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
	AL11910320	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN RETREAT SHELTER CARE CE	4410 MONCRIEF RD. W. JACKSONVILLE, FL 32209

(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 Initial Comments An unannounced complaint survey, CCR #2012005465, was conducted at Golden Retreat Shelter Care Center in Jacksonville, Florida on , 2012. Licensure deficiencies were identified as a result of the survey. The facility was not in compliance.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents,	A 025		

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A 025	Continued From page 1 changes in the method of medication administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on family interview, staff interview, resident interview, and facility record review, the facility failed to notify residents' family members and or responsible parties of health status changes and or incidents requiring admission to higher acuity facilities for 10 of 14 sampled residents (#1, #2, #4, #5, #6, #7, #8,# 9,# 10, #11). The findings include: 1. During phone interview on at 9:36 am with Resident # 1's family member, Participant B, it was stated that neither she nor her sister was informed their mother was admitted to a hospital on . She stated she only knew her mother was at the hospital when she was looking for her and called several hospitals and found her admitted at the hospital in critical condition around 11:00 am on . She stated that she called the facility after she located her mother, and asked why neither she nor her sister were called. She stated that she was unsure of the date and time of her contact with the facility, but on the date she called the facility, an unknown staff member stated they did not want to call her at such a late hour. 2. In an interview with Administrator on at 11:00 am she acknowledged that the facility did not notify Resident # 1's family of an adverse incident on when she had a reaction to medicine and was transported by emergency medical services to a hospital ER and	A 025		

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A 025	Continued From page 2 was admitted. The Administrator further stated she did not know she was required to complete written records and update them as needed and contact the family or designated representative of any significant changes, illnesses which resulted in medical attention or other changes which result in residents needing additional services. 3. On : at approximately 12:50 pm the Administrator approached surveyor with a written statement stating the events of resident #1's admission to Shands Hospital and discharge. She stated she did try to reach both daughters relating to their mother's(Resident #1) hospitalization. She stated she called Participant B on : but did not get an answer, so she left a message for a return phone call. She stated on .. .. .. she called Resident's #1's other daughter and did not get an answer and left her a message as well for a return phone call. She stated it took days to hear back from them. 4. In an interview with Resident #1 on .. .. : at 12:00 pm, she stated to her knowledge neither of her daughters were contacted when she was hospitalized on . . She stated she was taking l for high : and had a reaction and her tongue had) up and she could not breathe and the facility called 911 and she was transferred to the hospital on .. .. .. : and remained there until .. .. .. 5. On . : through hospital emergency .. .. l (ER) record review it was confirmed that Resident # 1 was admitted to the hospital ER on .. .. : through . : until discharged. 6. A record review of 10 resident records (#1 ,# 2	A 025		

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A 025	Continued From page 3 ,# 4,# 5,# 6 ,# 7,# 8,#9,# 10 ,# 11) revealed the facility had no documentation, facility policy or facility procedures, available for review to verify the facility was contacting or notifying any of its residents' family members or designated representatives that status changes resulted in residents requiring additional services from a higher acuity facility. 7. Record review of the facility s hospitalization and/or jail log revealed the facility had not been documenting, reporting, and completing adverse incident reports to the agency. No adverse or facility incident reports or documents were available for review. Class III Correction Date: 2012	A 025		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no	A 152		

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A 152	Continued From page 4 less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation and interviews, it was determined that the facility failed to provide for 4 of 14 residents (#3, #12, #13, #14). The findings include: On : at approximately 10:30 AM while conducting a tour of the facility it was observed that which had four occupants residents (#3, #12, #13, and #14) did not contain any dressers, tables, bedside lamps, floor lamp or waste basket. The occupants' clothes were stuffed into black plastic bags and one suitcase	A 152		

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A 152	Continued From page 5 which were all sitting in the closet on the floor. Ten pictures were taken of the show the lack of furnishings and the clothes which were stuffed in black plastic bags. On : at 11:30 AM an interview was conducted with Resident #3 in reference to the lack of furnishings in his Resident #3 said he has been living at the facility for approximately 2 months. Resident #3 said he did not have a dresser to place his clothes in, so he kept them in a black plastic bag in the closet on the floor. Resident #3 said if he had hangers he would hang his clothes up in the closet. Residents #12 #13 and #14 were not available for interviews. Class III Correction Date: 2012	A 152		
A 165	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means: (a) An event over which facility personnel could exercise control rather than as a result of the	A 165		

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A 165	Continued From page 6 resident ' s condition and results in: 1. , 2. ...) or spinal damage; 3. Permanent - , 4. or ...) of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident. (6) , neglect, or) must be reported to the Department of Children and Family Services as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall	A 165		

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A 165	Continued From page 7	A 165		

determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.
(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.
(10) The Department of Elderly Affairs may adopt rules necessary to administer this section.

Adverse Incident Report.
(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at http://ahca.myflorida.com/reporting/index.shtml;

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A 165	Continued From page 8 by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated : 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule. This Statute or Rule is not met as evidenced by: Based on staff interview and facility record review, the facility failed to document adverse incidents and complete reporting requirements for 10 of 14 sampled residents (#1, #2, #4, #5, #6, #7, #8, #9, # 10, and # 11). The findings include: 1. In an interview with administrator on : at 11:00 am she acknowledged that the facility did not notify Resident # 1's family of an adverse incident on : when she had a reaction to : medicine and was transported by emergency medical services and was admitted to	A 165		

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A 165	Continued From page 9 the hospital's emergency . . . . . The Administrator further stated she did not know she was required to complete written records and update them as needed and contact the family or designated representative of any significant changes, illnesses which resulted in medical attention or other changes which result in residents needing additional services. During interview Administrator also stated she was not aware that she was required to document facility incident reports nor of any adverse incident reporting requirements to the agency. 2. On . . . . through record review of the hospital emergency . . . . (ER) records it was confirmed that Resident # 1 was admitted to the ER on . . . . and kept through . . . . until discharged for angioedema on . . . Inhibitor. 3. On a record review of facility ' s hospitalization and or jail log revealed facility had not been documenting and completing adverse incident reports to the agency for any of the affected residents (# 2,# 4 ,# 5, # 6 ,# 7 ,# 8 ,#9,# 10, and #11). No adverse or facility incident reports or documents were available for review. Class III Correction Date: . 2012	A 165		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Golden Retreat Shelter Care Center
4410 Moncrief Road West
Jacksonville, FL 32209

Re: CCR #2012005465

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2012 by representatives 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 surveyors. Should you have any questions please call this office at

Sincerely,

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

JL/KW/sm
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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