

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER GREEN ACRES		STREET ADDRESS, CITY, STATE, ZIP CODE 15820 ARCHER STREET HUDSON, FL 34667		
(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 Complaint surveys, CCR# 2012006600 and CCR# 2012006734, were conducted on ----- Green Acres assisted living facility had deficiencies found at the time of the visit. Tag A 0030 is related to CCR# 2012006600 and CCR# 2012006734. Tag A 0051, A 0052 and A 0055 are related to CCR# 2012006600.	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	A 030		

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6890

508G11

If continuation sheet 1 of 14

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A 030	Continued From page 1 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 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	A 030			

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A 030	Continued From page 2 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 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.	A 030		

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A 030	Continued From page 3 (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 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.	A 030		

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A 030	Continued From page 4 (I) 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 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 observation and interview the facility failed to maintain the kitchen and resident rooms _____ common areas free of insects and failed to maintain resident rooms _____ and free from accumulation of dust and dead _____ including spiders, ants, roaches and flying insects. Findings include: An initial tour of the facility was conducted at 9:35 a.m. on 09/2 _____ upon entrance to the facility. A live German cockroach was observed running across the kitchen floor and under the black refrigerator. The staff person on duty observed the roach and stated "I better get the spray out." At 9:50 a.m. the facility administrator arrived at the facility. While a brief entrance conference was taking place in the resident's dining room _____ German cockroach was observed running to the area under the dining room _____ administrator observed the roach and promptly stepped on it. The administrator stated that she	A 030			

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A 030	Continued From page 5 does not use a professional pest control service and added "I spray all the time. Every time I spray we see them the cockroaches)." An assortment of insecticides was observed stored in the administrator's office. The facility has 3 resident with 3 beds per Additionally there are 2 reserved for the administrator and a live-in resident care aide. A further tour of the facility was conducted from 11:10 a.m. to 11:30 a.m. At 11:15 a.m. (with 3 resident occupied beds) was found to have numerous insects along the baseboards, corners of the walls and under the beds. At 11:20 a.m. the shared resident (with 3 resident beds) was found to have numerous insects ranging from large spiders and roaches to small black flying insects in the bathtub, in the medicine cabinet, in the sink vanity cabinet, behind the toilet, on the windowsill and in the ceiling light drop panels. The floor in the had a buildup of dirt and debris including insects along the baseboards and under the beds. The dresser tops and bed headboards were very dusty. The inside of the chests of drawers were dirty and odorous. The findings were observed by the staff person as well as the administrator who stated "No one is living in here right now. We haven't gotten around to cleaning this It has to be done." Class III Pattern	A 030		
A 051	58A-5.0185(2) FAC Medication - Pill Organizers (2) PILL ORGANIZERS. (a) A "pill organizer" means a container which	A 051		

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A 051	Continued From page 6 is designed to hold solid doses of medication and is divided according to day and time increments. (b) A resident who self-administers medications may use a pill organizer. (c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse shall manage the pill organizer in the following manner: 1. Obtain the labeled medication container from the storage area or the resident; 2. Transfer the medication from the original container into a pill organizer, labeled with the resident ' s name, according to the day and time increments as prescribed; 3. Return the medication container to the storage area or resident; and 4. Document the date and time the pill organizer was filled in the resident ' s record. (d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it shall be noted in the resident ' s record and the facility shall consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility shall contact the resident ' s health care provider regarding questions, concerns, or observations relating to the resident ' s medications. Such communication shall be documented in the resident ' s record. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the proper use of pill organizers for resident use when taking temporary leave from the facility.	A 051			

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A 051	Continued From page 7 Findings include: A review of the medication storage practices followed by the facility was conducted with the administrator on _____ at 11:15 a.m. revealed there was a pill organizer stored on a shelf of the locked medication central storage cabinet. The unlabeled pill organizer contained pre-poured pills in the compartments labeled Sunday, Monday and Saturday. The Sunday pills in the container were different in composition from the Monday/Saturday containers. The administrator stated "They (residents #1 and 3) set these up when they go out." The administrator said the Sunday pills belonged to resident #3 and the Monday and Saturday pills were for resident #1. The administrator did not explain why one organizer was used for 2 residents instead of one pill organizer for each resident to be used when leaving the facility except to say "They use one organizer when they go out together." There was no indication that the residents were leaving the facility on the day of the survey and no other explanation for the pill organizer being set up as observed was offered. The administrator stated that she knew the regulations about using pill organizers. Class III _____	A 051			
A 052	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or	A 052			

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A 052	Continued From page 8 an unlicensed staff member, who is at least _____ trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record. (d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility; 2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident's medication record; 3. The medication may be transferred to a pill organizer pursuant to the requirements of	A 052			

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A 052	Continued From page 9 subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident 's medication record; or 4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging; (e) Pursuant to Section 429.256(4)(h), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. (f) Pursuant to Section 429.256(4)(i), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident 's condition. (4) Assistance with self-administration does not include: (a) Mixing, _____, converting, or _____ medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a _____ (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of _____ preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) _____ or _____ preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the	A 052			

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A 052	Continued From page 10 unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure one (#3) of 5 census residents had self administered medications in a timely manner. Findings include: A review of the medication storage practices followed by the facility was conducted with the administrator on at 11:15 a.m. revealed there was a paper medication cup with a quantity of pills stored on the top shelf of the locked medications central storage cabinet in the administrator's office. The administrator stated that the the pills were for resident #3. When asked why the resident had not taken the pills and at what time and what day the pills were to be taken the administrator said "I'm not sure." The administrator then set the medication cup aside and said "I need to get rid of these." The administrator denied pre-pouring the medications, however, the medications which are received in packaging from the pharmacy appeared to have been pre-poured for resident administration. The administrator stated "We don't administer the medications but I don't know why these pills are here." Class III	A 052			

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A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their _____ or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the _____ or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be: 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, _____, or area at all times;	A 055			

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A 055	Continued From page 12 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed. (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident 's representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident 's request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident 's health care provider. (d) When a resident 's stay in the facility has ended, the administrator shall return all medications to the resident, the resident 's family, or the resident 's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident 's medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired	A 055			

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NAME OF PROVIDER OR SUPPLIER GREEN ACRES		STREET ADDRESS, CITY, STATE, ZIP CODE 15820 ARCHER STREET HUDSON, FL 34667		
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A 055	Continued From page 13 and disposition shall be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to properly dispose of loose pills for two (#1, 3) of 5 census resident located in the residents' medication storage boxes. Findings include: A review of the medication storage practices followed by the facility was conducted with the administrator on _____ at 11:15 a.m. revealed the following concerns: - 4 loose oval shaped pills were observed on the bottom of resident #1's plastic medication box. - 2 loose oval shaped pills were observed in the bottom of resident #3's plastic medication box. The administrator stated "They _____ out of the _____ packs. I need to throw them away." The administrator was unable to immediately identify the pills. Class III	A 055		

RICK SCOTT
GOVERNOR



ELIZABETH DUDEK
SECRETARY

2012

Administrator
Green Acres
15820 Archer Street
Hudson, FL 34667

Dear Administrator:

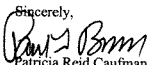
Re: CCR# 2012006600 & CCR# 2012006734

This letter reports the findings of two complaint surveys 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 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,

Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
<http://ahca.myflorida.com>



St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161