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
	AL11964147	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA & OMEGA HOME CARE, INC	10132 NW 23RD STREET CORAL SPRINGS, FL 33065

(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	A 000		

SECOND AMENDED REPORT

CCR# 2012007045 and CCR# 2012007081

Complaint surveys were conducted on Alpha & Omega Home Care had licensure deficiencies found as a result of the complaint surveys. The following citations were issued: A 0030, A 160 and A 0163.

A 030 SS=G	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures	A 030		

(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

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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, 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

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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 [illegible]

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 [illegible] 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

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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 [redacted] 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) 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 [redacted] 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 [redacted] interference, coercion, discrimination, or reprisal. Each facility shall

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A 030	Continued From page 4 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: Based on observation, interview and record review, the facility failed to provide the resident's right to live in a safe living environment free from [illegible] and neglect as evidenced by the failure to adequately assess for admission appropriateness to the ALF, monitor and intervene to protect the resident from injury, and failed to ensure the use of physical [illegible] was limited to half-bed rails for 1 of 3 sampled residents, Resident #1. The findings include: Record review of hospital emergency [illegible] dated [illegible] reveals that Resident #1 was admitted by Emergency Medical Service [illegible] after becoming unresponsive at the Assisted Living Facility (ALF). The resident was admitted to the emergency [illegible] and was intubated. The Emergency [illegible] (ER) notes document the resident has a medical history of severe [illegible] s/p right hip [illegible] with open reduction repair in [illegible] Parkinson ' s [illegible] and [illegible]. On admission, the resident is documented to have " an obvious deformity of the left hip with marked [illegible], bluish-green [illegible], and shortening of the extremity. " Review of the x-ray report on [illegible] at 10:52 AM reveals the resident has an acute left	A 030		

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noted with displacement, also status post right hip pinning." The notes document the resident was admitted to the Care Unit (CCU) for treatment, she was unresponsive and her prognosis was very grave.

On at approximately 4:00 PM during an interview with the Coral Springs Police Department, the community coordinator stated resident #1 had been admitted to the hospital from the ALF with injuries of unknown origin. She stated that the resident was gravely ill and the department was investigating the injuries. She stated that the ER physician estimated that the injury to the left hip occurred 3 days prior to the admission.

On at 8:50 AM the surveyor was escorted by the hospital Care Unit (CCU) Nurse Manager to observe the resident in the CCU. The surveyor observed the resident to have bluish-green on her left hip, extending laterally from the waist to the knee and dark purple from hip/bu to upper thigh. There were 3 crusted wounds on the resident left lower leg. On the anterior aspect of the left knee was a quarter size blackened with eschar tissue. Both heels were observed to be bluish- purple color and cool to touch. The resident had a healed sacral On at approximately 9:00 AM during an interview with the CCU Registered Nurse (RN) she stated that the resident remained unresponsive to stimuli, had an elevated temperature and her condition was very unstable. The hospital Risk Manager provided photos documenting the resident ' s skin condition on

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admission to the hospital on . . . . . The admission photos were verified as accurate by the surveyor and CCU Nurse Manager by observation of the resident.

Record review of the Coral Springs Police Department Incident Report dated at 11:18 AM reveals the investigating officer noted significant on, above, and below the residents left hip. No injury had been reported by the facility to the resident ' s family. The police report documents an interview with the Emergency who advised that the injury was consistent with and could be the result of a . . . . . The report documents the physician advising the " looks several days old " and likely " more than 3 days " .

On . . . . . at 9:30 AM during an unannounced visit, the surveyor was informed by the facility Owner there were only 3 residents currently residing at the facility. She stated that resident #1 had been transferred to the hospital on . . . after the resident became unresponsive. The Owner stated that resident #1 had been admitted in . . . . from the hospital. She stated the resident had . . . . and her right hip at another ALF. The resident ' s family moved the resident to the current ALF. The Owner stated that she works at the facility, providing hands-on care and she is a certified licensed nursing assistant. The Owner stated the RN Administrator visits the facility several times during the week and as needed. The Owner stated she was present the morning of , when Resident #1 became unresponsive. The Owner stated that a staff aide was feeding the resident in her bed, around 9:30 AM when the resident stopped

