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
	AL11967434	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORLANDO LUTHERAN TOWERS	404 MARIPOSA STREET ORLANDO, FL 32801

(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 the Assisted Living Facility (ECC) with Extended Congregate Care (ECC) re-licensure survey. The facility had deficiencies found during the visit.	A 000		
A 076	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_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.	A 076		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 076	Continued From page 1 (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 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.	A 076		

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A 076	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a statement of the facility's policy concerning pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C., Findings: Review of the facility's Policy and Procedure revealed the policy did not include the required documentation to the residents or their representatives at the time of admission. The policy and procedure did not include the following: 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. Interview with the administrator on at approximately 2:25 PM who stated the policy needed to be revised. Class III	A 076		
A 167	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and	A 167		

Agency for Health Care Administration

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A 167	Continued From page 3	A 167		

extended congregate care services if the facility is licensed to provide such services.
(b) The daily, weekly, or monthly rate.
(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract.
(d) A provision giving at least 30 days written notice prior to any rate increase.
(e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S.
(f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments.
(g) A refund policy which shall conform to Section 429.24(3), F.S.
(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident

Agency for Health Care Administration

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A 167	Continued From page 4 ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the contracts included a provision that residents must be assessed every three years, or after a significant change for 2 of 5 sampled residents (#1 & #2). Findings: Review of contracts for residents #1 and #2 revealed a provision that residents must be assessed upon admission pursuant to subsection	A 167		

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A 167	Continued From page 5 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change was not included in the contract. Interview with the administrator on [redacted] at approximately 2:25 PM who stated she was not aware the above statement was required to be in the contract. Class [redacted]	A 167		
AE205	58A-5.030(6) FAC ECC - Health Assessment (6) HEALTH ASSESSMENT. Prior to admission to an ECC program, all persons including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a physician or advanced registered nurse practitioner pursuant to Rule 58A-5.0181, F.A.C. A health assessment conducted within 60 days prior to admission to the ECC program shall meet this requirement. Once admitted, a new health assessment must be obtained at least annually. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 2 of 5 sampled residents (#1) who received ECC services, a health assessment was completed annually and the health assessment did not reflect accurate information on 1 of 5 sampled residents (#3). Findings: 1. Resident record review for resident #1 revealed an Assisted Living Facility dated	AE205		

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AE205	Continued From page 6 with diagnoses of history of surgery, retention, spasms and had a pubic Review of physician's order dated stated Extended Congregate Care for indwelling pubic There was no documentation to review to indicate the physician completed the health assessment (1823) annually (due Interview with the administrator on at approximately 3 PM who stated an 1823 was not completed in 2012 for #1. 2. Review of the List of ECC Residents revealed that Resident #3 received ECC services for Dressing and Bathing. Record review for Resident #3 revealed a Resident Health Assessment form 1823 dated with diagnosis of and the 1823 noted that the resident required assistance with her Activities of Daily Livings. There was no documentation on the 1823 that noted that the resident needed to be on ECC for total care with dressing and bathing. The administrator stated she was not aware that total care with dressing and bathing was not on the 1823. Class III	AE205		
AE207	58A-5.030(8) FAC ECC - Services (8) EXTENDED CONGREGATE CARE SERVICES. All services shall be provided in the	AE207		

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AE207	Continued From page 7 least restrictive environment, and in a manner which respects the resident ' s independence, privacy, and dignity. (a) An extended congregate care program may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self directed activities, and volunteer services. Family or friends shall be encouraged to provide supportive services for residents. The facility shall provide training for family or friends to enable them to provide supportive services in accordance with the resident ' s service plan. (b) An extended congregate care program shall make available the following additional services if required by the resident ' s service plan: 1. Total help with bathing, dressing, and toileting; 2. Nursing assessments conducted more frequently than monthly; 3. Measurement and recording of basic vital functions and weight; 4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident ' s food and fluid intake and output; 5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider ' s order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s informed consent to provide such assistance as required under Section	AE207		

