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
	AL11986400	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX SENIOR LIVING II, INC.	5882 NW 73 COURT PARKLAND, FL 33067

(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 revisit inspection to Complaint # 2012004139 was attempted to be conducted on [redacted]. The Administrator of the Phoenix Senior Living Assisted Living Facility in Parkland, Florida refused surveyor access to determine compliance. The deficiencies at A0007,A0025,A0030,A0054,A0074,A0079, A0160, A0161, A0162 and AZ815 remain uncorrected. Additional deficiencies were cited at A0164 and A0190.	{A 000}		
{A 007} SS=J	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 [redacted] (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	{A 007}		

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{A 007}	Continued From page 1	{A 007}		

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.
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;

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{A 007}	Continued From page 2 3. Monitoring of [illegible] gases; 4. Intermittent positive pressure breathing [illegible] or 5. Treatment of surgical [illegible] or wounds, unless the surgical [illegible] or [illegible] and the 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 interview and record review, the facility failed to follow the admission criteria for Assisted Living Facilities, as evidenced by the admission of a resident who was bedridden, immobile, was totally dependent for all activities of daily living, and expired in the facility for 1 of 3 residents sampled, resident #1.	{A 007}		

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{A 007}	Continued From page 3	{A 007}		

The findings include:

On [redacted] at approximately 11:00 AM during an interview with the Administrator she stated that resident #1 was directly admitted on [redacted] from an in- patient hospital hospice unit and had expired on [redacted] (4 days after admission). She stated the resident had experienced a [redacted] at another Assisted Living Facility and had her left hip. The [redacted] was not surgically corrected per the residents family request. The Administrator stated the resident was on hospice services for [redacted] The Administrator stated that she had gone to the hospital to assess the resident and had determined the resident to be meet her acceptable admission criteria for her facility. The resident was non weight bearing ambulatory status, she could not stand and was required to remain in bed per physician orders. The Administrator stated the resident was to remain non weight bearing until she was seen by her orthopedic physician in several weeks. She stated that the resident was alert and oriented,but [redacted] and required [redacted] with ADL care. There were no written admission orders from the physician or evaluations from the hospital hospice unit regarding the level of care the resident would require. The Administrator reported she had made numerous attempts to contact the hospice service regarding the physician orders but did not receive any return calls back. The Administrator stated that the resident was bed ridden on admission but she felt the resident would "come around" and be able to ambulate when her hip started to heal. She reported she did not receive any discharge paperwork from the hospital. The

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{A 007}	Continued From page 4 resident arrived at the facility on at around 5 PM on a stretcher with only a bag of medications on her stomach. The Administrator stated she did not have any written admission documentation on the resident. Review of the medical record revealed no written documentation of hospital discharge orders or admission assessment/evaluation/ care plan from the hospice service. There were no physician orders for medication administration, or treatments. There was no 1823 Resident Health Assessment form completed for the resident. On at 8:50 AM the surveyor was unable to access facility records and residents, to complete the complaint revisit. Class I	{A 007}		
{A 025} SS=J	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	{A 025}		

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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, 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 observation, interview and record review, the facility failed to provide care and services appropriate for the residents accepted for admission for resident #1, which resulted in , and failure to adequately assess,document and investigate ...l injury of resident #2 and #3.

The findings include:

1. On ... at 10:00 AM during an interview with the Administrator, who is a Registered Nurse, she stated resident #1 was admitted to the facility on , Thursday at approximately 5:00 PM from an in- patient hospital hospice unit and expired 4 days later on . The resident had medical conditions including , spinal and
The Administrator stated the resident had sustained a hip after a ...l at another Assisted Living Facility. She stated the resident did not have surgical repair of her hip and as a result the resident was to remain on bed rest until

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{A 025}	Continued From page 6	{A 025}		

the orthopedic surgeon would allow the resident to bear weight or stand. She stated the resident arrived on a stretcher with only a bag of medications from the hospital. There was no paperwork, no medical records or discharge instructions sent with the resident. The Administrator stated that she made numerous phone calls to the hospital unit requesting instructions. She stated the resident was alert and oriented to self only, she had some , the resident required with her ADL care due to her immobility.

The Administrator stated she reviewed the medication bottles and created a Medication Observation Record (MOR) for the staff to follow for administration of the medications for the resident. She stated she did not have any confirmation from the hospice physician /unit regarding the prescriptions sent with the resident. The Administrator stated the resident was not on any anticoagulation status post her hip , and she called the facility physician for medical advice and obtained a prescription. The Administrator received an order for 40 mg for 30 days and also an order for Calcimar 100 units to be administered weekly. She stated the facility physician had planned to visit the resident in a few days. The Administrator stated the resident adjusted to the facility routine, she was pleasant, had a good appetite and seemed very happy. The Administrator stated the resident's family made several visits during the weekend. The hospice service did not visit or evaluate the resident at the facility until Monday at 7 AM when the hospice nurse was called by the facility staff due to the resident experiencing distress. The Administrator stated she was called, immediately

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arrived at the facility at approximately 8 AM, and found the resident to be experiencing _ _ _ _ _ and verbally _ _ _ _ _. The Administrator stated the hospice nurse had not arrived, so she called the hospice service to inform them the resident was " deteriorating rapidly". The Administrator stated she also called the family alerting them of the resident's condition. The Administrator stated she did not apply _ _ _ _ _ to the resident because hospice had not supplied any and the resident expired at 9:00 AM with the family members at the resident's bedside.

When questioned by the surveyor if the resident had a _ _ _ _ _ _ _, the Administrator stated she did not have a written _ _ _ _ _ order. She stated the resident was on hospice therefore she did not start _ _ _ or call 911. The Administrator stated the hospice nurse arrived at 9:20 AM and confirmed the resident had expired.

