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
	AL11942717	A. BUILDING _____ B. WING _____	07/02/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERWOOD PLACE	8700 A C SKINNER PARKWAY JACKSONVILLE, FL 32256

(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 biennial assisted living facility re-licensure survey with Limited Nursing Services standards was conducted at Deerwood Place on 2012. Licensure deficiencies were identified at the time of the survey.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license	A 008		

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A 008	Continued From page 1 number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823% pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the	A 008		

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A 008	Continued From page 2 elements in Section 3. This requirement does not apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a do-not- order for residents who do not wish to be administered in the case of or . (g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or	A 008		

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A 008	Continued From page 3 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that health assessments were completed and contained all required information for 1 of 6 sampled residents. (#5) The findings include: A review of Resident #5's record revealed that Section 1, D. of the health assessment, dated [redacted], was not marked to indicate whether or not the resident's needs could be met in an assisted living facility. Further review of Resident #5's record revealed that Section 2-B, B. of the health assessment was not marked to indicate whether the resident required any assistance with medications and the type of assistance needed. An interview with the Administrator and Director of Nursing (DON) was conducted on during the exit conference at approximately 3:35 pm. The administrator confirmed that the health assessment was not completed and that the record needed to be reviewed to ensure that the	A 008		

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A 008	Continued From page 4 health assessment was completed. Class III Correction Date: [illegible], 2012	A 008		
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 [illegible]; 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 [illegible], the date of [illegible]. 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	A 160		

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A 160	Continued From page 5	A 160		

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 ' . 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

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A 160	Continued From page 6 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 record review and staff interview, the facility failed to maintain a current and up to date admission discharge log. The findings include: Upon entrance to the facility at 8:47 am on [redacted], a request was made for the census and the admission and discharge log. A review of the	A 160		

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A 160	Continued From page 7 admission and discharge log and subsequent reconciliation of the census was conducted and revealed that 18 residents did not have a discharge date or information regarding a discharge destination. Further review of the log revealed that 6 residents listed on the census were not listed on the admission discharge log. An interview with the administrator was conducted on at 3:23 pm. The administrator confirmed that the log was incorrect and noted that he was new in the facility and would create a system to correct the log. Class III Correction Date: , 2012	A 160		
A 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. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, 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.	A 162		

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A 162	Continued From page 8 (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) 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	A 162		

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A 162	Continued From page 9 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 recipient. 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.	A 162		

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A 162	Continued From page 10 (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 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 record review and staff interview, the facility failed to obtain documentation that an informed consent for the assistance with self-administered medications by unlicensed staff was provided to 4 of 6 sampled residents (#2, #3, #4, and #6). The findings include: A review of Resident #2's record revealed that there was no evidence of a signed informed consent for the assistance with self-administered medications by unlicensed staff. A review of Resident #3's record revealed that there was no evidence of a signed informed consent for the assistance with self-administered medications by unlicensed staff. A review of Resident #4's record revealed that there was no evidence of a signed informed consent for the assistance with self-administered medications by unlicensed staff.	A 162		

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A 162	Continued From page 11 A review of Resident #6's record revealed that there was no evidence of a signed informed consent for the assistance with self-administered medications by unlicensed staff. An interview with the administrator was conducted on at 12:46 pm. The administrator stated that some of the resident records did not have informed consent forms included, but the facility was working on it. Class III Correction Date: , 2012	A 162		
AN276	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S. (a) Conducting passive range of motion exercises. (b) Applying ice caps or collars. (c) Applying heat, including dry heat, hot water bottle, heating , aquathermia, moist heat, hot compresses, sitz bath and hot soaks. (d) Cutting the toenails of residents or residents with a documented problem if the written approval of the resident's health care provider has been obtained. (e) Performing ear and eye irrigations. (f) Conducting a dipstick test. (g) Replacement of an established self maintained indwelling , or performance of an intermittent (h) Performing stool removal therapies. (i) Applying and changing routine dressings that	AN276		

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AN276	Continued From page 12 do not require packing or irrigation, but are for and closed surgical wounds. (j) Care for pressure sores. Care for or 4 pressure sores are not permitted under this rule. (k) Caring for casts, braces and . Care for head braces, such as a is not permitted under this rule. (l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse. (m) For hospice patients, providing any nursing service permitted within the scope of the nurse ' s license including 24-hour nursing supervision. (n) Assisting, applying, caring for and monitoring the application of anti- stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers ' guidelines. (o) Administration and regulation of portable (p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS). (q) care and maintenance. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to provide nursing services for the application and removal of anti- stockings for 1 of 5 residents observed (Resident #1); for the administration of treatments for 2 of 2 residents sampled for a medication review (Residents #3 and #5); and for the completion of a nursing assessment by a registered nurse for 3 of 3 Limited Nursing Service records reviewed (Residents #1, #2 and #3).	AN276		

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AN276	Continued From page 13 The findings include: An interview on : at 10:22 am with the Wellness Director revealed that Resident #2 was on the Limited Nursing Services (LNS) for (-Embolic-Deterrent) anti- stockings (hose). She reported that the night shift medication technicians applied the hose at night before the resident goes to bed and then takes them off early in the morning when the resident gets up out of bed. During an interview with the Wellness director again at 11:38 am, she reported the that the Medication technician did the stockings application and removal for all the LNS residents. She reported the Medication Technicians completed the procedure each day and that she, (Wellness Director) would evaluate the resident's circulation daily. She reported that she had not been aware that medication technicians could not perform this task. During a medication reconciliation review on ', completed with the Wellness Director it was revealed that Resident #3 and Resident #5 both had orders for treatments, and documentation of administration on the Medication Observation Record (MOR). During an interview at 2:57 pm on the Wellness Director confirmed Resident #3 had physician's orders for INH solution 3 ml vials, use 1 vial in every 4 hours while awake. The MOR revealed Resident #3 had 6 treatments of INH, administered at 8 am, 12 pm, 4 pm and 8 pm on and at 8 am and 12 pm on by medication techs.	AN276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942717	A. BUILDING _____ B. WING _____	07/02/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERWOOD PLACE	8700 A C SKINNER PARKWAY JACKSONVILLE, FL 32256

(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
AN276	Continued From page 14 An interview and record review with the Wellness Director at 2:37 pm on revealed Resident #5 had physician's orders for .83 mg. ml solution, use 1 vial in twice daily. The Wellness Director confirmed that the medication documented on the MOR administered at 8 pm on / was completed by a medication tech. During an interview with the Director of Nursing (DON) at 2:57 pm on she reported that the Wellness director completed the monthly nursing assessments, and that she then reviewed them and co-signed the form. A record review with the DON on revealed that the nursing assessment forms dated for Residents #1, #2 and #3 were signed by the DON but not by the Wellness director. The DON reported she did not catch that it had not been signed by the Wellness Director prior to her signing the form. She acknowledged that she had not completed the assessments but that the Wellness Director had performed the assessment. Class III Correction Date: , 2012 (Immediate)	AN276		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Deerwood Place
8700 A C Skinner Parkway
Jacksonville, FL 32256

Dear Administrator:

This letter reports the findings of a state biennial licensure and Limited Nursing Services 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 **, 2012** 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 -4201.

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

/CB/KW/sm
Enclosure

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