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
	AL11911313	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALABAMA OAKS OF WINTER PARK	1759 ALABAMA DRIVE WINTER PARK, FL 32789

(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 The biennial re-licensure survey was conducted on . The facility had deficiencies found at the time of the visit.	A 000		
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	A 010		

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A 010	Continued From page 1 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: 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 record review and interview the facility	A 010		

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	AL11911313	A. BUILDING _____ B. WING _____	05/29/2012

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A 010	Continued From page 2	A 010		

failed to ensure for 1 of 5 sampled residents (#1) who received care for a from an outside Home Health Care agency, the resident's condition was documented every 30 days by a licensed healthcare provider and the resident was given a 45-day notice of discharge when the did not improve.

Findings:

Resident record review revealed an Assisted Living Facility health assessment form (1823) dated that stated diagnoses of diet controlled and .
Review of the Home Health Care (HHC) admission notes revealed the resident was admitted on for care to the .

Review of HHC notes revealed there was no documentation to indicate the facility had obtained the measurements for since .
phone call from the surveyor to the HHC nurse, during the a follow up visit, who stated the was a and was almost healed.
Observation of the on at approximately 1:45 PM revealed appeared to be approximately 2.5 centimeters (cm) in length, unable to determine depth, there was a gray rectangular sponge on and gray drainage on the dressing. The administrator stated at that time that the HHC agency had their notes on their computer and did not leave her a copy. She stated she would call home health care agency to get their monthly measurements. She was also informed that the had depth and the resident would not be appropriate for continued placement if the had not improved.

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A 010	Continued From page 3 Review of measurements from the HHC agency revealed: 2 1.8 cm x 0.5 cm x 0.3 cm 1.8 cm x 0.3 cm x 2 cm and stated progressing - no cm x 0.8 cm x 1.8 cm Phone interview with the HHC nurse on at approximately 12:20 PM who stated the was a at this time. The resident was not appropriate for continued placement in the ALF as the failed to show improvement in 30 days. Class III	A 010		
A 076	58A-5.0186 FAC (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 The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a 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, " 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	A 076		

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A 076	Continued From page 4 pdf; and 2. Written information concerning the ALF ' s policies regarding and 3. Information about how to obtain DH Form 1896, Florida Form, incorporated by reference in Rule 64J-2.018, F.A.C. (b) There must be documentation in the resident ' 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	A 076		

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A 076	Continued From page 5 subsection (3) of this rule, which involves withholding or withdrawing pursuant to a and rules adopted by the department. This Statute or Rule is not met as evidenced by: Based on review of resident's files and interview the facility failed to ensure that 2 of 2 sampled residents (resident #1 and #4) received written policy and procedures, which delineate its position with respect to state laws and rules relative to tO's. Findings: Residents (#1 and #4) record review conducted on at approximately 11:00 AM revealed that resident#1 and #4 did not have any documentation in theirr files to confirm that they received any information on The administrator stated that she had search the files and could not locate any documentation for any written policy on Class III	A 076		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with	A 081		

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A 081	Continued From page 6 Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.	A 081		

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A 081	Continued From page 7 (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 2 sampled staff (Staff A), who provided direct care, received one hour of in-service training within 30 days of employment in resident rights, recognizing and reporting resident , neglect, and safe food handling, elopement, emergency procedures and major and adverse incident reporting. Findings: Review of employee files revealed Staff A, who was employed more than 30 days did not have documentation that they had received in-service training in resident rights, recognizing and reporting resident , neglect, and , safe food handling, elopement, emergency procedures and major and adverse incident reporting. Interview with the administrator on at approximately 1:45 PM who stated the employees did not have the required training and were schedule to take it.	A 081		

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A 081	Continued From page 8 Class III Surveyor: Carroll, Kathleen	A 081		
A 084	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning	A 084		

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A 084	Continued From page 9	A 084		

through practice exercises.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including:
a. Assist with oral dosage forms, dosage forms, and and nasal dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an " as needed " prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident ' s health care provider or facility employer of inability to assist in the administration of such orders;
e. Complete a medication observation record;
f. Retrieve and store medication; and
g. Recognize the general signs of adverse reactions to medications and report such reactions.
(c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist.

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A 084	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1 of 2 sampled staff (Staff A) received 4 hours of initially in providing assistance with self-administered medications and safe medication practices in an assisted living facility. Findings: Review of the personnel file for Staff A revealed there was documentation that indicated the staff received training in providing assistance with self-administered medications and safe medication practices in an assisted living facility. The certificate stated the training expired on and did not have the number of hours listed on it. Interview with the administrator on said date at approximately 1:45 PM who stated that was the only certificate the employee had for medication training Class III	A 084		
A 090	58A-5.0191(11) FAC Training - Do Not Orders (11) TRAINING. (a) Currently employed facility administrators, managers, direct care staff and staff involved in resident admissions must receive at least one hour of training in the facility ' s policies and procedures regarding within 60 days after the effective date of this rule. (b) Newly hired facility administrators, managers, direct care staff and staff involved in resident	A 090		

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A 090	Continued From page 11 admissions must receive at least one hour of training in the facility ' s policy and procedures regarding within 30 days after employment. (c) Training shall consist of the information included in Rule 58A-5.0186, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure currently employed direct care staff received at least one hour of training in the facility's policies and procedures regarding within 30 days of employment for 1 of 2 sampled staff (Staff A). Findings: Review of employee files revealed Staff A, who worked more than 30 days and provided direct care, did not have documentation to review to indicate they had received at least one hour of training in the facility's policy and procedures regarding consisting of the information included in Rule 58A-5.0186, F.A.C. Interview with the administrator on at approximately 12 PM who stated the staff member did not have the training. Class III	A 090		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Alabama Oaks Of Winter Park
1759 Alabama Drive
Winter Park, FL 32789

Dear Administrator:

Re: Biennial relicensure

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) 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 , **2012,** 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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