On _ _ _ _ _ at approximately 2:30 PM during an interview with the home health aide who was on duty the night/ morning shift of _ _ _ _ _, she stated she had checked on the resident several times during the night and the resident was in no distress. She stated the resident had a lot of family visitors the previous day/evening. The aide stated she went in to check the resident at 7 AM on _ _ _ _ _ and found the resident having difficulty breathing. The aide stated she had not administered any medications to the resident nor had the resident had any food or fluids that night or morning. The aide stated she called the hospice nurse to alert her of the resident's condition and also called the Administrator. She stated she could not recall if there was _ _ _ _ _ available for the resident and she did not perform

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{A 025}	Continued From page 8 CPR. Record review of the medical chart reveals no hospice documentation from the admission to the facility, no physician orders for medications, no written physician DNRO ... file, no hospice care plan for treatment, no MOR sheets, and no report of death ... completed by the hospice nurse. During an interview with the Administrator on ... stated she did not have any further documentation only the nursing notes. Review of the nursing notes reveals the documentation of events reported by the Administrator. The Administrator stated the hospice nurse removed the MOR sheets from the facility on ... destroyed/ wasted all medication the resident had been admitted with to the facility. On 5/16/... approximately 9:00 AM during a phone interview with the resident ' s family member, she stated that she and her spouse visited the resident on Mother ' s Day ... day before the resident expired. No other family members were present. She stated that she and her husband did not give any medications to her mother. She stated that resident #1 was bedbound; she could not stand and could not get out of bed, and she had no access to medications. She stated that there were no drugs in her room. ... family member stated she and her spouse were called by the facility on the morning of ... were present when resident #1 expired. She stated the facility staff did not initiate CPR ... did not recall if oxygen ... in the resident ' s room ... it had been administered. She called her spouse (a police officer) while on the phone with the surveyor, and he recalled there was no oxygen ... the room ... no oxygen ...	{A 025}		

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been applied to the resident's face. The family member stated that resident #1 did not have a DRNO. She expected the facility to start ... on resident #1, but no one offered. She confirmed the resident had been admitted to the facility from the hospital in-house hospice unit after falling at another ALF and sustaining a ... hip. The family member stated she requested an autopsy by the Medical Examiner (ME). She stated she was shocked to learn resident #1 had a lethal dose of ... in her system at ... from the ME report.

Review of the cause of ... report from autopsy dated ... from the Office of the Medical Examiner & ... Services, Broward County is listed as "Acute ... Intoxication", with injury description "Toxic ... level of undetermined ...

2. On ... at approximately 9:30 AM, Resident #2 was observed sitting in her wheelchair, watching TV. A seatbelt was fastened and in place around her waist. The mechanism restrained the resident and prevented her from rising from the wheelchair. Upon further observation the resident was unable to release the seatbelt on her own upon prompts by the surveyor. The surveyor observed a purple goose egg size lump on the residents forehead and large dark ... areas around both of the residents eyes and down her jaw on both sides. During record review of the Hospice Admission notes from ... the chart revealed the resident was admitted to the facility on ... from an independent living facility. The resident had increasing episodes of agitation and ... with ... The resident was described to have extreme episodes of agitation,

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screaming and undressing herself. She was placed on [illegible] with control of the symptoms. Since admission to the facility the resident passed out on the toilet and was admitted to the hospital. She received multiple [illegible] for [illegible] and has since had experienced a functional decline. Her diagnosis is underlying myelodysplastic [illegible] which the family has declined aggressive treatment. Additional medical diagnosis' include chronic [illegible]'s, [illegible] with chronic kidney [illegible] of left shoulder, left [illegible] and left [illegible]. She is chair bound, [illegible], ADL dependent, and has a poor appetite. She is responsive to commands but cannot always communicate discomfort or needs. She is disoriented at all times.

Review of the RN Hospice note dated [illegible] reveals the resident was observed in her wheelchair with the chair belt buckled. The resident was observed to have [illegible] to right and left eye areas as well as right [illegible] area from a [illegible] on [illegible]. She denies pain in the area. The resident was noted to be [illegible] and unable to follow simple commands.

During an interview at 2:00 PM, the Administrator observed the seatbelt on the resident's wheelchair and stated that seatbelts are not to be utilized to prevent the residents from getting out of the wheelchair. She stated the wheelchair was new and she immediately had the seatbelt cut off from the wheelchair. The Administrator confirmed the resident [illegible] and hit her face on [illegible]. She stated the resident is a known risk and needs constant monitoring. The Administrator was unable to provide documentation of assessment and treatment, or investigation by the facility regarding the [illegible] and

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interventions to prevent ... in the future. The Administrator stated she did not complete an incident report and she could not provide any nursing documentation assessing the resident after the ... She stated the resident did not go to the hospital for evaluation of head injury, she called Hospice only. She stated she did not notify the physician or family, stating that Hospice was responsible to notify the family. The Administrator could not provide an updated 1823 Health Assessment form after the resident was admitted to Hospice services on ...

3. Record review of the Hospice Notes revealed Resident #8 was admitted to the facility ... with diagnosis ... A-fibri ... , and ... with functional decline.

The resident upon admission had an order for a hospital bed with ½ side rail. The resident and her husband lived at the facility; her husband expired at the hospital on ... The resident was documented as alert, oriented but ... l. After her husband ' s ... , she became increasingly agitated, combative towards the staff, not sleeping at night and trying to get out of bed. On ... during a combative episode the resident hit a caregiver, the resident also hit her arm on the bed rail. The resident ' s arm was ... l and she complained of pain. On ... she was transferred to the hospital for evaluation.. The resident ' s son and physician were notified by the hospice staff. The resident returned to the facility on Hospice Crisis care with a ... to her left arm. The resident was

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bed bound , she was unable ambulate due to unsteady gait. The resident was admitted to Hospice Crisis
Care for several periods of time from ... until ... On ... the resident was escorted to
the ... the Crisis Care Aide and the resident expired while on the toilet.
On ... at approximately 12:00 PM during an interview with the Administrator she stated that she did
not have any documentation/ investigation completed by the facility regarding the resident ' s injury or
the care provided to the resident. She stated that all the documentation about the resident was ompleted
only by the Vitas Hospice staff.

