

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942878	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED _____
NAME OF PROVIDER OR SUPPLIER PALMS OF FORT MYERS			STREET ADDRESS, CITY, STATE, ZIP CODE 2674 WINKLER AVENUE FORT MYERS, FL 33901		
(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 This is the Change of Ownership survey conducted on through at The Palms of Fort Myers, an Assisted Living Facility. The deficiencies are as followed:	A 000			
A 003	58A-5.014 FAC Licensure - Change of Ownership (CHOW) (2) CHANGE OF OWNERSHIP (CHOW). (a) Pursuant to Section 429.12, F.S., the transferor shall notify the agency in writing, at least 60 days prior to the date of transfer of ownership. 1. The transferor shall provide to each resident a statement detailing the amount and type of funds credited to the resident for whom funds are held by the facility. 2. The transferee shall notify each resident in writing of the manner in which the transferee is holding the resident 's funds and state the name and address of the depository where the funds are being held, the amount held, and type of funds credited. (d) The current resident contract on file with the facility shall be considered valid until such time as the transferee is licensed and negotiates a new contract with the resident. (e) Failure to apply for a change of ownership of a licensed facility as required by Section 429.12, F.S., shall result in a fine levied by the Agency pursuant to Section 429.19, F.S. (f) During a change of ownership, the owner of record is responsible for ensuring that the needs of all residents are met at all times in accordance with Part III of Chapter 400, F.S., and this rule chapter. (g) If applicable, the transferor shall comply with Section 408.831(2), F.S., prior to Agency	A 003			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

396511

If continuation sheet 1 of 15

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A 003	Continued From page 1 approval of the change of ownership application. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to properly notify all 69 residents in writing of a change in ownership (CHOW) and the manner in which the transferee is holding funds. The findings include: 1. On _____ at approximately 9:30 a.m. a tour of the facility was conducted with the Resident Service Director _____. At approximately 9:35 p.m. a visit was made to Resident #2's _____. He was introduced to one of the Agency for Health Care Administration surveyors. The surveyor told Resident #2 there was a Change of Ownership (CHOW). Resident #2 questioned the _____ about the Change in Ownership. She explained to Resident #2 that it was more of a change on paper and the facility would still be managed by the same company. - An interview was conducted with Resident #2 on the same day at 2:29 p.m. He denied knowing any information about a change in ownership until the surveyor mentioned it earlier that morning. 2. An interview was conducted with Resident #3 on _____ at 3:02 p.m. He denied being told there was a CHOW. He also denied receiving any written information notifying him there would be a CHOW. 3. Resident #10 was interviewed at 5:47 p.m. on the same day. She also denied receiving any information regarding a CHOW. Resident #10 stated that she keeps money in bank at the	A 003			

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A 003	Continued From page 2 facility. She denied receiving any documentation concerning her finances and the effect the CHOW may or may not have on her money. 4. An Interview was conducted with Resident #11 on at 9:43 a.m. Resident #11 denied being told or notified in writing that there was a CHOW. She also states, "I suspected there was a CHOW, but nothing has really changed." She did not provide any additional information on her suspicions. Resident #9 was also interviewed on At approximately 10:30 a.m. he was asked if he was aware that the facility recently had a CHOW. He replied, "I don't recall any paper work on that or any vocal announcements as well. He went on to say, "I guess I didn't get the announcement." 5. On at 12:04 p.m. the Resident Service Director was interviewed. She explained that the CHOW came about, because the owners want to get, "equity out of our building." She went on to say, "They [Corporate] haven't done a letter, because they thought it was just a financial decision and they did not need to send out a letter." The admitted that none of the residents have been notified. She also stated that the residents' contracts and financial information has not changed. 6. On Resident #1 and #2's medical and financial charts were reviewed for verification. There were no written notifications of a CHOW in the residents' charts. No evidence of change in their contracts was noted. Class III Correction Date:	A 003			

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A 010	Continued From page 3	A 010			
A 010	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a _____ pressure _____ may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, 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 health care provider, the resident shall be discharged from the facility. (c) A _____ ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:	A 010			

