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
	AL11912046	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORAL PLAZA RETIREMENT RESIDEN	5850 MARGATE BLVD. MARGATE, FL 33063

(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 Complaint Inspection #2012006797 was conducted on [redacted] Coral Plaza Retirement Residence had deficiencies found at the time of the visit. Note: This Complaint Inspection survey was conducted in conjunction with a Limited Nursing Services monitoring visit. Please refer to the separate report.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which	A 025		

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A 025	Continued From page 1 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 failedto provide care & services appropriate to the needs of residents by failing to ensure resident records accurately reflected the awareness of the health conditions for 3 of 3 sampled residents, #1, #2 and #3. The findings include: 1) Resident #1 was admitted to the facility on 04/2[illegible] diagnoses to include dementia, [illegible] chronic back pain. Review of the facility census revealed documentation resident #1 was receiving home health care services. Review of the home health agency record for resident #1 revealed she was receiving weekly visits by the home health Registered Nurse (RN) for psychiatric [illegible] and treatment up to and including 05/1[illegible] which time the home health RN documented she was now performing wound care to the resident ' s right lower extremity. Review of the resident ' s record Wellness Record Notes written by the facility Director of Nurses (DON) dated 05/2[illegible] wound [illegible] right lower extremity being assessed and treated by HHN (home health nurse). Previous documentation in the Wellness Record Notes is dated 03/0[illegible] no further documentation between then and 05/2[illegible] is no evidence of documentation of how the resident developed a wound [illegible] the right lower extremity, when the wound [illegible] or the	A 025		

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A 025	Continued From page 2 condition of the . Further review of the record revealed the next entry in the Wellness Record Notes is dated 13 days later, on . by the facility DON stating, " Certified Nursing Assistants reported to DON that resident ' s bandage was removed; nurse noted . open to air; moderate amount of . tinged . drainage with three tiny white insects in wound covered with loose dry sterile dressing. 911 called to transport patient to medical center for evaluation of right leg . On . at 4:00 p.m. an interview was conducted with the facility Administrator who stated the resident was always taking the dressing off and touching the . and she was sent to the hospital when the white insects were discovered in the . The Administrator was unable to provide evidence of documentation of how, why or when the . developed. 2) Resident #2 was admitted to the facility on . with diagnoses to include , chronic . lung . and Review of the Wellness Record Notes dated . documents " Resident returned to facility from hospital.'" Prior documentation is dated . with no indication of the resident ' s condition that required hospitalization. On . at approximately 3:30 p.m. an interview was conducted with the facility Administrator who was unable to state why the resident was sent to the hospital. Review of the facility census revealed documentation resident #2 was receiving home health care services. Review of the home health agency record for resident #2 revealed documentation from the home health RN dated	A 025		

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A 025	Continued From page 3	A 025		

healed". Review of the facility Wellness Record Notes revealed no evidence of documentation the resident had a . . . . . On . . . . . at 2:30 p.m. an interview was conducted with the facility Administrator who stated he does not remember resident #2 having a . . . . . On . . . . . at 2:45 p.m. an interview was conducted with the home health RN who was in the facility to visit resident #2 confirmed she was treating a right leg . . . . . the resident sustained and the resident was being seen daily initially and then twice a week until the . . . . . healed, which was a couple of weeks ago. On . . . . . at 2:50 p.m. an interview was conducted with resident #2 who stated she did have a . . . . . to her right leg and proceeded to pull up her pant leg pointing to an area of pink colored skin on her . . . stating " that is where it was but it ' s healed now.'"

3) Resident #3 was admitted to the facility on . . . . . with a diagnosis of . . . . . accident and . . . . . Review of the Wellness Record Notes dated . . . . . documents Resident returned from hospital. Prior documentation is dated . . . . . with no indication of the resident ' s condition that required hospitalization.

Review of the facility census revealed documentation resident #3 was receiving home health care services. Review of the Medication Observation Record (MOR) for resident #3 revealed documentation . . . . . care to the right toes was being performed 3 times weekly by the home health nurse dating back to . . . . . 2012. Review of the Wellness Record Notes dating back to . . . . . reveals no evidence of documentation of the assessment or condition of the right toe wounds. Further review of the Wellness Record Notes revealed documentation

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A 025	Continued From page 4 by the facility DON dated . . . . . reported 3 toes on right foot blackened to ankle, 3 plus . and reddened and a call was placed to home health nurse about condition. Further review of the MORs revealed documentation stopped on . . . . . Review of the record revealed no evidence of what occurred or where the resident went. On . . . . . at approximately 3:30 p.m. an interview was conducted with the Administrator who stated the resident was sent to the hospital to have his right toe wounds evaluated. The Administrator reviewed the MOR and stated "he must have been discharged on . . . . because that ' s when they stopped documenting." The Administrator confirmed there was no evidence of documentation of the resident ' s discharge to the hospital in the record. Class III	A 025		
A 030 SS=D	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.	A 030		

Agency for Health Care Administration

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A 030	Continued From page 5	A 030		

(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)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

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A 030	Continued From page 6	A 030		

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 restraints ..... 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 restraint.

I.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 abuse ...] 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.

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A 030	Continued From page 7	A 030		

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 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

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A 030	Continued From page 8 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 and interview, the facility failed to ensure the resident's right to privacy was maintained for 3 of 3 unsampled residents as evidenced by observation of the physician performing medical examinations on these residents in an area of plain view to residents, visitors and staff. The findings include: On at 3:08 p.m. observation was made of the Wellness on the first floor where the medication technicians house their medication carts and resident records. Four medication technicians were observed giving change of shift report, the DON and Administrator were in the addition to 2 home health nurses charting and one hospice nurse charting. The a large window on one side and at the right angle there was a single French door	A 030		

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A 030	Continued From page 9	A 030		

with windows from top to bottom and another door used as the entry which had a half window. This door was wide open. These 3 windows do not have any window coverings and opened out to hallways where residents and visitors walking by had a clear view of who was in the Wellness

Further observation was made of a physician sitting in a chair in front of a resident who resided in performing a medical examination, asking the resident medical related questions and listening to her and lungs. On at 3:25 p.m. an interview was conducted with the DON in the Wellness , who stated the physician brings in a list of his patients and she goes out to find the residents and brings them to him to examine in the Wellness Additionally, she stated sometimes he examines them in their if they aren ' t up to coming in here. At 3:30 pm the physician was observed asking the DON to bring in his next patient, resident residing in At 3:35 p.m. the resident was escorted in by the DON and sat down in front of the physician. The physician proceeded to talk to her about her medications, listened to her and lungs and at the resident ' s request, assessed the right side of her scalp stating " it looks like a ; I ' ll give you something for that; no it ' s not At 3:40 p.m. that resident was escorted out of the a resident residing in was wheeled in in her wheelchair by the DON. The physician proceeded to ask her medical questions and listened to her and lungs. All these medical examinations were done without affording the resident privacy. On at 3:55 p.m. an interview was conducted with the Administrator who stated they have a for the doctors to do their examinations,

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A 030	Continued From page 10 but the air conditioning is not working well that is why the doctor is doing his exams in the Wellness . The Administrator acknowledged the residents were not afforded privacy during their medical examinations. Class III	A 030		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Coral Plaza Retirement Residence
5850 Margate Boulevard
Margate, FL 33063

Re: CCR #2012006797

Dear Administrator:

This letter reports the findings of a complaint survey conducted on , 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) 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 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 this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

M C. Boyles, HFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

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