The Administrator provided Medication Observation Records(MOR) for ... 2012 which revealed
the Administrator, who is a Registered Nurse, performed ... glucose testing daily at 5 PM and
administered Lantus ... based on a prescribed sliding scale of amount.
The Administrator stated the facility Physician made monthy visits to the resident and the resident
remained on prescribed ... for elevated ... glucose.

Record review of the MOR for ... 2012 and the Vitas Active Medication Profile for ... 2012,
reveals no orders for ... on the Vitas Hospice Profile. The Administrator stated that Hospice service does not provide for ... administration even if the resident requires the medication.

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{A 025}	Continued From page 13 Therefore she stated she administered the daily per the facility physician order. The Administrator reviewed the medical record and could not provide any physician order for the medication nor any hospice documentation referencing the . The Administrator stated she had the written documentation by the physician off site. When questioned by the surveyor about the lack of documentatin on the MOR for administration on 6 to 012 the Administrator did not respond. She agreed all documentation pertaining to a resident should be kept in the facility for review. She also confirmed that all hospice documentation about the resident was not available for review at the facility. On at 8:50 AM the surveyor was unable to access facility records and residents, to complete the complaint revisit. Class I	{A 025}		
{A 030} SS=G	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.	{A 030}		

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	AL11956400	A. BUILDING _____ B. WING _____	R

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{A 030}	Continued From page 14	{A 030}		

(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, 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

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{A 030}	Continued From page 15	{A 030}		

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 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

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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.
(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

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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:
Based on observation, interview and record review, the facility failed to comply with the Resident Bill of Rights, including living in a safe living environment, free from neglect and injury, and failuring to ensure the use of physical . was only upon physician order, and could be removed by the resident's choice for 1 of 3 sampled residents (Resident #1).

The findings include:

During observation on . . . . . at

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{A 030}	Continued From page 18	{A 030}		

approximately 9:30 AM, Resident #1 was all observed sitting in her wheelchair watching TV. A seatbelt was fastened and in place around her waist. The mechanism restrained the resident and prevented her from rising from the wheelchair. Upon further observation the resident was unable to release the seatbelt on her own upon prompts by the surveyor. The surveyor observed a large purple goose egg size bump on the residents forehead and areas around the residents both eyes and down her jaw on both sides.
Review of the RN hospice note dated reveals the resident is observed in her wheelchair with the chair belt buckled. The resident is observed to have to right and left eye areas as well as right area from a l on . Resident is and unable to follow simple commands.

During an interview at 2:00 PM, the Administrator observed the seatbelt on the resident's wheelchair and stated that seatbelts are not to be utilized to prevent the residents from getting out of the wheelchair. She stated the wheelchair was new and she immediately had the seatbelt cut off from the wheelchair. The Administrator stated the resident l and hit her face on 012. She stated the resident is a known i risk and needs constant monitoring.

The Administrator was unable to provide documentation of assessment and treatment, or investigation by the facility regarding the and interventions to prevent in the future. The Administrator stated she did not complete an incident report and she could not provide any nursing documentation assessing the resident after the She stated the resident did not go to the hospital for evaluation of head injury, she

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{A 030}	Continued From page 19 called Hospice only. She stated she did not notify the physician or family, stating that Hospice was responsible to notify the family. On at 8:50 AM the facility failed to allow access for inspection of medical records and residents, to complete a complaint followup visit therefore correction to the outstanding deficient practice could not be determined. Class II	{A 030}		
{A 054} SS=G	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages,	{A 054}		

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refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure the Medication Observation Record (MOR) was properly maintained and updated as evidenced by the failure to accurately document medications that were prescribed for 6 of 7 sampled residents (#2, #3, #4, #5, #6 and #7) and lack of medication administration documentation for resident #1.

The findings are:

During a review of the medication observation record (MOR) for 7 residents on at 9:00 AM, it was noted that the medications were not properly documented as given on the MOR.

Review of resident #1's record revealed an admission date as . There were no Medication Observation Records (MOR) available for this resident. The Administrator was interviewed on at 3:00 PM and stated she did not have the records, they were removed by hospice staff nurse when the resident expired on . The Administrator was unable to recall what medications the resident received during the admission.
Review of resident #2's record revealed the MOR did not reflect the medications, 37.5 mg at

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{A 054}	Continued From page 21	{A 054}		

bedtime, and 81 mg by mouth were administered on The MOR did not reflect the 1 mg at 5 PM, PM at 5 PM, 40 mg/ml 2 tsp twice a day was administered on , and 0.125 mg at 8 PM was administered on . Also the record does not reflect the removal of the patch 0.4 mg on .

Review of resident #3's record revealed the MOR did not reflect the medications, Mexantine 10 mg was administered at 5 PM on .

Review of resident #4's record revealed the MOR did not reflect the medications, 10 mg once a day, 40 mg at 5 PM, 10 mg at 5 PM, 50 mg at 5 PM, 50 mg at 8 PM, 1.5 mg at 8 AM and 5 PM and solution 4 drops in left ear at 6 PM on as given.
Review of resident #5's record revealed the MOR did not reflect the medications, 125 mcg on and 6.25 mg at 5 PM, 20 mg at 5 PM and 0.25 mg at 5 PM on as given.

