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
	AL11964130	A. BUILDING _____ B. WING _____	C

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT CLEARWATER	2750 DREW STREET CLEARWATER, FL 33759

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A 000	Initial Comments Assisted Living Facility A complaint survey, CCR# 2012004089, was conducted on Emeritus at Clearwater assisted living facility had deficiencies found at the time of the visit.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and	A 008		

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A 008	Continued From page 1 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered	A 008		

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A 008	Continued From page 2 or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or (g) A resident placed on a temporary emergency	A 008		

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A 008	Continued From page 3 basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to meet the needs of Resident #1 in the dining listed on the health assessment. Not meeting the needs as listed on the health assessment could lead to the resident having a decline in functional status, by not receiving the proper nutrients needed. Findings Include: A record review of Resident #1 revealed that the resident is legally A review of the 1823, health assessment form, provided by the facility states the facility is to provide assistance with " cut up food and prompt on food placement " . An interview with the family of Resident #1, states that they are concerned that the facility does not let Resident #1 know where food is on the plate. An interview with Resident #1 on at 1:37 p.m. revealed that the resident had a Danish, coffee, and orange juice. The resident stated that they would like to be able to have second cup of coffee, but is unable to get this. Resident #1	A 008		

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A 008	Continued From page 4	A 008		

states that there are two other residents seated at the tables and they do what they can to assist her with meals. Resident #1 stated that they can ' t butter their roll, so they just do without having the roll. The food is often too big, such as the lettuce for salads and the fresh fruit. Resident #1 has to eat the food with their fingers. This has been an ongoing concern since moving into the facility. Resident #1 states that the meats are occasionally cut up (into smaller pieces); Resident #1 has to ask the other residents, about what is on her plate. Resident #1 states that the dinners are " lousy " . Some of the dinners include salads have pieces of lettuce that are too big and not cut up enough.

An interview with the Executive director and Resident Care Coordinator on at approximately 2:30 p.m. revealed that the quality assurance group has identified issues with too many people in the dining . . . . . The second seating is trailing, because there was too many residents, there was a . . . . split. Service is taking longer, because the dining is not evenly split. There was a large influx of resident around mid-, about 25 new residents making the seating more crowded for dining. They are working to resolve this. The wellness nurse is responsible to communicate the needs on the residents health assessment to the dietary manager or the dietary supervisor. The servers cannot cut up food and can ' t feed the residents. There are Resident Assistants s) to float in the dining can help, this was recently implemented with when the second seating was started. The . . ' s are generally pouring coffee. Resident #1 worked with home health on counting and using plate guard to help with the food. The Executive Director acknowledges that that resident #1 would be unable to see the circulating . . . If the . . . ' s are not made aware

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A 008	Continued From page 5 of the resident ' s need for assistance, then the resident will not be assisted. She states that the kitchen can cut the food, but the servers cannot. The facility acknowledged that Resident #1 dining needs are not currently being met in regards to " cut(ting) up food and prompt(ing) on food placement." Class III Isolated	A 008		
152	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 bedroom 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 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	A 152		

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A 152	Continued From page 6 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 observation and Interview the facility failed to provide a clean environment, as noted by mold on air conditioning units in the main hallways. The circulating air smells musty and mildew like. Findings include: A tour of the facility began at 9:20 a.m. the main lobby of the facility. The paint was found to be peeling and bulging in the main lobby, below the sun window. There was a large brown and black stain on the ceiling near the sun window, to the left as you walk in the building, there were no smells of mildew or other mal-odors. There was a black and brown area on the ceiling and this area was missing the popcorn texture in an area that covers approximately 4 feet long and 2 feet wide. There are many brown ceiling stained tiles near the entrance and in the administrator ' s office during entrance. In the " Silver ..... " , on the first floor , where surveyor was placed to work there is an AC unit with black speckled bio growth. During the tour of the 4th floor, missing ceiling	A 152		

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A 152	Continued From page 7 tiles were found on the left side of the ceiling, facing the elevator. There was white and black bio-growth on the wall unit near the elevator. The hallway was warm, with a musty and mildew smell. The smell penetrates all of the hallways, throughout the 4th floor. There was no thermostat to verify temperature. The staff working on the 4th floor were asked about the temperature in the hallways, the staff stated this was the normal temperature. Within the locked unit, on the 4th floor, there are several bulging ceiling tiles at exit door to elevator. There were broken tiles at exit sign in front of the disposal unit door. The 4th floor has resident on the left side of elevator as you step out of the elevator and a locked unit to the right. Throughout the entire floor there are many brown stained ceiling tiles and the white tracking that holds the tiles is rusted. Most rust is at the seam where the wall meets the ceiling. Some resident were found to have a musty smell and some resident were found to be cooler than the temperature in the hallways. A tour of the 3rd floor found that the hallways are warm and had a mildew smell. There are some stained ceiling tiles, some have been repainted. Tour of the 2nd floor found the hallways to have a musty smell, but not as bad as the 3rd and the 4th floors. The AC unit to the left, as you step out of the elevator, has black and white bio-growth. There was condensation on the AC unit and dripping from the top of this area. There are tiles on wall near that are chipped and wall paint on the corner is missing. An interview with maintenance on at 12:18 p.m. revealed that the facility had two roofing issues that were currently in the process of being repaired. The facility was not aware that the air conditioning units in the hallways had bi-	A 152		

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A 152	Continued From page 8 growth and that the hallways on the 2nd 3rd and 4th floor had a musty and mildew odor. Per the log provided by maintenance the facility changes the filters about every four months on the AC units in the resident ..... There is no log to show that the filters are changed in the units in the hallway or the common areas of the facility. A review of the log for the changing of the air conditioning filter's only list resident ..... The 3rd and 4th floor resident ..... had the filters cleaned. Maintenance was unaware of the bio growth, but states that this can be cleaned. Class III Pattern	A 152		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Emeritus at Clearwater
2750 Drew Street
Clearwater, FL 33759

Dear Administrator:

Re: **CCR# 2012004089**

This letter reports the findings of a complaint survey that was 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. 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

Enclosure: State Form 3020

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