resident has not paid for services rendered as outlined herein, provided that the resident has received a written reminder to pay a delinquent bill,..." An interview was conducted with the administrator on [redacted] at 11:00 a.m. She stated the written notice would not be a 45 day day notice. It could be a few days. She stated she has had this in her contract since opening her facility. Class [redacted] Correction Date: [redacted]	A 030		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their [redacted] or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the [redacted] or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter	A 055		

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A 055	Continued From page 13 medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be: 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed.	A 055		

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A 055	Continued From page 14 (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on a review of Resident #1's medications and staff interview, the facility failed to store a discontinued medication separate from Resident #1's daily medications.	A 055		

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A 055	Continued From page 15 The findings include: A review of Resident #1's daily medications showed a medication bottle of Lopermide. A review of Resident #1's Medication Observation Record showed this medication was not written on this record. A review of Resident #1's physician orders showed on [redacted] this medication was discontinued. An interview with the administrator was conducted on [redacted] at 1:10 p.m. She stated she did not throw this medication out because the resident might need it again. She stated she will store this medication in a different place other than the daily medications given. Class [redacted] Correction Date: [redacted]	A 055		
A 150	58A-5.023(1) FAC Physical Plant - New Facilities (1) NEW FACILITIES. (a) Newly Constructed Facilities. Newly constructed facilities that are to be licensed as assisted living facilities and any subsequent additions, modifications, alterations, renovations or refurbishing of such facilities should be aware of the following standards: 1. Chapter 4, Section 434, of the Florida Building Code, as adopted in Rule 9N-1.001, F.A.C., Florida Building Code Adopted; and 2. Section 633.022, F.S., Uniform Firesafety Standards, and Rule Chapter 69A-40, F.A.C., The Uniform Fire Safety Standards for Assisted Living Facilities, except for the specific National Fire Protection Association codes described in Section 429.41, F.S. (b) New Facilities in Converted Buildings. Existing	A 150		

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A 150	Continued From page 16 structures not previously licensed as assisted living facilities that are to be converted to assisted living facilities and any subsequent additions, modifications, alterations, renovations or refurbishing of such facilities should be aware of the following standards: 1. Chapter 4, Section 434, of the Building Code, as adopted in Rule 9N-1.001, F.A.C., Florida Building Code Adopted; and 2. Section 633.022, F.S., Uniform Firesafety Standards, and Rule Chapter 69A-40, F.A.C., The Uniform Fire Safety Standards for Assisted Living Facilities, except for the specific National Fire Protection Association codes described in Section 429.41, F.S. This Statute or Rule is not met as evidenced by: Based on observation, review of the facility floor plan and staff interview, the facility failed to ensure Resident #2's [illegible] the required square footage for a single occupancy. The findings include: Observation during the initial tour of the facility on [illegible] at 9:10 a.m. showed a [illegible] labeled "A 5." The surveyor observed the inside of this [illegible] assessed the square footage looked small. The surveyor measured the footage of this [illegible] be 8 feet and 2 inches by 9 feet and 4.5 inches for a total of 72 feet 9 inches. The front door to this [illegible] swings into the [illegible]. A floor plan was requested. The administrator obtained a floor plan but it did not show the square footage of this [illegible]. Both the administrator and surveyor were not able to find this information on the floor plan.	A 150		

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A 150	Continued From page 17 An interview was conducted with the administrator on at 11:30 a.m. She stated this been like this since she opened the facility. No one had told her this not meet the required 80 square feet. Class Correction Date:	A 150		
A 160	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is the date of Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C.	A 160		

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(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).
(d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns.
(e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured.
(f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.;
(g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.;
(h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C.
(i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C.
(j) If the facility advertises that it provides special care for persons with Alzheimer ' s disease or related disorders, a copy of all such facility advertisements as required by Section 429.177, F.S.
(k) A grievance procedure for receiving and responding to resident complaints and

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A 160	Continued From page 19 recommendations as described in Rule 58A-5.0182, F.A.C. (l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate. (m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years. (n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. (q) The facility ' s resident elopement response policies and procedures. (r) The facility ' s documented resident elopement response drills. This Statute or Rule is not met as evidenced by: Based on a review of the admission/discharge log, observation of the residents in the facility, resident and staff interviews, the facility did not update the admission/ discharge log showing six	A 160		