Review of resident #6's record revealed the MOR did not reflect the medications, 12.5 mg at 8 AM, Claritan 10 mg q day on and 4 mg 8 AM and 5 PM on . Also 500 mg at 5 PM, 4 mg at 5 PM, 10 mg at 8 PM, 15 mg at 8 PM and 1 mg at 8 PM on as given.

Review of resident #7's record revealed the MOR did not reflect the medications, 100 mg at 5 PM, Risperidal 0.5 mg at 5 PM and D-Mannose 3 oz. at 1 PM and 5 PM on as given.
Review of resident #8's record reveals the Lantus

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{A 054}	Continued From page 22 sliding scale nor glucose monitoring was not documented as given/ completed from 6 to , 2012. Employee record review of staff providing medication assistance reveals the employees had completed the required Assistance with Self Administered Medication and Medication Management training course. TheAdministrator, who is a Registered Nurse, was interviewed on at 3:00 PM and the MOR sheets reviewed with her. She stated she did not know if the medications had been given, and she could not explain the reason the MOR sheets were not documented correctly. On at 8:50 AM the surveyor was unable to access facility records and residents, to complete the complaint revisit. Class II	{A 054}		
{A 074} SS=D	58A-5.019(3)(b) Staffing Standards - Personnel File (BGS) (3) BACKGROUND SCREENING. (b) The results of employee screening conducted by the agency shall be maintained in the employee ' s personnel file. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain the results of employee background screening for 3 of 3 employees, employee #1, #2 and #3. The findings include:	{A 074}		

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{A 074}	Continued From page 23 Review of employees #1, #2 and #3 records revealed the employees background screening was not maintained in the personnel file. There was no file for employee #3. She stated that Employee #1 and #2 had employee files but they were off site and not available at that time. On _____ at 8:50 AM the surveyor was unable to access facility records to complete the complaint revisit. Class III	{A 074}		
{A 076} SS=D	58A-5.0186 FAC _____ (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules relative to _____. The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a _____. The ALF must provide the following to each resident, or resident ' s representative, at the time of admission: 1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " _____ 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_	{A 076}		

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{A 076}	Continued From page 24 Regulation/HC_Advance_Directives/docs/adv_dir .pdf; and 2. Written information concerning the ALF ' s policies regarding , and 3. Information about how to obtain DH Form 1896, Florida Form, incorporated by reference in Rule 64J-2.018, F.A.C. (b) There must be documentation in the resident ' s record indicating whether or not he or she has executed a If a has been executed, a copy of that document must be made a part of the resident ' s record. If the ALF does not receive a copy of a resident ' s executed the ALF must document in the resident ' s record that it has requested a copy. (2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a (3) PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed as follows: (a) In the event a resident experiences staff trained in or a licensed health care provider present in the facility, may withhold (b) In the event a resident is receiving hospice services and experiences , facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. (4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional	{A 076}		

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{A 076}	Continued From page 25 conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing pursuant to a and rules adopted by the department. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to properly maintain documentation of (evidenced by the failure to maintain signed documentation for 1 of 3 sampled residents, resident #1. The findings include: Record review of resident's #1 medical records revealed no documentation whether or not the resident had executed a There was no written signed by the physician. On at approximately 1:00 PM during an interview with the Administrator she stated she did not have a copy of the resident's She stated that the resident was on hospice care services and had expired On at 8:50 AM the surveyor was unable to access facility records and residents, to complete the complaint revisit. Class III	{A 076}		
{A 079} SS=D	58A-5.019(4) FAC Staffing Standards - Levels	{A 079}		

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(4) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.
2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum

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PHOENIX SENIOR LIVING II, INC.	5882 NW 73 COURT PARKLAND, FL 33067

(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 079}	Continued From page 27 staffing hours requirement. 7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule. 8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C. (c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care. (d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator	{A 079}		

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{A 079}	Continued From page 28	{A 079}		

and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:

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{A 079}	Continued From page 29 Based on observation, and interview, the facility failed to maintain a written work schedule as evidenced by the failure to post an accurate work schedule reflecting a 24 hour staffing pattern for . 2012. The findings include: On : at approximately 10:00 AM, the surveyor observed the 2012 work schedule posted on the bulletin board. On : at 10:30 AM during an interview with the Administrator, she stated the 2012 schedule had not been finalized and therefore it is not posted. The Administrator stated she was aware that a written work schedule which reflects the 24 hour staffing pattern for a given time must be maintained. On : at 8:50 AM the surveyor was unable to access facility records to complete the complaint revisit. Class III	{A 079}		
{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	{A 160}		

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{A 160}	Continued From page 30 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. (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	{A 160}		

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{A 160}	Continued From page 31 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 . . . . . ' 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	{A 160}		

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{A 160}	Continued From page 32 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 observation, interview and record , the facility failed to maintain a record of incidents, with 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 as evidenced by the failure to complete a through documented investigation of resident injury for 2 of 3 sampled residents, resident #2 and #8 . The findings include: 1. During observation on . . . . . : at approximately 9:30 AM, Resident #2 was observed sitting in her wheelchair, watching TV. A seatbelt was fastened and in place around her waist. The mechanism restrained the resident and prevented her from rising from the wheelchair. Upon further observation the resident was unable to release the seatbelt on her own upon prompts by the surveyor. The surveyor observed a purple goose egg size lump on the residents forehead and large dark areas around the residents both eyes and down her jaw on both sides.	{A 160}		

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During record review of the Hospice Admission notes from the chart revealed the resident was admitted to the facility on from an independent living facility. The resident had increasing episodes of agitation and with The resident was described to have extreme episodes of agitation, screaming and undressing herself. She was placed on with control of the symptoms. Since admission to the facility the resident passed out on the toilet and was admitted to the hospital. The received multiple for and since has experienced a functional decline. Her diagnosis is underlying myelodysplastic which the family has declined treatment. Additional medical diagnosis' include chronic I's, with s,chronic kidney of left shoulder, and left She is chair bound, ADL dependent, and has a poor appetite. She is responsive to commands but cannot always communicate discomfort or needs. She is disoriented at all times.

