State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11968060	A. Building B. Wing	6/21/2012

Name of Facility	Street Address, City, State, Zip Code
NOVA PALMS ALF	1600 TAFT STREET HOLLYWOOD, FL 33020

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0162 Reg. # 58A-5.024(3) FAC LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
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Reviewed By State Agency	Reviewed By ACB	Date: 7-11-12	Signature of Surveyor: A. Thomas (ACB)	Date: 7-11-12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:			Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES NO

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
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{A 000}	Initial Comments An Assisted Living Facility complaint inspection revisit survey to CCR #3881 was conducted on Nova Palms had uncorrected licensure deficiencies found at the time of the visit. (Note: The survey was conducted in conjunction with the Complaint Inspection CCR #2012005821, CCR #2012006635 and Operation Spot Check Appraisal visit. Refer to the separate reports.)	{A 000}		
{A 079} SS=D	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 residents over 95 add 42 staff hours per week. 2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.	{A 079}		

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{A 079}	Continued From page 1 3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night. 4. At least one staff member who is trained in First Aid and as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility. 5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least must be designated in writing to be in charge of the facility. 6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement. 7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule. 8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C. (c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the	{A 079}		

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{A 079}	Continued From page 2	{A 079}		

facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being

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{A 079}	Continued From page 3 met. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to meet the minimum required staffing levels. The findings are: The staff schedule was requested and reviewed. There were three individuals listed as working on the morning of the survey; the administrator was listed as starting at 10:00 a.m. and staff members' #1 and #2 were listed as starting at 7:00 a.m. At the time of the team's entrance, at 10:20 a.m., the administrator had not arrived and there was only one staff member present that provides direct care (staff member #2). The staff schedule only listed one staff member at night (two residents identified requiring the assistance of 2 persons to transfer, #2 and #3). Further observations at 12:15 p.m. revealed two additional staff members were assisting the residents at lunch. The staff members said they were not scheduled to work today but had been "called in". This is an uncorrected deficiency.	{A 079}		

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{A 079}	Continued From page 4 Class III	{A 079}		
{A 093} SS=D	58A-5.020(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, ... and activity, shall be the nutritional standard used to evaluate meals. Therapeutic diets shall meet these nutritional standards to the extent possible. A summary of the Tenth Edition Recommended Dietary Allowances, interpreted by a daily food guide, is available from the DOEA Assisted Living Program. (b) The recommended dietary allowances shall be met by offering a variety of foods adapted to the food habits, preferences and physical abilities of the residents and prepared by the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the recommended dietary allowances to be made available to each resident daily by the facility are as follows: 1. Protein: 6 ounces or 2 or more servings; 2. Vegetables: 3 5 servings; 3. Fruit: 2 4 or more servings; 4. Bread and starches: 6 11 or more servings; 5. Milk or milk equivalent: 2 servings; 6. Fats, oils, and sweets: use sparingly; and 7. Water. (c) All regular and therapeutic menus to be used by the facility shall be reviewed annually by a registered dietitian, licensed dietitian/nutritionist, or by a dietetic technician supervised by a registered dietitian or licensed dietitian/nutritionist, to ensure the meals are commensurate with the nutritional standards	{A 093}		

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{A 093}	Continued From page 5	{A 093}		

established in this rule. Portion sizes shall be indicated on the menus or on a separate sheet. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. This review shall be documented in the facility files and include the signature of the reviewer, registration or license number, and date reviewed. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents.

(d) Menus to be served shall be dated and planned at least one week in advance for both regular and therapeutic diets. Residents shall be encouraged to participate in menu planning. Planned menus shall be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, shall be kept on file in the facility for 6 months.

(e) Therapeutic diets shall be prepared and served as ordered by the health care provider.

1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining or family style dining are not required to document what is eaten unless a health care provider ' s order indicates that such monitoring is necessary. However, the food items which enable residents to comply with the therapeutic diet shall be identified on the menus developed for use in the facility.