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A 010	Continued From page 4 1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed; 2. Continued residency is agreeable to the resident and the facility; 3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility 's license and total help with the activities of daily living; and 4. Documentation of the requirements of this paragraph is maintained in the resident 's file. (d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility. (e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident 's needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based on a review of 1 resident record and interview with administrative and Hospice staff, the facility failed to ensure there was an interdisciplinary care plan to delineate those tasks that Hospice was responsible for and those tasks the ALF (Assisted Living Facility) staff were	A 010			

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PALMS OF FORT MYERS

**2674 WINKLER AVENUE
FORT MYERS, FL 33901**

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A 010	Continued From page 5 responsible for was included in the resident record for 1 (Resident #1) of 6 Hospice residents. The findings include: 1. Review of the Resident #1's record revealed there were two Hospice care plans, one dated _____ and the other date _____. This document had no evidence that the assisted living facility was involved in the plan in any way. There was no indication the hospice had involved the ALF in the development of the care plan nor were there delineation of what responsibilities were belonging to the ALF versus the Hospice. 2. Interview with a Hospice nurse on _____ at 3:15 p.m. reveled she uses the interdisciplinary plan established by the Hospice. The ALF does not attend the care plan meeting, and she agreed there was no communication and coordination of the plan of care between the Hospice and the ALF. 3. During an interview on _____ at 12:30 p.m. the Director of Clinical Services indicated that she has a service plan for Hospice, but it is ALF generated and did not include the Hospice. Class III Correction Date: _____	A 010		
A 030	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	A 030		

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A 030	Continued From page 6 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. (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	A 030			

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A 030	Continued From page 7 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 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 shall 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. ...).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	A 030			

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A 030	Continued From page 8 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. 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	A 030			

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A 030	Continued From page 9 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 ill, the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set 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 harassment, 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 observations during the tour and interviews, the facility failed to ensure the rugs in the residents' area were clean and free of stains. The findings include: 1. Observation during the tour of the 5th floor, revealed the hallway rug appeared to be very dirty and stained. This rug consists of tan colored	A 030			

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A 030	Continued From page 10 carpeting with insets of a patterned green carpeting. The carpeting appeared very dirty with stains. During an interview on 2:30 p.m. the Resident Service Director and the Chief Operating Officer indicated they had some construction done and the carpeting had been covered with a plastic barrier. Since the barrier was removed the rug remains dirty and un-cleanable. 2. Observation during tour revealed the following rooms had stained rugs in the rooms: 8, 12a, 15, 20, 516b, 517, 527, 531, and 536b. 3. During an interview on _____ 5:47 p.m. Resident #10 stated, "These carpets are terrible. Some people have close woven carpet so they don't dirty much. They say we can get a carpet shampoo once a year. I already had mine. It's a mess now." Class III Correction Date: _____	A 030			
093	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, sex and _____ 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 DOE Assisted Living Program.	A 093			

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A 093	Continued From page 11 (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 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.	A 093			

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A 093	Continued From page 12 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 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	A 093			

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(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 093	Continued From page 13 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. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to provide lunch in accordance with the portion sizes indicated on the menu. The findings include: 1. Observations during lunch on _____ at 12:15 p.m. revealed the server was using spoons to serve the meal. In response to questioning, she stated she knows how much to serve as she knows what the resident will eat. She agreed she did not have utensils that would measure the amount of food. Review of the menu posted in the serving area revealed there was no amounts posted on the menu for the volume to be served.	A 093			

Agency for Health Care Administration

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A 093	Continued From page 14 2. During an interview on at 10:30 a.m. the Resident Service Director indicated the staff should have measuring utensils to provide food as per the menu for all meals, and should have the amount to be given posted. Class III Correction Date: :	A 093		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Palms Of Fort Myers
2674 Winkler Avenue
Fort Myers, FL 33901

Dear Administrator:

This letter reports the findings of a Change of Ownership survey that was conducted on , 2012 through , 2012 by representatives 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 after , 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 this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

