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
	AL11967587	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RETREAT AT WATERSONG (THE)	7365 ORCHESTRA LN MELBOURNE, FL 32940

(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 conducted Assisted Living Facility complaint inspection CCR#2012002052. The allegations regarding resident care and assessment were substantiated. Retreat at Watersong had a deficiency found at the time of the visit.	A 000		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of	A 030		

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A 030	Continued From page 1 the Florida Hotline " 1(800)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the	A 030		

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A 030	Continued From page 2 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 [redacted] 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 [redacted] and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or	A 030		

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A 030	Continued From page 3 attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a [redacted] his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Access to adequate and appropriate health care consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally [redacted] the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without [redacted] interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right	A 030		

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A 030	Continued From page 4 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 record review and interview the facility failed to ensure 1 of 3 sampled residents (#2) had access to reasonable and appropriate health care consistent with established and recognized standards of care in the community. Findings: Resident record review for #2 revealed an Assisted Living Facility health assessment form (1823) dated with diagnoses of elevated lipids, , sleep and degenerative in knees. The resident had vision and hearing loss. The resident needed supervision with ambulation, bathing, dressing, toileting and transferring and was independent eating. Review of facility notes revealed: - no time noted, staff left the resident alone and unattended outside for an extended period. Resident complained of neck pain radiating to his head, pain scale 10+, for pain) given at 9:25 AM. At 4 PM resident stated he had difficulty holding head up and turning side to side. Physician notified. - appointment with physician at 2:20 PM - Computer Tomography (CT)	A 030		

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A 030	Continued From page 5 Spine without contrast showed severe facet degenerative throughout the spine, most prominent from 3-5 facet osteophytes cause several foraminal at C3-C4 and C4-C5, degenerative subluxations measuring 3 mm at C3-C4, C4-C5, and C5-C6. No canal or compression spine x-rays showed severe degenerative and facet and no acute 2:30 PM resident not his normal self today. Poor appetite, staring at walls in his delayed response when asked questions. Complained of neck pain and was very agitated. 6 PM resident complained of and neck pain during dinner. Returned to given for pain. 12:30 AM resident had increased throughout early part of shift, unable to what he needed help with and was getting frustrated that nobody was helping. Given There was no documentation to indicate the physician was notified of the resident's increased 12:30 PM resident complained of blurry vision and pain in his neck area. Family member aware resident had bad hearing and vision. Going to the doctor tomorrow. 7 AM Resident continued to have Resident moving slowly getting up. Observed repetitive behaviors. no time noted resident continued with Observed using towel with bowel movement on it to clean his feet. Odd behavior continued. Resident refused to go to dining refused to eat. (no month stated) no time noted. Resident required 2 people to get him changed for bed. Very unstable on his feet. Nurse put bi- machine on resident; he was unable to put	A 030		

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A 030	Continued From page 6 on himself. no time noted. Resident continued with the episodes. Refused lunch. There was no documentation to indicate the facility communicated with the physician regarding the resident's continued and behaviors that began on call to physician regarding status of resident and request for labs. 7:35 AM resident stated he was trying to get to urinal and into his wheelchair. Resident wanted help to get dressed and did not want to be left alone. Extremely and depressed. There was no documentation to indicate the resident was assessed after his into the wheelchair and no assessment was conducted until hospitalization on lab results received, called physician x 3 for orders 12 AM Resident needed full assistance today, when fed this am just took a few bites of oatmeal with assistance then wanted to lie down. 9 AM Resident went to emergency personal transportation with family member approximately 7:30 PM. 5:30 PM spoke to family member regarding taking resident to emergency elevated labs. 911 was not an option due to emotional upset it would cause. 9 AM phone call to the hospital, resident admitted with diagnosis of and , urinalysis was ok. 9:30 PM family member called to state resident Interview with the healthcare administrator on at approximately 12:45 PM who stated the resident went to the physician 1-2 times after She also stated the family member would not talk to the facility about the physician visits as	A 030		

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A 030	Continued From page 7 she thought the facility was responsible for the resident's decline. She also stated the nurse who documented the resident [redacted] into his wheelchair on [redacted] was no longer working at the facility and stated her documentation was inadequate. She also stated the facility had a nurse who could assess residents when necessary. Class II	A 030		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Retreat At Watersong (the)
7365 Orchestra Ln
Melbourne, FL 32940

Dear Administrator:

Re: CCR # 2012002052

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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