During record review of the RN hospice note dated reveals the resident is observed in her wheelchair with the chair belt buckled. The resident is observed to have to right and left eye areas as well as right area from a on She denies pain in the area. The resident is and unable to follow simple commands.

During an interview at 2:00 PM on the Administrator observed the seatbelt on the residen'ts wheelchair and stated that seatbelts are not to be utilized to prevent the residents from getting out of the wheelchair. She stated the

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{A 160}	Continued From page 34 wheelchair was new and she immediately had the seatbelt cut off from the wheelchair. The Administrator stated the resident fell and hit her face on [redacted]. She stated the resident is a known fall risk and needs constant monitoring. The Administrator was unable to provide documentation or investigation from the facility regarding the fall and interventions to prevent falls in the future. The Administrator stated she did not complete an incident report and she could not provide any nursing documentation assessing the resident after the fall. She stated the resident did not go to the hospital for evaluation of head injury, she called Hospice only. She stated she did not notify the physician or family that Hospice was responsible to notify the family. The Administrator could not provide an updated 1823 Health Assessment form after the resident was admitted to Hospice services on [redacted]. 2. Record review of the Hospice Notes revealed Resident #8 was admitted to the facility [redacted] with diagnosis of [redacted], A-fibrillation [redacted], and [redacted] with functional decline. The resident upon admission had an order for a hospital bed with ½ side rail The resident and her husband lived at the facility, her husband expired at the hospital on [redacted]. The resident was documented as alert, oriented but confused. After her husband's death, she became increasingly agitated, combative towards the staff, not sleeping at night and trying to get out of bed. On [redacted]	{A 160}		

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{A 160}	Continued From page 35	{A 160}		

during a combative episode the resident hit a caregiver, the resident also hit her arm on the bed rail. The
resident ' s arm was ..... and she complained of pain. On she was transferred to the hospital for evaluation. The resident's son and physician were notified by the hospice staff. The resident returned to the facility on Hospice Crisis care with a ..... to her left arm. The resident was bed bound , she was unable ambulate due to unsteady gait. The resident was admitted to Hospice Crisis
Care for several periods of time from ..... until . On ..... the resident was escorted to
the the Crisis Care Aide and the resident expired while on the toilet.

On ..... at approximately 12:00 PM during an interview with the Administrator she stated that she did
not have any documentation/ investigation completed by the facility regarding the resident ' s injury or
the care provided to the resident. She stated that all the documentation about the resident was ompleted
only by the Vitas Hospice staff.

The Administrato, who is a Registered Nurse, provided Medication Observation Records(MOR) for ..... 2012 which revealed
the Administrator performed ..... glucose testing daily at 5 PM and administered Lantus ..... based on a prescribed sliding scale of amount. The Administrator stated the facility Physician made
monthly visits to the resident and the resident remained on prescribed ..... for elevated ..... glucose.

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{A 160}	Continued From page 36 Record review of the MOR for ..... 2012 and the Vitas Active Medication Profile for 2012, reveals no orders for on the Vitas Hospice Profile. The Administrator stated that Hospice service does not provide for administration even if the resident requires the medication. Therefore she stated she administered the daily per the facility physician order. The Administrator reviewed the medical record and could not provide any physician order for the ..... medication nor any hospice documentation referencing the ..... The Administrator stated she had the written documentation by the physician off site. When questioned by the surveyor the Administrator agreed all documentation pertaining to a resident should be kept in the facility for review. She also confirmed that all hospice documentation about the resident was not available for review at the facility. On at 8:50 AM the surveyor was unable to access facility records and residents, to complete the complaint revisit. Class III	{A 160}		

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{A 161}	Continued From page 37	{A 161}		
{A 161} SS=D	58A-5.024(2) FAC Records - Staff (2) STAFF RECORDS. (a) Personnel records for each staff member shall contain, at a minimum, a copy of the original employment application with references furnished and verification of freedom from communicable [illegible] including [illegible] In addition, records shall contain the following, as applicable: 1. Documentation of compliance with all staff training required by Rule 58A-5.0191, F.A.C.; 2. Copies of all licenses or certifications for all staff providing services which require licensing or certification; 3. Documentation of compliance with level 1 background screening for all staff subject to screening requirements as required under Rule 58A-5.019, F.A.C.; 4. A copy of the job description given to each staff member pursuant to Rule 58A-5.019, F.A.C., for facilities with a licensed capacity of seventeen (17) or more residents; and 5. Documentation of facility direct care staff and administrator participation in resident elopement drills pursuant to paragraph 58A-5.0182(8)(c), F.A.C. (b) The facility shall not be required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by a business entity contracting to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 58A-5.019, F.A.C. (c) The facility shall maintain the facility ' s written work schedules and staff time sheets as required under Rule 58A-5.019, F.A.C., for the last 6 months.	{A 161}		

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This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, the facility failed to maintain personnel records for each staff member as evidenced by the failure of the employee record to document a copy of the original employment application with references furnished, verification of freedom from communicable [redacted] including documentation of compliance with all staff training, documentation of compliance with background screening, and documentation of all licenses or certifications for all staff providing services which require licensing or certification for 3 of 5 employee files reviewed, employee #1,#2,#3.

The findings include:

On [redacted] at approximately 11:00 AM during an interview with the Administrator, she stated she did not have employee personnel files on employee #1, #2 and #3. She stated the documentation for employee #1 and #2 was kept off site at another facility. She stated employee #3 started employment [redacted] and she did not bring any required paperwork with her to work. The Administrator stated she was aware the employee records should be maintained and available for inspection.

