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
	AL11964066	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOD'S V.I.P. SENIOR HAVEN, LTD	4681 SW 66TH AVENUE DAVIE, FL 33314

(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 An assisted living facility standard biennial licensure survey was conducted on [redacted] God's V.I.P. Senior Haven Ltd. had licensure deficiencies found at the time of the visit.	A 000		
A 076 SS=D	58A-5.0186 FAC [redacted] (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules relative to [redacted]. The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a [redacted]. The ALF must provide the following to each resident, or resident ' s representative, at the time of admission: 1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " [redacted] 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and 2. Written information concerning the ALF ' s policies regarding [redacted]; and 3. Information about how to obtain DH Form 1896, Florida [redacted] Form, incorporated by reference in Rule 64J-2.018, F.A.C. (b) There must be documentation in the resident '	A 076		

Agency for Health Care Administration

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A 076	Continued From page 1 s record indicating whether or not he or she has executed a _____. If a _____ has been executed, a copy of that document must be made a part of the resident ' s record. If the ALF does not receive a copy of a resident ' s executed _____, the ALF must document in the resident ' s record that it has requested a copy. (2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a _____. (3) _____ PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed _____ as follows: (a) In the event a resident experiences _____, staff trained in _____ or a licensed health care provider present in the facility, may withhold _____. (b) In the event a resident is receiving hospice services and experiences _____, facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. (4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing _____ pursuant to a _____ and rules adopted by the department.	A 076		

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A 076	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide required information related to advance directives for two of two sampled resident records (#1 and #2), evidenced by use of contract/admission packets with insufficient advance directives information. The findings include: Review of a sample admission packet and resident #1 and #2's contract records conducted with the facility's manager present revealed the following concern. A one-page document titled Resident ' s Right for Self Determination in End of Life Decisions Acknowledgement briefly requested the following documents: 1. An Advance Directive, Chapter 765, 58A-2.0232, 59A-3.254, 59A-4.107.59A-8.0245, and 59A-12.013, FAC; 2. Designated Health Care Surrogate; and, 3. Durable Power of Attorney. It documented if the resident had a living will, health care surrogate, or a , if a copy has been provided, and was signed by the resident/legal representative. Further review revealed no documentation showing the facility's contract/admission packet included the following required information: 1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " 2006, or some other substantially similar document. 2. The facility written policies related to 3. Information about how to obtain DH Form 1896, Florida Form.	A 076		

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A 076	Continued From page 3 In an interview conducted [redacted] at 3:20 PM, the facility's manager reviewed and acknowledged the information above. She stated this what they provide when residents are admitted, and confirmed there was no further related documentation available. Class III	A 076		
A 093 SS=D	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, [redacted] and activity, 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 DOEA Assisted Living Program. (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	A 093		

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A 093	Continued From page 4 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. 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.	A 093		

Agency for Health Care Administration

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A 093	Continued From page 5	A 093		

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 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

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A 093	Continued From page 6 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 observations, interviews and record review, the facility failed to properly prepare and serve therapeutic diet foods for four of four sampled hospice residents (#2,#4, #6 and #7), evidenced by residents on hospice with written orders for puree diets who received a tossed salad and/or did not receive a nutritionally equivalent substitute food for tossed salad and bread. The findings include: Review of recent hospice nurse assessments revealed all four residents (#2, #4, #6 and #7) required pureed diets. On . . beginning at 12:40 PM during lunch meal observations with the facility's manager present, the following concerns were noted: 1. Resident #4 was observed to move about frequently, grabbed at other residents' food, and needed constant re-direction. She was served and ate a portion of tossed salad and a dinner roll, both prepared to a regular consistency. She was then served a pureed meal and did not receive an alternate nutritionally equivalent pureed food to replace the tossed salad (a food too fibrous to properly puree), and a dinner roll with margarine. 2. Most of the residents were served one-half cup	A 093		

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A 093	Continued From page 7 portions of tossed salad with dressing as per the current menu for this meal. Residents #2, #6 and #7 were served pureed meals. All three did not receive an alternate nutritionally equivalent pureed food to replace the tossed salad and dinner roll with margarine. These concerns were observed by, and discussed with the facility's manager on .... at 12:40 PM. Class III	A 093		
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.	A 167		

Agency for Health Care Administration

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A 167	Continued From page 8	A 167		

(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 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

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A 167	Continued From page 9 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 failed to ensure resident contracts included required provisions related to refunds for two of two sampled resident records (#1 and #2), evidenced by use of contracts with insufficient information related to refunds. The findings include: Review of a sample admission packet and resident #1 and #2's contract records conducted ... with the facility's manager present revealed the following concern. Page two of the sample and executed Contracts for Care revealed no provision stating refunds shall be made within 45 days of vacating the unit. Nor was there a provision for allowing the resident/legal representative 14 calendar days to respond to a claim against the refund by the facility. In an interview conducted ... at 3:20 PM, the facility's manager reviewed and acknowledged the information above. She stated this what they provide when residents are admitted, and confirmed there was no further related documentation available.	A 167		

Agency for Health Care Administration

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A 167	Continued From page 10 Class III	A 167		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

10, 2012

Administrator
God's V.I.P. Senior Haven, Ltd
4681 S.W. 66th Avenue
Davie, FL 33314

Dear Administrator:

This letter reports the findings of a state licensure 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
Tallahassee, FL 32308
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