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
	AL11910242	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND TERRACE	1520 JEFFORDS STREET CLEARWATER, FL 33756

(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 Assisted Living Facility A complaint survey, CCR# 2012007426, was conducted on in conjunction with an extend congregate care (ECC) monitoring visit, see (Aspen Event 5BH311). The Highland Terrace assisted living facility had a deficiency found at the time of the visit.	A 000		
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 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	A 030		

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A 030	Continued From page 1	A 030		

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 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 shall be limited to half-bed rails, and only upon the written order of the

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A 030	Continued From page 2	A 030		

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

429.28 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 and 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 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

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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 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 , 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 , interference, coercion, discrimination, or reprisal. Each facility shall

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A 030	Continued From page 4	A 030		

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 interview, the facility did not fully honor the resident's right to be treated with consideration and respect and with due recognition of personal dignity, for 2(#3 & #4) out of 6 sampled residents.

Findings include:

On , 9:45 a.m., an interview was conducted with Resident #3. When asked about how Staff #A treats him and other residents. He replied that Staff #A does talk loud to him and other residents. He said Staff #A doesn't yell but lacks personal skills when talking to people. Staff #A, according to him, does not want to hear " the other person's side of the story. " Resident #3 did say that he does not fear or feels threatened by Staff #A. He does feel Staff #A does not show him proper respect when he talks to him, especially by admonishing him using a " loud voice " in public that is witnessed by other people. Resident #3 denied being ' " ' ` by Staff #A. ' but did state Staff #A would use " curse words " at times when talking to him. He gave an example that was witnessed by Resident #5. The exact date and time is unknown, but approximately one month ago while Resident #3 was outside of the facility near the gazebo. Staff #A approached him and started talking to him in a very loud voice and

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A 030	Continued From page 5	A 030		

in a way that he though was disrespectful. Resident #3 stated he told Staff #A that that he lived here and Staff #A just worked here and he does not appreciate the way he is talking to him.

He also gave an example of him witnessing Staff #A talking to resident #4 in a disrespectful way. This incident was also witnessed by Resident #6. The exact date and time unknown but during lunch, Residents #4, #5 and #6 were sitting at the same table in the main dining the first floor. Staff #A approached the table to discuss a separate incident that concerned resident #4. Staff #A began talking to him in a very loud voice that the whole dining hear and said if it happens again he will be evicted from the facility. Resident #3 did state, on , he did have a meeting with Staff #A, ombudsman and his case worker. Since, this meeting Staff #A has adjusted the way he talks to him and has no issues with him and no other complaints about the facility.

On , at 10:30 a.m., when Resident #4 was interviewed about the incident in the dining , he confirmed the conversation. He felt that Staff #A talked to him in a disrespectful way, since the conversation occurred in a public area with other residents present. He said that Staff #A talks in a loud voice but did not yell at him. He also stated that Staff #A lacks interpersonal skills when talking to people. He has no other complaints in regards to the facility or staff.

On , at 10:45 a.m., Resident #5 was interviewed about incident that occurred at the gazebo. He said he did witness Staff #A talking to Resident #3 in a loud voice. He said he was too far away to hear exactly what was said. He did hear Staff #A say to Resident #3 if it happens

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A 030	Continued From page 6 again Staff #A is " going to kick him out. " Class III Pattern	A 030		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Highland Terrace
1520 Jeffords Street
Clearwater, FL 33756

Dear Administrator:

Re: **CCR# 2012007426 & ECC monitoring visit**

This letter reports the findings of a complaint survey and an extended congregate care (ECC) monitoring visit that were conducted on , 2012, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit relative to the complaint survey. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

FW Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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