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eating, became short of breath and then unresponsive. She stated the aide called her to the [redacted] she called 911. The owner stated that the resident had [redacted], that she was oriented to person, had periods of [redacted] and other times she was oriented to time and place. She stated the resident on admission till present, was very restless at night. She stated the resident would call out for family members and thrash around in her bed. The Owner stated she had seen the resident flip around in the bed, with her head down at the end of the bed. Also she stated the resident would bang her legs on the wall and her arms on the side rails causing [redacted]. She stated the staff would place pillows along the side rails but the resident would throw them on the floor. The Owner stated that the resident had never [redacted] nor had she attempted to get out of bed. The Owner stated that the resident had once pushed her foot through the bed rails. The Owner stated that the resident was unable to ambulate without assistance, stating the resident would shuffle along, not take any steps. The Owner stated the resident was [redacted] of bowel and [redacted] and wore a diaper/brief. The owner recalled that on [redacted] the resident was constipated and the RN Administrator and Physician were called for orders. The Owner stated that before the physician responded, the resident requested to be taken to the toilet and had a large bowel movement. The Owner stated that she and the aide had assisted the resident on and off the toilet. She stated they noted a reddened " spot " area on her the left hip. She stated she touched/ pressed on the area but the resident did not respond that it was painful. The Owner stated she called the RN Administrator to alert her of the spot but since the resident had a history of [redacted] from thrashing in the bed, the Owner did not insist the RN Administrator come

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to the facility to evaluate the resident. The Owner confirmed the resident had a physician order for ½ bed rails and they were applied every night. The Owner stated that she felt the resident met the admission criteria, even though she was repeatedly injuring herself at night.

On [redacted] at approximately 10:00 AM the surveyor observed the resident's [redacted]. The bed was placed in a corner with one side of the bed up against the wall. A battery operated bed /chair alarm was observed attached to the resident ' s wheelchair. The [redacted] was carpeted. Two metal ½ bed rails had been removed, and were leaning against the bottom of the bed. The aide stated that the [redacted] workers had removed them. The surveyor requested the aide to demonstrate the use of the bed rails. The aide stated that both rails are placed side by side on the open side of the bed. They encompassed the entire length of the bed. The rails formed a "full" side rail with a 1 x 1 foot T-shaped opening between them. When questioned by the surveyor about the reason for the rails, the aide stated that at night the resident would " move about a lot, flipping herself around in her bed, thrashing against the wall and bed rails. She would yell out and carry on conversations with relatives. " The aide stated the resident had frequent [redacted] and [redacted] to her upper extremities due to hitting them on the bed rails and wall. She stated that the resident had once pushed her foot thru the bed rail so the aide stated that she would place a heavy chair in front of the 1 x 1 foot T -shape opening, fearing the resident would try to squeeze thru the space. The aide stated the resident was very strong and would kick the chair over, but the resident never attempted to get out of bed. The aide stated, she had never seen the

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resident . The aide continued stating that the bed alarm was applied at night, but the resident was unable to get out of bed on her own. The aide stated the resident received bed baths because she was unstable in the shower. The aide stated the resident used a wheelchair to get around in the facility and at times would attempt to stand up. The aide stated that the residents family would insist the resident get up out of bed every day even if she expressed she did not want to. The aide stated that on , she and the Owner had taken the resident to the toilet. The aide stated she noted a red spot on the residents left hip. The aide stated the resident did not complain of any discomfort or pain during that day or during the night. The aide stated the resident slept well that night, and she checked the residents diaper during the night. The aide stated that on the resident didn't want to get out of bed for breakfast, she wanted to stay in bed. The aide stated she prepared her breakfast,and then sat next to the resident while she ate. The aide stated the resident asked for some tea, but refused to eat any cereal, stating " no more " . The aide stated the resident became short of breath, began coughing and then became unresponsive. The aide stated she immediately yelled for assistance from the Owner to call 911.

Record review revealed on the 1823 admission assessment form dated , the resident had moderately severe decline, , Parkinson ' s gait and mobility, and . The resident required assist with all ADL care, including daily observation of well-being and whereabouts. A physician order dated documents need for hospital electric

