State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11912046	A. Building B. Wing	8/21/2012

Name of Facility	Street Address, City, State, Zip Code
LIVEWELL AT CORAL PLAZA	5850 MARGATE BLVD. MARGATE, FL 33063

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report prefix codes shown to the left of each requirement on the survey report form.

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0030** Reg. # **58A-5.0182(6) FAC; 429.28** LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By **State Agency**	**Reviewed By** MD	**Date:** 9-12-12	**Signature of Surveyor:** J. Berry (reg)	**Date:** 9-12-12
Reviewed By **CMS RO**	**Reviewed By**	**Date:**	**Signature of Surveyor:**	**Date:**

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

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
	AL11912046	A. BUILDING _____ B. WING _____	R

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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 000}	Initial Comments This reports the status of the citations originally issued as a result of complaint inspection CCR# 2012006797 conducted on at Coral Plaza Retirement Residence, an assisted living facility. During the revisit survey conducted , the following citation was corrected: A030; the following citation was not corrected: A025 This survey was conducted in conjunction with complaint inspection CCR# 2012006697. Reference the separate report.	{A 000}		
{A 025} SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any	{A 025}		

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{A 025}	Continued From page 1	{A 025}		

significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to correct their deficient practice of not documenting resident records to show staff awareness of resident conditions for four of four sampled residents (#1, 2, 3 and 4), evidenced by lack of documentation showing staff investigated the cause of the residents' wounds, and maintained an awareness of the status of the conditions of the residents' wounds.

The findings include:

I. Review of resident records was conducted on [redacted] with the facility's director of nursing (DON) present. The following concerns were noted:

1. Resident records #1, #2 and #3, identified in the survey conducted [redacted] as receiving [redacted] care nursing services, revealed no updated notes or other documentation related to when the wounds were first noted, underlying causes of the wounds if known, the type of wounds as well as any applicable stage, severity and/or size of the wounds, steps facility staff took to assist the residents to access appropriate health care, and the on-going status of the wounds. In an interview conducted [redacted] at 1:20 PM, the DON stated as far as she knew no investigations were conducted in an effort to resolve the lack of information, no "late entries" or other related

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{A 025}	Continued From page 2	{A 025}		

entries were made to resident observations notes. She also stated no copies of home health nursing orders, visit notes, assessments, or summary notes were available for review.

2. Review of a resident record randomly selected from the facility's home health services treatment administration records, resident #4, revealed written health care provider orders dated ... and ...: which called for re-dressing of an ... to the right heel. Further review of the resident's and facility records revealed no documentation showing when the ... was first noted, the underlying cause of the ... if known, the type of ... as well as any applicable stage, severity and/or size of the ..., steps facility staff took to assist the resident access appropriate health care, and the on-going status of the ... In an interview conducted ... at 1:20 PM, the DON acknowledged the lack of required documentation and stated she did not have this information at this time. She acknowledged the facility must be aware of residents' staged ... and must closely follow ... progress to assure it does not cause residents to become inappropriate for an assisted living facility.

II. Review of a written facility policy disclosed ... 2012 - " ... 2012 we had a change of Director of Nursing. A new D.O.N. was hired with documentation experience. The Administrator and Director of Nursing meet daily to go over necessary documentation in the residents medical files. "

These concerns were discussed with the facility's property manager on ... at 2:44 PM.

This is an uncorrected citation from the ...

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{A 025}	Continued From page 3 complaint inspection CCR# 2012006797. Class III	{A 025}		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Livewell at Coral Plaza
5850 Margate Blvd.
Margate, FL 33063

Dear Administrator:

This letter reports the findings of a revisit to a complaint survey, 2012006797, conducted on , 2012by representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than 2012.**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for A. C. Boyles, HFE Supervisor
Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure State Form and State Revisit Forms

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