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
	AL11968060	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVA PALMS ALF	1600 TAFT STREET HOLLYWOOD, FL 33020

(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 Complaint Inspections CCR #2012005821 and CCR #2012006635 An Assisted Living Facility complaint inspection survey was conducted on ..... Nova Palms had licensure deficiencies found at the time of the visit. (Note: The survey was conducted in conjunction with the revisit to Complaint Inspection CCR #2012003881 and Operation Spot Check Appraisal visit. Refer to the separate reports.)	A 000		
A 025 SS=G	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.	A 025		

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A 025	Continued From page 1 (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 observations, record reviews and interviews, the facility failed to provide appropriate care and services to 3 out of 3 sampled residents (#1, #2 and #3). The findings are: 1. Resident #2's record was reviewed. He was admitted to the facility on . . . . . The Health Assessment documented that the resident had . . . . . and a spinal cord arachnoid . . . The resident was a paraplegic and was alert and oriented. The Health Assessment documented that the resident required supervision for Activities of Daily Living. There was a prescription order dated . . . . . "wash . . . . . with warm water and soap 3 x day for 8 weeks." Staff member #2 was interviewed on . . . . . at 1:25 p.m. and said that the resident is being followed by a home health agency for the . . . . . l care. Further record review revealed an assessment that documented the resident required 2 person physical assist for mobility. The home health agency folder was reviewed and documented that the resident was visited by the home health on just 3 days: 6/6, 6/9 and . . but there was no description of what services were provided and the resident's facility record did not contain any progress notes. There was no assessment of the . . . . . l and no	A 025		

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A 025	Continued From page 2 care plan. On at 12:30 p.m. an interview was conducted with the administrator who acknowledged that resident #2 was not receiving LNS services and no additional information was provided. 2. On at 10:35 a.m. an interview was conducted with resident #1. He said the staff members take care of his as he only has use of one hand due to a He said he receives a shower every second day. During the interview with the resident it was observed that his fingernails were long and dirty. In addition, his clothing was stained and soiled. The resident's record was reviewed. The resident was admitted to the facility on The Health Assessment documented that the resident has a and left side The Health Assessment also documented that the resident needed assistance with care, and assistance with ADLS. On at 12:25 p.m. an interview was conducted with staff member #2. She said home health comes in every day to care for resident and that she herself has never touched the as she does not do personal care. She said the home health nurse was at the facility yesterday for the resident On at 2:10 p.m. an interview was conducted with the Assistant Director of Nurses (ADON) for the home health agency caring for resident #1. She said that the resident was being seen by the home health nurse for care and care every 3 days per the physician order. She said that the last time the nurse provided the care was on , two	A 025		

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A 025	Continued From page 3 days ago, contrary to what the facility staff had reported. She said the nurses bring the supplies with them, and the facility is expected to care for the ' on the days that the home health nurse is not there. She said the nurse will see the resident today. She also said the ankle l was discovered the end of by the nurse. On at 2:30 p.m. the field nurse for the home health agency was interviewed. She said she does the l care and ' care every 3 days per the physician's order. She said that she frequently finds the resident "messy" and that she tells the facility staff, but they tell her he refuses to get cleaned up. On : at 2:50 p.m., the home health agency RN assessed the resident's ankle l and said it was improving. On : at 12:30 p.m. an interview was conducted with the administrator. She said resident #1 was receiving LNS services. The LNS documentation was requested and reviewed. There were no monthly assessments. There was a care plan form, but it did not contain a description of the services required by the resident or what disciplines would be providing the services. No additional information was provided. 3. On : at 1:30 p.m. resident #3 was observed in bed and there was a leg brace observed on the floor. The resident's record was reviewed. The resident was admitted to the facility on . The Health Assessment dated documented that the resident had a , ASHD, l and At the time of admission the resident was independent with ADLs. The record also contained copies from a hospital record dated . Per the hospital notes the resident had a l on : and as a result l a	A 025		

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A 025	Continued From page 4 femur and is non weight bearing on the left leg. The were no facility progress notes describing the events surrounding the hospitalization including no documentation of the change in the resident's status. In addition, the facility record documented that on the resident weighed 230 pounds. On at 3:15 p.m. the administrator was interviewed. The administrator said the resident is currently non weight bearing and has a She said the resident is receiving home health services. Progress notes, incident reports or other documentation regarding the resident's status were requested from the administrator, but no additional information was provided. Class II	A 025		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable	A 152		

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A 152	Continued From page 5 height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident . . . . . to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observations and interviews the environment was not maintained in a safe and clean manner. The findings are: During observations on , starting at 10:30 a.m., the following was observed: 1. The floor in . . . . . (resident #1 ' s was found to be dirty. The resident was observed in his . . . . the time and his wheelchair was observed to be in a heavily soiled condition. The resident was observed wearing clothing that was stained and soiled. The resident ' s . . . . .) was observed to be stained and there was a hole in the	A 152		

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A 152	Continued From page 6 2. In [redacted] there were holes in the wall, the [redacted] was peeling paint and the frame had gouges and black marks. The bedside chair was observed to be dirty, the floor was very dirty and there was a plastic covering on the bed that was torn and disintegrating. 3. The floor was observed to be dirty in [redacted]. 4. In [redacted] there was an odor, the bed sheets were soiled, the window blinds were stained and soiled and there was no toilet paper in the [redacted]. 5. In the second dining [redacted] water cooler was observed to have a dirty outlet tray, with a blackened substance at the bottom of the drain. 6. The handwashing sink by the nurses' station had no soap and no paper towels. 7. During confidential interviews with residents, they reported they were restricted to one roll of toilet paper a week, and that their [redacted] are not cleaned. Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Nova Palms ALF
1600 Taft Street
Hollywood, FL 33020

Re: CCR #2012005821 & #2012006635

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative from 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 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/jw
Enclosure

XG90

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