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bed with side rails and a consent signed on [redacted] by family member permitting use of side rails for the resident. Review of the admission nursing note reveals the resident had [redacted] areas on both arms and under her neck. A healed [redacted] was noted on the [redacted] area. The note reveals the resident is alert, responsive during day, but restless at night. Nurses notes dated [redacted] reveal the resident is disoriented to person and place, continues to be restless at night, she bangs on side rails and has sustained several [redacted] to her upper extremities. The Home Health Agency Nurse is ordered to treat multiple [redacted] on the upper extremities. Review of a [redacted] Note dated [redacted] reveals the resident having [redacted], becoming agitated at night. The note documents the resident attempting to climb over side rails at night. The resident is documented to have [redacted] areas under her left eye, anterior neck, and left hand, also [redacted] at base of the wrist. [redacted] was ordered for her behaviors but not administered due to the family refusal to administer [redacted] medication. The resident was again visited by the [redacted] staff in [redacted] and [redacted] 75 mg by mouth was ordered at bedtime. The notes reveal the resident has days and nights [redacted] she continues to be restless at night. The family was involved with all care decisions. The Nurse Note dated [redacted] documents the resident sleeping longer periods at night, [redacted] care continues for multiple [redacted] to upper extremities. The Nurses Notes did not document further interventions to protect the resident from injuring herself.

Review of a Physician Note dated [redacted] reveals the resident disoriented, [redacted], having

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gait abnormalities, [redacted] of bowel and [redacted]. The physician documents the skin as normal. The Medication Observation Record is reviewed by the physician. The resident is noted to be on [redacted] 81 mg every day as well as [redacted] 10 mg by mouth at bedtime and [redacted] 10 mg by mouth every 12 hours for [redacted].

On [redacted] at approximately 12:00 PM during an interview with the RN Administrator, she stated she had received a call on [redacted] from the Owner regarding the resident having [redacted] for several days. She stated she was informed about the reddened area on the residents left hip but did not come to the facility to assess the resident. The RN Administrator stated she called the physician, requesting a treatment for the [redacted] fecal impaction but did not discuss the reddened area with the physician nor did she call the residents family regarding both the issues. The RN Administrator stated that she does not come to the facility on a daily basis but relies on the owner and aide to inform her of any changes in condition of the residents. She stated that the resident had never [redacted]. She stated she was last at the facility on Monday, [redacted] and the resident was sitting at the dining [redacted]. She stated the resident did not seem to be in any discomfort. She stated she did not assess the resident for any additional [redacted]. She stated that the resident was prone to [redacted] her upper extremities from hitting the bed side rails and wall. The RN Administrator stated that the staff attempted to [redacted] the resident with pillows, but she threw them on the floor. She stated they did not [redacted] cover the side rails or find concern about the continuous and numerous [redacted] and [redacted] on the resident.

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A 030	Continued From page 12	A 030		

On : at approximately 1:00 PM during an interview with the family member, she stated she had placed her mother at the facility after the resident had : and broken her right hip at another ALF. She stated she wanted the resident to be monitored more closely, however, the facility did not inform her of the red spot on the hip or problems with . She stated that she had repeatedly reminded the facility Owner to alert her of any issues concerning resident #1. The family member stated she had spoken to the Owner on Monday, : regarding changing pharmacy companies, no mention was made about any other issues. On admission the facility had recommended resident #1 be placed on : at night, but the family member refused, since she she had never seen the resident restless or agitated at night; she was only told by the facility of the behaviors. The family member states the Owner called her as the resident was being transferred to the ER.

0n at approximately 2:00 PM during interview with the Owner, RN Administrator and aide, they all stated the resident did not have any open wounds on her body. They stated resident #1 only had multiple on her upper extremities. The RN Administrator stated she had come to the facility on , and no issues or concerns with the resident were brought to her attention by the aide or Owner. When the surveyor questioned the Owner and Aide about any scoloration on the lower extremities or feet , both stated there were no no scabs or wounds on the resident. The surveyor informed the Owner, RN Administrator and aide

Agency for Health Care Administration

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	AL11964147	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALPHA & OMEGA HOME CARE, INC	10132 NW 23RD STREET CORAL SPRINGS, FL 33065

(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 030	Continued From page 13 of the resident's current medical condition and x-ray findings from the hospital. The Owner, RN Administrator and aide repeatedly stated the resident did not . They stated they did not know how the resident had been injured. They stated the resident did not express any discomfort or pain. On : at approximately 10:30 AM during a phone interview with the Police Sergeant, he stated that the resident had on after multiple . He stated that the Medical Examiner (ME) had completed an autopsy and it was determined the resident ... due to . He stated that the final report was not completed at the time of the call. He stated he could not determine the cause of the ... but the resident must have had discomfort for days after the injury based on the ME report. Class II	A 030		
A 160 SS=D	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:	A 160		

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A 160	Continued From page 14	A 160		

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.
(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

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A 160	Continued From page 15	A 160		