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A 160	Continued From page 20 residents residing in the facility. The findings include: A review of the admission/discharge log showed there are three residents living in the facility. Observation during the initial tour of the facility showed there are six residents in the facility. An interview was conducted with Resident #3 on [redacted] at 9:15 a.m. She stated she lives in the facility upstairs. She also stated Resident #4 lives upstairs but he is not in the facility right now. She stated she and Resident #4 are independent with their activities of daily living but their medications are locked up and she does not have the key to get her medications. The staff give her the medications when it is time for her to take them. This process is also for Resident #4. An interview was conducted with the administrator on 6/2[redacted] 10:45 a.m. She stated one of the residents here is at the facility during the day but leaves in the afternoon. She stated Residents #3 and #4 live upstairs in unlicensed rooms. [redacted] did not put them on the admission/discharge log because they are independent and she does not assist them in their activities of daily living. When she was asked about Resident #3 and #4's medications she stated she has both of their medication locked up because the facility's policy is for all medications to be locked up. When it is time for Resident #3 and #4 to get their medications she, or other staff, will unlock the cabinet where the medications are stored and give the pill organizers to Residents #3 and #4. She was not aware this is considered assistance with their medications. An interview was conducted with Resident #2 on 6/2[redacted] 9:25 a.m. He stated he moved into the	A 160		

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A 160	Continued From page 21 facility a day or two ago. A review of the admission/discharge log showed he was not included. An interview was conducted with the administrator at 10:45 a.m. She stated Resident #2 has not been officially admitted to the facility yet because his case worker has not signed a contract. He came to the facility on . Class IV Date:	A 160		
162	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. Sex; 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 carrier; Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, do other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.	A 162		

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(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.
(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.
(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.
(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.
(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or 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 under Section 429.27, F.S.
(k) For any facility which 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 under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an

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A 162	Continued From page 23 OSS . The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, 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 under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall 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 shall be provided	A 162		

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A 162	Continued From page 24 a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on one of two resident records reviewed and staff interview, the facility did not have admission weights on Residents #1 and #2 and did not have semi-annual weight on Resident #1. Based on observation, resident and staff interview, the facility failed to to obtain the required information on Resident #2 upon admission. The findings include: 1. A review of Resident #1's record showed she was admitted to the facility on [redacted]. A review of the health assessment showed there was no admission weight. Further review of Resident #1's record and the facility weight record showed there was no admission weight on Resident #1. On [redacted] a weight was taken on Resident #1 at 120 pounds. This was the last recorded weight on Resident #1. An interview was conducted with the administrator at 1:00 p.m. on [redacted]. She stated she thought Resident #1 had an admission weight and did not do a semi-annual weight on her. She also stated Resident #2 does not have a record as of yet. There is no recorded weight in the facility's weight book. He has not had a health assessment done on him. She has 30	A 162		

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A 162	Continued From page 25 days after his admission to get the health assessment and the weight will be recorded then. 2. Observation at 9:15 a.m. on showed Resident #2 sitting on the patio of the facility. An interview was conducted with Resident #2 at 9:25 a.m. He stated he moved into the facility one or two days ago. An interview was conducted with the administrator on at 10:40 a.m. She stated Resident #2 is not admitted in the facility yet. His case manager has not signed the contract. However, he does live at the facility. The facility failed to obtain demographic data, physician orders for medications, a contract and therapeutic diet for resident #2. Class Correction Date:	A 162		
A 167	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written	A 167		

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A 167	Continued From page 26 notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf. (i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility. (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as	A 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11922298	A. BUILDING ______ B. WING ______	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY TRADITIONS III	**352 LAKE ROAD VENICE, FL 34293**

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A 167	Continued From page 27 outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed ______ This Statute or Rule is not met as evidenced by: Based on a review of the facility contract and staff interview, the facility does not have the required information on the contract. The findings include: 1. A review of the facility contract showed the following items missing: a. A provision that residents must be assessed upon admission, and every 3 years thereafter, or after a significant change; b. The facility's policies and procedures for self-administration, assistance with self-administration and administration of medications; c. The facility's policies and procedures related to a properly executed ______ An interview was conducted with the	A 167		

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A 167	Continued From page 28 administrator on [redacted] at 11:30 a.m. She stated she did not know this new information was required to be in the contract. Class Correction Date: [redacted]	A 167		
AZ827	408.812, FS Unlicensed Activity (1) A person or entity may not offer or advertise services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license. (2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency. (3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing	AZ827		

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AZ827	Continued From page 29	AZ827		

statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense.

(4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance.

(5) When a controlling interest or licensee has an interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation.

(6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules.

(7) Any person aware of the operation of an unlicensed provider must report that provider to the agency.