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AE207	Continued From page 8 429.256, F.S.; 6. Supervision of residents with ... and 7. Health education and counseling and the implementation of health-promoting programs and preventive regimes; 8. Provision or arrangement for rehabilitative services; and 9. Provision of escort services to health related appointments. (c) Licensed nursing staff in an extended congregate care program may provide any nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility ' s written policies and procedures, and the nursing services are: 1. Authorized by a health care provider ' s order and pursuant to a plan of care; 2. Medically necessary and appropriate for treatment of the resident ' s condition; 3. In accordance with the prevailing standard of practice in the nursing community; 4. A service that can be safely, effectively, and efficiently provided in the facility; 5. Recorded in nursing progress notes; and 6. In accordance with the resident ' s service plan. (d) At least monthly, or more frequently if required by the resident ' s service plan, a nursing assessment of the resident shall be conducted. This Statute or Rule is not met as evidenced by: 1. Based on record review and interview the facility failed to ensure the monthly nursing assessments for 3 of 5 sampled residents (#1, #3 & #5) were completed monthly and the ECC	AE207		

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AE207	Continued From page 9 service plan was signed for 1 of 5 sampled residents (#1). Findings: 1. Resident record review for resident #1 revealed an Assisted Living Facility dated ..... with diagnoses of history of ..... surgery, ... retention, ... spasms and had a ..... pubic ..... Review of physician's order dated ..... stated Extended Congregate Care for indwelling ..... pubic ..... Review of the ECC monthly nursing assessments revealed there was no documentation to review to indicate a nursing assessment was completed for ..... 2012. Review of the ECC service plan revealed there was no signature on the plan by the resident or their representative. Interview with the administrator on ..... at approximately 3 PM who stated the monthly nursing assessments were not completed for 2012 and she was not aware the ECC service plan was not signed. 2. Review of the list of ECC residents revealed that Resident #3 received ECC services for dressing and bathing. Record review for Resident #3 revealed a Resident Health Assessment form 1823 dated ..... with diagnosis of ..... and ..... The 1823 noted that the resident required assistance with her Activities of Daily Living. Review of the monthly nursing assessments revealed that there was no nursing	AE207		

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AE207	Continued From page 10 assessment completed for 2012. 3. Record review for resident #5 revealed an assisted living resident health assessment dated with diagnoses of VTI S/P . Review of the physician order dated revealed extended congregate care for care. Review of the monthly nursing assessment for 2012 revealed there was no documentation completed, Interview on at approximately 3:30 PM with the afternoon staff revealed that she has changed the bag for resident #5 when needed. She added that resident #5 cannot change the bag. Class III	AE207		
AE208	58A-5.030(9) FAC ECC - Records (9) RECORDS. (a) In addition to the records required under Rule 58A-5.024, F.A.C., an extended congregate care program shall maintain the following: 1. The service plans for each resident receiving extended congregate care services; 2. The nursing progress notes for each resident receiving nursing services; 3. Nursing assessments; and 4. The facility ' s ECC policies and procedures. (b) Upon request, a facility shall report to the department such information as necessary to meet the requirements of Section 429.07(3)(b)9., F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility	AE208		

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AE208	Continued From page 11 failed to ensure the monthly nursing assessments for 4 of 5 sampled residents (#1, #3, #4 and #5) were completed monthly and the ECC service plan was signed for 1 of 5 sampled residents (#1). Findings: 1. Resident record review for resident #1 revealed an Assisted Living Facility dated [redacted] with diagnoses of history of [redacted] surgery, [redacted] retention, [redacted] spasms and had a [redacted] pubic [redacted] Review of physician's order dated [redacted] stated Extended Congregate Care for indwelling [redacted] pubic [redacted] Review of the ECC monthly nursing assessments revealed there was no documentation to review to indicate a nursing assessment was completed for [redacted] 2012. Review of the ECC service plan revealed there was no signature on the plan by the resident or their representative. 2. Record review for resident #1, #3 #4 and #5 revealed there was no documentation to indicate a nursing assessment was completed for [redacted] 2012. Interview with the administrator on [redacted] at approximately 3 PM who stated the monthly nursing assessments were not completed for 2012 and she was not aware the ECC service plan was not signed. Class III	AE208		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Orlando Lutheran Towers
404 Mariposa Street
Orlando, FL 32801

Dear Administrator:

Re: Biennial w/ECC & ECC monitoring

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

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998