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 ... ' s ... or related ... 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 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

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A 160	Continued From page 16 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 record review and intereview, the facility failed to conduct a thorough investigation of an adverse incident related to a resident who was transferred to the hospital for a higher level of care and diagnosed with a hip (Resident #1). The findings include: Review of hospital emergency dated revealed that Resident #1 was admitted by Emergency Medical Service after becoming unresponsive at the Assisted Living Facility (ALF). The resident was admitted to the emergency and was intubated. The Emergency (ER) notes document the resident has a medical history of severe , s/p right hip with open reduction repair in , Parkinson ' s and On admission, the resident is documented to have " an obvious deformity of the left hip with marked bluish-green and shortening of the extremity. " Review of the x-ray report on at 10:52 AM reveals the resident has an acute left noted with displacement, also status post right hip pinning. " The notes document the resident was admitted to the Care Unit (CCU) for treatment, she was unresponsive and	A 160		

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A 160	Continued From page 17 her prognosis was very grave. On [redacted] at 8:50 AM the surveyor was escorted by the hospital [redacted] Care Unit (CCU) Nurse Manager to observe the resident in the CCU. The surveyor observed the resident to have bluish-green [redacted] on her left hip, extending laterally from the waist to the knee and dark purple [redacted] from hip/bu [redacted] to upper thigh. There were 3 crusted wounds on the resident left lower leg. On the anterior aspect of the left knee was a quarter size [redacted] blackened with eschar tissue. Both heels were observed to be bluish- purple color and cool to touch. The resident had a healed sacral [redacted] On [redacted] at approximately 9:00 AM during an interview with the CCU Registered Nurse (RN) she stated that the resident remained unresponsive to stimuli, had an elevated temperature and her condition was very unstable. The hospital Risk Manager provided photos documenting the resident ' s skin condition on admission to the hospital on [redacted] The admission photos were verified as accurate by the surveyor and CCU Nurse Manager by observation of the resident. Record review of the local Police Department Incident Report dated [redacted] at 11:18 AM revealed the investigating officer noted significant [redacted] on, above and below the residents left hip. No injury had been reported by the facility to the resident ' s family. The police report documents an interview with the Emergency [redacted] who advised that the injury was consistent with and could be the result of a [redacted] The report documents the physician advising the [redacted] " looks several days old " and likely " more than 3 days " .	A 160		

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A 160	Continued From page 18 Upon review of the 1-day preliminary adverse incident report, submitted to the Agency on [redacted] and the 15-day full adverse incident report, submitted to the Agency on [redacted] it was revealed the facility failed to conduct a thorough investigation in regards to Resident#1's hip [redacted]. During a further review, it was noted the 15-day full adverse incident report, completed by the facility, failed 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.	A 160		
A 163 SS=G	429.49 FS Records - Resident, Penalties for Alteration Resident records; penalties for alteration.- (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by:	A 163		

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Based on record review and interview the facility failed to ensure resident records were not falsified.

The findings include:

Record review of hospital emergency [illegible] obtained from the hospital, dated [illegible] revealed that Resident #1 was admitted to the hospital by [illegible] after becoming unresponsive at the Assisted Living Facility (ALF). The resident was admitted to the emergency [illegible] and was intubated.

During a telephone interview with a Sergeant from the local Police Department on [illegible] at approximately 10:30 AM, it was revealed that Resident #1 [illegible] at the hospital on [illegible].

However, review of the notes (obtained from the ALF) for Resident #1 revealed documentation by staff #2 dated [illegible] (after the resident's [illegible] "Resident is alert and responsive. Resident is showing no sign of discomfort". On [illegible] at approximately 1:00 PM during an interview with the RN Administrator, she reviewed the documents and stated that the staff should not be documenting before assessing the residents. Review of the [illegible] 2012 employee schedule revealed aide #2 worked at the facility last on [illegible].

Class II

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Alpha & Omega Home Care, Inc.
10132 N.W. 23rd Street
Coral Springs, FL 33065

Second Amended Survey Report

Re: CCR #2012007045 & CCR# 2012007081

Dear Administrator:

This letter reports the findings of two complaint surveys conducted on 2012 by a representative of this office. After a second level Quality Assurance Review, it was determined that additional deficiencies needed to be issued related to the , 2012 complaint survey. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012 to verify 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 this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Monica Thurman-Smith

Arlene Mayo-Davis
Field Office Manager

AMD/hl

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924