On [redacted] at 8:50 AM the surveyor was unable to access facility records to complete the complaint revisit.

Class III

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{A 162}	Continued From page 39	{A 162}		
{A 162} SS=D	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. (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	{A 162}		

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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 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

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	AL11966400	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX SENIOR LIVING II, INC.	5882 NW 73 COURT PARKLAND, FL 33067

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{A 162}	Continued From page 41 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 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 observation, interview and record review, the facility failed to maintain resident	{A 162}		

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{A 162}	Continued From page 42 records on the premises as evidenced by the failure to provide resident medical records including health care provider ' s orders for medications, nursing services, therapeutic diets, or other services to be provided. supervised, or implemented by the facility and for hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient for 3 of 3 sampled residents, resident #1, #2 and #8. The findings include: 1. On at approximately 11:00 AM during an interview with the Administrator she stated resident #1 was admitted on from an in-hospital hospice unit. She stated the resident had experienced a at another Assisted Living Facility and had her left hip. The was not surgically corrected per the residents family request. The Administrator stated the resident was on hospice services for The Administrator stated that she had gone to the hospital to assess the resident and had determined the resident to be meet the acceptable admission criteria for her facility. The Administrator stated the resident was non weight bearing ambulatory status, she could not stand and was required to remain in bed per physician orders. The Administrator stated that the resident was to remain non weight bearing until she was seen by her orthopedic physician in several weeks. She stated the resident was alert and oriented, but she could turn side to side in her bed. She was and required with ADL care. The Administrator stated she did not have any written admission orders from the physician or	{A 162}		

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{A 162}	Continued From page 43	{A 162}		

evaluations from the hospital hospice unit regarding the level of care the resident required but had made numerous attempts to contact the hospice service regarding the physician orders, and did not receive any return calls back. The Administrator stated the resident was bed ridden on admission but she felt the resident would "come around" and be able to ambulate when her hip started to heal. The Administrator stated she did not receive any discharge paperwork from the hospital. The resident arrived at the facility on at around 5 PM on a stretcher with only a bag of medications on her stomach. The Administrator did not have any documentation on the resident.

Review of the medical record revealed no written documentation of hospital discharge orders or admission assessment/evaluation/ care plan from the hospice service. There were no physician orders for medication administration, or treatments and no 1823 Resident Health Assessment form was completed for the resident.

2. Record review of the Hospice Notes revealed Resident #8 was admitted to the facility with diagnosis ' , A-fibri , and with functional decline.

The resident upon admission had an order for a hospital bed with ½ side rail The resident and her husband lived at the facility, her husband expired at the hospital on . The resident was documented as alert, oriented but . After her husband ' s , she became increasingly

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{A 162}	Continued From page 44 agitated, combative towards the staff, not sleeping at night and trying to get out of bed. On during a combative episode the resident hit a caregiver, the resident also hit her arm on the bed rail. The resident 's arm was ..... I and she complained of pain. On ..... she was transferred to the hospital for evaluation.. The resident ' s son and physician were notified by the hospice staff. The resident returned to the facility on Hospice Crisis care with a ..... to her left arm. The resident was bed bound , she was unable ambulate due to unsteady gait. The resident was admitted to Hospice Crisis Care for several periods of time from ..... until ..... On ..... the resident was escorted to the ..... the Crisis Care Aide and the resident expired while on the toilet. On ..... at approximately 12:00 PM during an interview with the Administrator she stated that she did not have any documentation/ investigation completed by the facility regarding the resident ' s injury or the care provided to the resident. She stated that all the documentation about the resident was completed only by the Vitas Hospice staff. The Administrator provided Medication Observation Records(MOR) for ..... 2012 which revealed the Administrator performed ..... glucose testing daily at 5 PM and administered Lantus ..... based on a prescribed sliding scale of amount. The Administrator stated the facility Physician made monthly visits to the resident and the resident	{A 162}		

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{A 162}	Continued From page 45 remained on prescribed [illegible] for elevated [illegible] glucose. Record review of the MOR for [illegible] 2012 and the Vitas Active Medication Profile for [illegible] 2012, reveals no orders for [illegible] on the Vitas Hospice Profile. The Administrator stated that Hospice service does not provide for [illegible] administration even if the resident requires the medication. Therefore she stated she administered the [illegible] daily per the facility physician order. The Administrator reviewed the medical record and could not provide any physician order for the [illegible] medication nor any hospice documentation referencing the [illegible]. The Administrator stated she had the written documentation by the physician off site. When questioned by the surveyor, the Administrator agreed all documentation pertaining to a resident should be kept in the facility for review. She also confirmed that all hospice documentation about the resident was not available for review at the facility. 3. On [illegible] at approximately 9:30 AM, Resident #2 was observed sitting in her wheelchair, watching TV. A seatbelt was fastened and in place around her waist. The mechanism restrained the resident and prevented her from rising from the wheelchair. Upon further observation the resident was unable to release the seatbelt on her own upon prompts by the surveyor. The surveyor observed a purple goose egg size lump on the residents forehead and large dark [illegible] areas around both of the residents eyes and down her jaw on both sides. During record review of the Hospice Admission notes from [illegible] the chart revealed the	{A 162}		

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{A 162}	Continued From page 46	{A 162}		

resident was admitted to the facility on ..... from an independent living facility. The resident had increasing episodes of agitation and ..... with ..... The resident was described to have extreme episodes of agitation, screaming and undressing herself. She was placed on ..... with control of the symptoms. Since admission to the facility the resident passed out on the toilet and was admitted to the hospital. She received multiple ..... for ..... and has since had experienced a functional decline. Her diagnosis is underlying myelodysplastic ..... which the family has declined aggressive treatment. Additional medical diagnosis' include chronic ..... I's, ... with ..... ,chronic kidney ..... of left shoulder, left ..... and left ..... She is chair bound, ... ADL dependent, and has a poor appetite. She is responsive to commands but cannot always communicate discomfort or needs. She is disoriented at all times.