2. The facility shall document a resident ' s refusal to comply with a therapeutic diet and notification to the resident ' s health care provider of such refusal. If a resident refuses to follow a therapeutic diet after the benefits are explained, a signed statement from the resident or the resident ' s responsible party refusing the diet is acceptable documentation of a resident ' s

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{A 093}	Continued From page 6 preferences. In such instances daily documentation is not necessary. (f) For facilities serving three or more meals a day, no more than 14 hours shall elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals shall be evenly distributed throughout the day with not less than two hours nor more than six hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks shall be offered at least once per day. Snacks are not considered to be meals for the purposes of the time between meals. (g) Food shall be served attractively at safe and palatable temperatures. All residents shall be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, shall be on hand. (h) A 3-day supply of non perishable food, based on the number of weekly meals the facility has contracted with residents to serve, and shall be on hand at all times. The quantity shall be based on the resident census and not on licensed capacity. The supply shall consist of dry or canned foods that do not require refrigeration and shall be kept in sealed containers which are labeled and dated. The food shall be rotated in accordance with shelf life to ensure safety and palatability. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority.	{A 093}		

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{A 093}	Continued From page 7 This Statute or Rule is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to follow the menu. The findings are: On [redacted] at 12:15 p.m., lunch was observed being served to the residents. The trays were observed to contain chicken, pasta and carrots or meatballs in a brown gravy over noodles with carrots. The menu was requested. Staff member #1 pointed out the menu was posted by the nurse's station. The posted menu listed spaghetti, meatballs, broccoli, tossed salad and fruit salad. Staff member #1 was interviewed on [redacted] at 12:20 p.m. and said the kitchen sent Swedish meatballs, pasta and carrots instead of spaghetti and meatballs and broccoli. She said she has not documented the substitution yet. This is an uncorrected deficiency Class III	{A 093}		
{AN276} SS=G	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S. (a) Conducting passive range of motion exercises. (b) Applying ice caps or collars. (c) Applying heat, including dry heat, hot water bottle, heating [redacted], aquathermia, moist heat, hot compresses, sitz bath and hot soaks. (d) Cutting the toenails of [redacted] residents or residents with a documented [redacted] problem if the written approval of the resident's health care provider has been obtained.	{AN276}		

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{AN276}	Continued From page 8 (e) Performing ear and eye irrigations. (f) Conducting a dipstick test. (g) Replacement of an established self maintained indwelling or performance of an intermittent (h) Performing stool removal therapies. (i) Applying and changing routine dressings that do not require packing or irrigation, but are for and closed surgical wounds. (j) Care for pressure sores. Care for or 4 pressure sores are not permitted under this rule. (k) Caring for casts, braces and Care for head braces, such as a is not permitted under this rule. (l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse. (m) For hospice patients, providing any nursing service permitted within the scope of the nurse ' s license including 24-hour nursing supervision. (n) Assisting, applying, caring for and monitoring the application of anti-em stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers ' guidelines. (o) Administration and regulation of portable (p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS). (q) care and maintenance. This Statute or Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure that residents received Limited Nursing Services	{AN276}		

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{AN276}	Continued From page 9 (LNS) to meet the care needs of 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 #1 was interviewed on at 1:25 p.m. and said that the resident is being followed by a home health agency for the 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 and no 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. 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	{AN276}		

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{AN276}	Continued From page 10	{AN276}		

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 #1. She said home health comes in every day to care for resident andshe 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 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 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 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

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he refuses to get cleaned up. On [redacted] at 2:50 p.m., the home health agency RN assessed the resident's [redacted] and said it was improving. On [redacted] at 12:30 p.m. an interview was conducted with the administrator. She said there was only one resident receiving LNS services, and that was resident #1. 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 [redacted] 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 [redacted]. The Health Assessment dated [redacted] documented that the resident had a [redacted], ASHD, [redacted] and [redacted]. At the time of admission the resident was independent with ADLs.

The record also contained copies from a hospital record dated [redacted]. Per the hospital notes the resident had a [redacted] on [redacted] and as a result [redacted] a 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 [redacted] the resident weighed 230 pounds.

On [redacted] at 3:15 p.m. the administrator was interviewed. The administrator said the resident is currently non weight bearing and has a [redacted]. She said the resident is receiving home health

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{AN276}	Continued From page 12 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 This is an uncorrected deficiency	{AN276}		

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

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2012by a representative from this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

All deficiencies shall be corrected no later than , 2012.

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,

for A. C. Boyles, HFE Supervisor
Arlene Mayo Davis
Field Office Manager

AMD/jw
Enclosure

BBT7

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