This Statute or Rule is not met as evidenced by:
Based on observation, resident and staff interviews, one of one resident record review and a review of the facility license, the facility performed unlicensed activity but providing Resident #1 total care with her Activities of Daily

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AZ827	Continued From page 30 Living (ADLs) and allowing Residents #3 and #4 to live in unlicensed [redacted] in the facility and providing them with assistance with their medications. The findings include: 1. A review of the facility license shows it is a Standard license with no specialty license. 2. Observation of Resident #1 during the initial tour of the survey on [redacted] at 9:15 a.m. showed she was sitting on the couch in the living [redacted]. She was slumped over with her eyes closed. An interview was conducted with the direct care staff at this time. She stated Resident #1 used to be on hospice care but hospice took her off of it. She stated she thinks Resident #1 should still be on hospice. She does require some total assistance with some of her Activities of Daily Living (ADLs). An interview was conducted with Resident #1 and the surveyor. The resident was not able to answer any of the questions asked by the surveyor. The direct care staff stated Resident #1 won't answer any of the questions. She did make some noises during this interview. Observation at 12:15 p.m. showed the direct care staff transferring Resident #1 from the couch to her wheelchair. The staff wrapped her arms around Resident #1. Resident #1's arms was folded in front of herself on her chest area. The staff picked her up with Resident #1's feet dangling. There was no weight bearing. Her toes barely touched the floor during transfer. The staff then placed Resident #1 in her wheelchair. Resident #1 did not participate in this ADL. She	AZ827		

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AZ827	Continued From page 31	AZ827		

required total assistance for transfer. Once Resident #1 was in her wheelchair, the direct care staff pushed her to her .

An interview was conducted with the direct care staff at this time. She stated Resident #1 does not propel her wheelchair. Resident #1 requires total care with ambulation. Observation at 12:25 p.m. showed Resident #1 being served her lunch. The direct care staff gave Resident #1 her cup to drink. She was able to drink with assistance. The direct care staff started to feed Resident #1 by spooning her food into her mouth. Resident #1 was not using the utensils.

An interview was conducted with the direct care staff at this time. She stated Resident #1 requires total care with eating her meals. Observation at 12:45 p.m. showed Resident #1 requires total assist with toileting. Resident #1 was lying in her bed and the direct care staff was changing her adult briefs.

An interview was conducted with the direct care staff at this time. She said Resident #1 does not use the commode. Resident #1 was observed to hold on the 1/2 side rail with her right hand. She did not grab the side rail with her left hand. She did not clean herself or put another adult brief on. The direct care staff performed this task without help from Resident #1.

At 1:30 p.m. an interview was conducted with the direct care staff concerning Resident #1's ability to perform other ADLs. She stated Resident #1 requires total assistance with bathing and . She does not perform any of these tasks with assistance or supervision. She stated she does everything for Resident #1 for these two tasks. She did state Resident #1 will hold out her

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AZ827	Continued From page 32	AZ827		

right arm while dressing. She cannot move her left arm. With the observation and staff interview, Resident #1 requires total assistance with transfer, ambulation, eating, toileting, [illegible] and bathing.

3. During a initial tour of the facility on at 9:00 a.m. showed a resident (Resident #3) sitting in the patio.

An interview was conducted with Resident #3. She stated her [illegible] upstairs. It is in an unlicensed part of the facility. She is independent with all of her ADLs. She said she is not a real part of the facility residents. She stated there is another resident, Resident #4 who is doing the same thing. He has a [illegible] in the unlicensed part of the facility. Facility staff have her medications locked up. She said it's the facility policy. She and Resident #4 both are given their medications when it is time. The staff give them their pill organizers that the nurses do for both of them. These nurses are not part of the facility. These pill organizers are done at the doctor's office. All the staff does it. They unlock the medication cabinet and hand her the pill organizer. She does the rest.

An interview was conducted with the administrator on [illegible] at 10:30 a.m. She stated Residents #3 and #4 live upstairs in the unlicensed portion of the facility. She stated she does lock up both their medications because it is the facility policy that all medications are locked up. When it is time for medications she will notify Residents #3 and #4. She will give the pill organizers to them and they take their medications without any more assistance from her. She did not realize holding their medications

Agency for Health Care Administration

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AZ827	Continued From page 33 and telling them when its time to take their medications is considered assistance. Class II Correction Date: [illegible]	AZ827		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Family Traditions
352 Lake Road
Venice, FL 34293

Dear Administrator:

This letter reports the findings of a Biennial survey that was conducted on . 2012 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . . . to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

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2727 Mahan Drive
Tallahassee, FL 32308
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