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
	AL11922290	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATEAU PALMS INC	1679 TAMPA ROAD PALM HARBOR, FL 34683

(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) COMPLETION DATE
A 000	Initial Comments Assisted Living Facility A change of ownership survey (CHOW) state licensure survey with limited nursing services (LNS) was conducted on in conjunction with an initial limited mental health (LMH) survey, see (Aspen Event 8JH811). Chateau Palms Manor, Inc. assisted living facility had deficiencies 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	A 030		

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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 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

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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 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.

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(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 [illegible] 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 [illegible] 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 [illegible] interference, coercion,

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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, record review and interviews, the facility failed to assure the facility's 5 residents had their rights honored with regards to having a written grievance policy, procedure and a log in place for the residents and or their responsible parties to lodge any complaints, concerns or suggestions; and did not currently hold resident council meetings, which could potentially lead to residents currently residing at the facility to be dissatisfied with care or services with no way to resolve issues internally.

Findings include:

During the entrance conference on [redacted] at approximately 10:20 a.m., the administrator (Staff A) and the administrator designee (Staff C) were asked for the facility's specific grievance policy and procedure as well as the grievance log and resident council meeting minutes. The surveyor was told there was no formal policy, procedure or log for residents to document their concerns but that the resident admissions packet/contract did contain information on how to address grievances and concerns but acknowledged residents might not easily remember the steps to take and might become frustrated.

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A 030	Continued From page 5 A confidential interview during the survey revealed the resident would like to see more nutritious meals added to the menu and when asked if this idea had been brought up as a written suggestion or as a concern raised during resident council meetings, told the surveyor they didn't have resident council meetings. The same resident stated it would be good to have the meetings where suggestions could be made. A review of the facility menu's revealed the old menu would expire at the end of the month which meant an opportunity for resident imput could be implemented to include resident desires into the new menus. A concurrent interview(s) with the administrator and administrator designee during the exit conference on acknowledged resident council meetings would offer opportunities for residents such as the suggestion raised by the resident above. CLASS III PATTERN	A 030		
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered	A 052		

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A 052	Continued From page 6	A 052		

medications in accordance with procedures described in Section 429.256, F.S.
(b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container.
(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;

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(e) Pursuant to Section 429.256(4)(h), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.
(4) Assistance with self-administration does not include:
(a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , or preparations.
(h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

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A 052	Continued From page 8	A 052		

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interviews, the facility failed to assure medication orders were specific and did not require judgement on the part of unlicensed staff for 1 (Resident #2) of 3 sampled residents whose medications were reconciled.

Findings include:

A record review revealed Resident #2 had the following as needed or prn pain medication order transcribed onto the [redacted] and [redacted] medication observation records (MORs) that was not specific in the dosing time and therefore required judgment on the part of the unlicensed medication technician staff:

[redacted] 50mg tab, take 1 tab as needed every 4-6 hours as needed for pain. The order was written on [redacted]. Record review revealed no attempts by staff to obtain clarification of the order until [redacted] during the survey at which time clarification was received.

An interview with the med tech (Staff B) on [redacted] at approximately 12:50pm revealed he had not noticed the range given in the order.

An interview with the administrator (Staff A) on [redacted] at approximately 1:00pm revealed she also had not noticed the incomplete order but acknowledged it was her responsibility to assure orders were clearly written with no judgement needed on the part of the med tech.

An interview with Resident #2 on [redacted] at approximately 10:00am revealed she received all of her medications on time and that they never

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A 052	Continued From page 9 ran out. She did not reveal any concerns regarding the length of time between requested doses. CLASS III	A 052		
A 054	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, 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.	A 054		

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This Statute or Rule is not met as evidenced by:
Based on observation, record review and interviews, the facility failed to assure the daily medication observation record (MOR) was correct for 1 (Resident #2) of 3 residents whose MORS were reviewed which could cause [redacted] for staff or others reviewing the MORs.

Findings include:

A record review revealed the following order transcribed onto both the [redacted] and [redacted] MORs: [redacted] 20mg, take 1 tab 3 x day as needed for cramps or loose stools for 5 days. The MORs indicated the written date was [redacted] which meant the order would be good until [redacted] if started on that date. A further review revealed no attempt by the staff to contact the physician/ARNP for a written discontinue order or to the pharmacy to delete the order from subsequent MORs. There was no documentation that the medication was given in [redacted] or [redacted].