During record review of the RN Hospice note dated ..... reveals the resident was observed in her wheelchair with the chair belt buckled. The resident was observed to have ..... to right and left eye areas as well as right ..... area from a ..... on ..... She denies pain in the area. The resident was noted to be ..... and unable to follow simple commands.

During an interview at 2:00 PM, the Administrator observed the seatbelt on the residents wheelchair and stated that seatbelts are not to be utilized to prevent the residents from getting out of the wheelchair. She stated the wheelchair was new and she immediately had the seatbelt cut off from the wheelchair. The Administrator

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{A 162}	Continued From page 47 confirmed the resident had and hit her face on [illegible] She stated the resident is a known [illegible] risk and needs constant monitoring. The Administrator was unable to provide documentation of assessment and treatment, or investigation by the facility regarding the fall and interventions to prevent [illegible] in the future. The Administrator stated she did not complete an incident report and she could not provide any nursing documentation assessing the resident after the [illegible] She stated the resident did not go to the hospital for evaluation of head injury, she called Hospice only. She stated she did not notify the physician or family, stating that Hospice was responsible to notify the family. The Administrator could not provide an updated 1823 Health Assessment form after the resident was admitted to Hospice services on [illegible] On [illegible] at 8:50 AM the surveyor was unable to access facility records and residents, to complete the complaint revisit. Class III	{A 162}		
A 164 SS=G	58A-5.024(4) FAC Records - Inspection Availability (4) RECORD INSPECTION. (a) All records required by this rule chapter shall be available for inspection at all times by staff of the agency, the department, the district long-term care ombudsman council, and the advocacy center for persons with [illegible] (b) The resident's records shall be available to the resident, and the resident's legal representative, designee, surrogate, guardian, or attorney in fact, case manager, or the resident's	A 164		

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estate, and such additional parties as authorized in writing.
(c) Pursuant to Section 429.35, F.S., agency reports which pertain to any agency survey, inspection, monitoring visit, or complaint investigation shall be available to the residents and the public.
1. Requestors shall be required to provide identification prior to review of records.
2. In facilities that are co located with a licensed nursing home, the inspection of record for all common areas shall be the nursing home inspection report.
(d) The facility shall ensure the availability of records for inspection.

This Statute or Rule is not met as evidenced by:
Based on interview, the facility failed to make records available for inspection to ascertain compliance with resident care standards to staff of the Agency for Health Care Administration (AHCA).

The findings include:

On at 8:50 AM, 2 facility aides allowed surveyor entrance to the facility for a revisit to a complaint survey. The aide confirmed a census of 4 residents. The Administrator was not present in the facility and was called by the aide informing her of the visit. The aide stated to the surveyor the Administrator requested to speak to her. The surveyor answered the phone and the Administrator informed the surveyor in a raised voice "I do not want you in my facility". At 8:55 AM the surveyor requested medical records for the residents. Both aides stated they did not have access to the records. The Administrator was

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A 164	Continued From page 49 again called by the facility staff and she insisted on speaking to the surveyor. The Administrator spoke in a very loud angry voice, repeating numerous times, "Leave my facility ". The surveyor informed the Area Office Supervisor of the conversation with the Administrator and exited the facility at 9:05 AM. Class II	A 164		
A 190 SS=G	58A-5.033 FAC Administrative Enforcement Administrative Enforcement. Facility staff shall cooperate with Agency personnel during surveys, complaint investigations, monitoring visits, implementation of correction plans, license application and renewal procedures and other activities necessary to ensure compliance with Part I of Chapter 429, F.S., and this rule chapter. (1) INSPECTIONS. (a) Pursuant to Section 429.34, F.S., the agency shall conduct a survey, investigation, or appraisal of a facility: 1. Prior to issuance of a license; 2. Prior to biennial renewal of a license; 3. When there is a change of ownership; 4. To monitor facilities licensed to provide limited nursing or extended congregate care services, or who were cited in the previous year for a Class I or Class II, or 4 or more uncorrected Class III violations; 5. Upon receipt of an oral or written complaint of practices that threaten the health, safety, or welfare of residents; 6. If the agency has reason to believe a facility is violating a provision of Part III of Chapter 429, F.S., or this rule chapter; 7. To determine if cited deficiencies have been corrected; and	A 190		

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8. To determine if a facility is operating without a license.
(b) The inspection shall consist of full access to and examination of the facility ' s physical premises and facility records and accounts, and staff and resident records.
(c) Agency personnel shall interview facility staff and residents in order to determine whether the facility is respecting resident rights and to determine compliance with resident care standards. Interviews shall be conducted privately.
(d) Agency personnel shall respect the private possessions of residents and staff while conducting facility inspections.
(2) ABBREVIATED SURVEY.
(a) An applicant for license renewal who does not have any class I or class II violations or uncorrected class III violations, confirmed long-term care ombudsman council complaints reported to the agency by the LTCOC, or confirmed licensing complaints within the two licensing periods immediately preceding the current renewal date shall be eligible for an abbreviated biennial survey by the agency. Facilities that do not have two survey reports on file with the agency under current ownership are not eligible for an abbreviated inspection. Upon arrival at the facility, the agency shall inform the facility that it is eligible for and that an abbreviated survey will be conducted.
(b) Compliance with key quality of care standards described in the following statutes and rules will be used by the agency during its abbreviated survey of eligible facilities:
1. Section 429.26, F.S., and Rule 58A-5.0181, F.A.C., relating to residency criteria;
2. Section 429.27, F.S., and Rule 58A-5.021, F.A.C., relating to proper management of resident funds and property;

