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
	AL11965313	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLISLE PALM BEACH, THE	450 EAST OCEAN AVENUE LANTANA, FL 33462

(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 CCR#2012004058. Allegations were confirmed for CI 2012004058. The Carlisle Palm Beach Assisted Living Facility was not in compliance with the Requirements for Assisted Living Facilities, related to the allegations reviewed.	A 000		
A 007 SS=D	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable ..... which is likely to be transmitted to other residents or staff; however, a person who has ..... may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent to provide such	A 007		

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A 007	Continued From page 1 assistance as required under Section 429.256, F.S. 2. The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident. (f) Any special dietary needs can be met by the facility. (g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S. (h) Not require licensed professional mental health treatment on a 24-hour a day basis. (i) Not be bedridden. (j) Not have any or 4 pressure sores. A resident requiring care of a pressure may be admitted provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility. (k) Not require any of the following nursing services: 1. Oral, or suctioning; 2. Assistance with tube feeding; 3. Monitoring of gases; 4. Intermittent positive pressure breathing ; or	A 007		

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A 007	Continued From page 2	A 007		

5. Treatment of surgical or wounds, unless the surgical or and the condition which caused it have been stabilized and a plan of care developed.
(l) Not require 24-hour nursing supervision.
(m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.
(n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on:
1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule;
2. The facility ' s admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and
3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C.
(o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility failed to ensure that 2 out of 3 residents (residents #1 and 2) admitted to the facility met the minimum admission criteria.

The findings:

Review of resident #1's record indicated that she was admitted to the facility on with diagnoses including

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A 007	Continued From page 3	A 007		

insufficiency and Review of resident #1's nursing home discharge order dated on did not have a physician signature to certify the resident's placement into an assisted living facility. Review of the resident's health assessment dated on indicated that she must receive physical services, be placed on precautions, no ambulation or transferring performance level was specified and no physician opinion representing the resident's proper facility placement may be made due to inconsistent markings on the assessment form. Review of the resident's evaluation dated on indicated that the resident appeared unkempt, was , disoriented to time, place and person, had poor memory, flat affect, was and diagnosed with and Further review of resident #1's record did not indicate any clarifications to the inaccuracies and omissions presented in the resident's health assessment dated on

In an interview with the administrator on at 3:00pm, he stated that he was not aware of the inaccuracies and omissions presented in resident #1's health assessment, that the facility did not arrange for the resident to receive any physical services while in the facility and that the resident was discharged from the facility on due to the resident's condition of severe and which required a 'different' level of care than what the facility could offer, in the need for the resident to be placed in an secured unit. The administrator also stated at this time that the majority of the facility staff does not have specialized and related (ADRD) training since the facility does not advertise or have a secured unit to offer

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A 007	Continued From page 4 ADRD services to its residents. Review of the facility's admit/discharge log indicated that resident #1 was relocated to an [redacted] facility on [redacted]. Review of resident #1's progress note dated on [redacted] indicated that the resident was discharged to another facility and her personal items, including the resident's medications, were removed from the facility by the resident's family member. Review of resident #2's record indicated that she was admitted to the facility on [redacted] with diagnoses including [redacted] and [redacted]. Review of the resident's health assessment dated on [redacted] indicated that she had [redacted] due to [redacted] no activity of daily living performance levels were specified and the physician opinion represented that the resident's needs cannot be met in an assisted living facility. Review of the resident's health assessment dated on [redacted] indicated that no physician opinion representing the resident's proper facility placement was made. Further review of resident #2's record did not indicate any clarifications to the inaccuracies or omissions presented in the resident's health assessments dated on [redacted] and [redacted]. In an interview with the administrator on [redacted] at 3:00pm, he stated that he was not aware of the inaccuracies or omissions presented in resident #2's health assessments and that the resident was discharged from the facility on [redacted] to go to another facility, without further explanation. Class III	A 007		

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A 167	Continued From page 5	A 167		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and	A 167		

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A 167	Continued From page 6	A 167		

the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect.
(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.
(l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule.
(m) The facility ' s policies and procedures related to a properly executed

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility

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A 167	Continued From page 7	A 167		

did not properly execute a resident contract for 1 out of 3 residents (resident #1).

The findings are:

Review of resident #1's assisted living agreement (contract) dated on [redacted] indicated that the resident pay an initial amount of $1500.00 as a community fee, $5450.00 as a monthly service and wellness fees, that a termination of the contract may be based on the resident's physician determination of residential placement, a prorated refund to the resident's unused portion of the monthly fees minus any debt incurred by the resident shall be extended by the facility, and it did not contain a facility staff member's name and signature to represent its execution.

In an interview with the administrator on [redacted] at 1:45pm, he stated that he was not aware of the facility omissions presented in resident #1's contract dated on [redacted] that the resident was admitted to the facility on [redacted] and effectively discharged from the facility on [redacted] based on the resident's financial responsibility from her notice of relocation on [redacted] and that the resident did not incur any extraneous debt with the facility upon her discharge.

Review of the facility financial ledger dated from [redacted] to [redacted] indicated that resident #1 paid the facility a total of $5950.00 on [redacted] to represent the community and monthly service fees, and the facility debited from the resident's account $5450.00 on [redacted] to represent an advanced payment for the resident's monthly service and wellness fees.

Review of resident #1's record indicated that she was admitted to the facility on [redacted] with

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A 167	Continued From page 8 diagnoses including [illegible] insufficiency [illegible] and [illegible]. Review of resident #1's nursing home discharge order dated on [illegible] did not have a physician signature to certify the resident's placement into an assisted living facility. Review of the resident's health assessment dated on [illegible] indicated that she must receive physical [illegible] services, be placed on [illegible] precautions, no ambulation or transferring performance level was specified and no physician opinion representing the resident's proper facility placement may be made due to inconsistent markings on the assessment form. Review of the resident's [illegible] evaluation dated on [illegible] indicated that the resident appeared unkempt, was [illegible], disoriented to time, place and person, had poor memory, flat affect, was [illegible] and diagnosed with [illegible] and [illegible]. Further review of resident #1's record did not indicate any clarifications to the inaccuracies and omissions presented in the resident's health assessment dated on [illegible]. In an interview with the administrator on 6-1[illegible] 3:00pm, he stated that he was not aware of the inaccuracies and omissions presented in resident #1's health assessment, that the facility did not arrange for the resident to receive any physical therapy [illegible] while in the facility and that the resident was discharged from the facility on 3-2[illegible] to the resident's condition of severe dementia [illegible] Alzhe[illegible] required a 'different' level of care than what the facility could offer, in particular [illegible] need for the resident to be placed in an Alzheimer [illegible] unit. In an interview with the administrator on 6-1[illegible] 3:10pm, he stated that the resident was being issued a refund of $1311.41 to represent her unused portion of the monthly fees	A 167		

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A 167	Continued From page 9 and the facility did not provide the resident this refund amount within 45 days of her physical transfer from the facility on [redacted] since it has not yet delivered this refund to the resident. Review of the facility's admit/discharge log indicated that resident #1 was relocated to an [redacted] facility on [redacted]. Review of resident #1's progress note dated on [redacted] indicated that the resident was discharged to another facility and her personal items, including the resident's medications, were removed from the facility by the resident's family member. Class III	A 167		

AHCA
FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
The Carlisle Palm Beach
450 E. Ocean Avenue
Lantana, FL 33462

Re: CCR #2012004058

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,

A. C. Boyles, HFE Supervisor

for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

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2727 Mahan Drive
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