An interview with med tech (Staff B) on [redacted] at approximately 11:30 a.m. revealed he had contacted the pharmacy several times to delete the expired order from the MOR, but had been unsuccessful. He acknowledged that he had not highlighted or indicated on the MORs in any way that the order was no longer valid.

An interview with the administrator (Staff A) on [redacted] at approximately 11:45 a.m. revealed she was not aware of the expired order that was still showing on the 06 and 07 MORs and acknowledged it was the administrator's responsibility to assure all orders and changes to orders were transcribed accurately onto the MORs.

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Class III

A 091 58A-5.0191(12) FAC Training - Documentation & Monitoring — A 091

(12) TRAINING DOCUMENTATION AND MONITORING.
(a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility ' s personnel files. The documentation must include the following:
1. The title of the training program;
2. The subject matter of the training program;
3. The training program agenda;
4. The number of hours of the training program;
5. The trainee ' s name, dates of participation, and location of the training program;
6. The training provider ' s name, dated signature and credentials, and professional license number, if applicable.
(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.
(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.

This Statute or Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to provide individual training

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certificates with the required components including the title, date, length of each training and trainer credentials/qualifications for 1 (Staff B) of 3 staff whose personnel files were reviewed, making it difficult to determine if/when specific training requirements were actually met placing all 5 residents currently at the facility at risk of receiving care and services from potentially unqualified staff.

Findings include:

A review of Staff B (live in caregiver/med tech) revealed a hire date of _____. Further review revealed a several page Orientation and training outline that included the following components:

The first page had Activities of Daily Living broken down into 12 components and on the same page had _____ Control with 9 components. The second page had Major Incidents and Emergency and its 6 components that included the facility policy, fire plan, elopement, reporting accidents/injuries, incident reports and resident observation record; next was Residents Rights which included the law, rights, forms of _____ and neglect and _____ signs of physical, _____ and other forms of _____. Next was the Supervision of Self-Administered Medication and Medication Management (unless the trainer of this part of the orientation was a registered nurse or a pharmacist- this part of the training would not qualify as either the 4 hour initial or 2 hour annual update medication tech training). Next came Healthcare Advance Directives with 4 components that included the Do Not Recussitate Order _____ requirement. The third page included Safe Food Handling and Food Service with 8 components.

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After the last component was an area for Staff B to sign that he had completed the training above and New Staff Orientation. It went on to read that the course material was developed using the Florida Assisted Living Association Administrators Regulatory Guide and was signed by the Administrator. There was no date of completion and no breakdown as to how long each training was.

A further record review revealed a 2 hour certificate of training for the facility's Disaster plan dated and signed by Staff B and the administrator (Staff A) on .

Another form in Staff B's personnel file was reviewed and was titled: Certificate of Completion presented to (Staff B) and read: 8 hour inservice and listed: Activities of Daily living, Control, Major Incidents and Emergency, Resident Rights, Supervisiorn of Self-administration of medication and management and Healthcare Advance Directives (1 hour) and was signed but the entire training was not broken down into timeframes and was not dated by the administrator.

Interview with the staff member (Staff B) on at 1:00pm revealed he started work on and had worked at the facility's sister communities over a period of about 4 years. He stated he completed the orientation described above on but had separate 4 hour and 2 hour annual updates in med tech training (verified during further record review).

Interview with the administrator and administrator designee (staff B) on at approximately 1:00pm revealed the administrator had provided the orientation training for Staff B and

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
	AL11922290	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATEAU PALMS INC	**1679 TAMPA ROAD PALM HARBOR, FL 34683**

(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 091	Continued From page 14	A 091		

acknowledged the training certificates were incomplete and had not been broken down into separate certificates with the required components. Furthermore, she acknowledged the medication training listed on the certificate signed by her her would not satisfy the AHCA requirement because she was neither a registered nurse or a licensed pharmacist as required.

CLASS III

PATTERN

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Chateau Palms, Inc
1679 Tampa Road
Palm Harbor, FL 34683

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) state licensure survey and an initial limited mental (LMH) state licensure survey that were conducted on 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit relative to the CHOW survey. 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 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

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

Thank you for the assistance provided to the surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Paul T Brown

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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