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A 190	Continued From page 51 3. Section 429.28, F.S., and Rule 58A-5.0182, F.A.C., relating to respect for resident rights; 4. Section 429.41, F.S., and Rule 58A-5.0182, F.A.C., relating to the provision of supervision, assistance with ADLs, and arrangement for appointments and transportation to appointments; 5. Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., relating to assistance with or administration of medications; 6. Section 429.41, F.S., and Rule 58A-5.019, F.A.C., relating to the provision of sufficient staffing to meet resident needs; 7. Section 429.41, F.S., and Rule 58A-5.0191, F.A.C., relating to minimum dietary requirements and proper food hygiene; 8. Section 429.075,.F.S., and Rule 58A-5.029, F.A.C., relating to mental health residents ' community support living plan; 9. Section 429.07, F.S., and Rule 58A-5.030, F.A.C., relating to meeting the environmental standards and residency criteria in a facility with an extended congregate care license; and 10. Section 429.07, F.S., and Rule 58A-5.031, F.A.C., relating to the provision of care and staffing in a facility with a limited nursing license. (c) The agency will expand the abbreviated survey or conduct a full survey if violations which threaten or potentially threaten the health, safety, or security of residents are identified during the abbreviated survey. The facility shall be informed that a full survey will be conducted. If one or more of the following serious problems are identified during an abbreviated survey, a full biennial survey will be immediately conducted: 1. Violations of Rule Chapter 69A-40, F.A.C., relating to firesafety, that threaten the life or safety of a resident; 2. Violations relating to staffing standards or resident care standards that adversely affect the health or safety of a resident;	A 190		

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3. Violations relating to facility staff rendering services for which the facility is not licensed; or
4. Violations relating to facility medication practices that are a threat to the health or safety of a resident.
(3) SURVEY DEFICIENCY.
(a) Prior to or in conjunction with a notice of violation issued pursuant to Section 429.19 and Chapter 120, F.S., the agency shall issue a statement of deficiency for Class I, II, III, and . . violations which are observed by Agency personnel during any inspection of the facility. The deficiency statement shall be issued within ten (10) working days of the Agency ' s inspection and shall include:
1. A description of the deficiency;
2. A citation to the statute or rule violated;
3. A time frame for the correction of the deficiency;
4. A request for a plan of correction which shall include time frame for correction of the deficiency; and
5. A description of the administrative sanction that may be imposed if the facility fails to correct the deficiency within the established time frame.
(b) Additional time may be granted to correct specific deficiencies if a written request is received by the agency prior to the time frame included in the agency ' s statement.
(c) The facility ' s plan of correction must be received by the agency within 10 working days of receipt of the deficiency statement and is subject to approval by the agency.
(4) EMPLOYMENT OF A CONSULTANT.
(b) Dietary Deficiencies.
1. If a Class I, Class II, or uncorrected Class III deficiency directly related to dietary standards as established in Rule 58A-5.020, F.A.C., is documented by agency personnel pursuant to an inspection of the facility, the agency shall notify

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the facility in writing that the facility must employ, on staff or by contract, the services of a registered dietitian or licensed dietitian/nutritionist.
2. The initial on site consultant visit shall take place within 7 working days of the identification of a Class I or Class II deficiency and within 14 working days of the identification of an uncorrected Class III deficiency. The facility shall have available for review by the agency a copy of the dietitian ' s license or registration card and a signed and dated dietary consultant ' s recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.
3. The facility shall provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the dietary consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper dietary standards are followed and that such consultant services are no longer required. The agency shall provide the facility with written notification of such determination.
(5) ADMINISTRATIVE SANCTIONS.
Administrative fines shall be imposed for Class I and Class II violations, or Class III or . . . violations which are not corrected within the time frame set by the Agency, and for repeat Class III violations, as set forth in Section 429.19, F.S.
(a) The Agency shall notify facilities of the imposition of sanctions, their right to appeal the sanctions, the remedies available, and the time limit for requesting such remedies as provided under Chapter 120, F.S., and Part II of Chapter 59-1, F.A.C.
(b) When an administrative fine payment is returned from the applicant ' s bank for whatever reason, the agency shall add to the amount due a

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
	AL11966400	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PHOENIX SENIOR LIVING II, INC.	5882 NW 73 COURT PARKLAND, FL 33067

(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 190	Continued From page 54 service fee of $20 or 5 percent of the face amount of the check, whichever is greater, up to a maximum charge of $200. Proceeds from this fee shall be deposited in the same agency account as the fine. This Statute or Rule is not met as evidenced by: Based on interview, the facility failed to cooperate with Agency staff during a revisit to a complaint survey as evidenced by denying full access to residents, staff and resident records to determine if cited deficiencies have been corrected. The findings include: On [redacted] at 8:50 AM a revisit to a complaint survey completed on [redacted], was attempted at the facility. The Administrator was not at the facility and was contacted by the staff via phone. During a phone interview with the Administrator at approximately 8:55 AM, the Administrator spoke in a loud angry voice, " I do not want you to survey my facility". The surveyor immediately informed the AHCA Field Office Supervisor that access was denied. The surveyor exited the facility at 9:05 AM. Class II	A 190		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Phoenix Senior Living II, Inc.
5882 NW 73 Court
Parkland, FL 33067

Dear Administrator:

This letter reports the findings of an attempt to conduct a revisit survey to complaint inspection #2012004139 on , 2012 by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and new deficiencies identified during the attempted revisit.

All deficiencies shall be corrected immediately.

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.

Should you have any questions please call the Field Office Manager at (561) 381-5840.

Sincerely,

Arlene Mayo - Davis

Arlene Mayo - Davis (AMD)
Field Office Manager

AMD/jw
Enclosure

BBT7

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Tallahassee, FL 32308
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