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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| {A 000} | Initial Comments | {A 000} | | |

On a monitoring visit at Tropical Paradise Assisted Living facility was conducted. At the time of the survey, the facility was found out of compliance by having more than 2 limited mental health resident without having a limited mental health license. The citations for Resident Rights (A 30) and Adverse Incidents (A 165) were not evaluated at this visit as they were still under the correction period.

{A 030} SS=D 58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures {A 030}

(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

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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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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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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 interviews and record reviews the facility fail to provide a 45 days' notice of termination of residency from the facility for 1 of 13 sampled residents. (#13)
Findings include:
1) On at 9:30 AM a phone interviewed was conducted with resident #13 and she confirmed a previous 45 days ' notice from 2012 was rescinded and no other 45 days' notice was issued before her discharge and admission to the hospital on .

2) On at 11:27 AM a phone interview was conducted with resident #13's Life Management Center (LMC) case manager and she confirmed on the facility did not give resident #13 a 45-days' notice and she was concerned.

3) On a review Life Management Center (LMC) case manager's progress notes revealed on case manager met with owner regarding resident #13's behavior and took her to LMC to have her evaluated. Resident #13's behavior was not disruptive; The owner/adminstrator stated he was not willing to take resident #13 back to the ALF. Case manager discussed 45- days' option with resident #13 and facility owner . Both reported that a 45-day notice had been provided in 2012 and

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rescinded; The facility owner/administrator stated he was trying to be nice by letting her stay at the Assisted Living Facility, but wanted her out now. (LMC case manager' progress notes was obtained)

4) On about 11: 50 AM an interview was conducted with the facility owner/administrator and he confirmed on he took resident #13 to LMC and dropped her off.

6) 2) On medical records revealed resident #13 was admitted to a local hospital and she was having problems at her ALF and was kicked out. This resulted in severe and developed uncontrolled sugar, in office it was about 500.( Medical records was obtained)

Class III

{A 165} SS=D 429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report {A 165}

Internal risk management and quality assurance program; adverse incidents and reporting requirements.-
(1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences.
(2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means:
(a) An event over which facility personnel could

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exercise control rather than as a result of the resident ' s condition and results in:
1. ;
2. or spinal damage;
3. Permanent ;
4. or of bones or joints;
5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;
6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or
7. An event that is reported to law enforcement or its personnel for investigation; or
(b) Resident elopement, if the elopement places the resident at risk of harm or injury.
(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident.
(4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident.
(6) , neglect, or , must be reported to the Department of Children and Family Services as required under chapter 415.
(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be

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| {A 165} | Continued From page 7 | {A 165} | | |

reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.

(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.

(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.

(10) The Department of Elderly Affairs may adopt rules necessary to administer this section.

Adverse Incident Report.

(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at

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http://ahca.myflorida.com/reporting/index.shtml; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes.
(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule.

This Statute or Rule is not met as evidenced by:
Based on interviews and record reviews the facility fail to report an adverse incident for an event that was reported to law enforcement for 1 of 13 sampled residents.(#13)

Findings include:

1) A record review of the Washington County Sheriff Office call history revealed owner/administrator was the complainant in a call made on . (WCSO report was obtained)

2) A review of Life Management Center case

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manager's progress notes dated revealed the case manager received a call from the owner/administrator concerning resident #13's behavior and he reported he had to call the police.

3) On at 11:50 AM an interview was conducted with owner/administrator. He confirmed the police was called on to the facility and he did not file an adverse incidents report.

Class III

{AL240} 58A-5.029(1) FAC LMH - Licensing {AL240}

Limited Mental Health.
(1) LICENSE APPLICATION.
(a) Any facility intending to admit three or more mental health residents must obtain a limited mental health license from the Agency in accordance with Rule 58A-5.014, F.A.C., and Section 429.075, F.S., prior to accepting the third mental health resident.
(b) Facilities applying for a limited mental health license which have uncorrected deficiencies or violations found during the facility ' s last survey, complaint investigation, or monitoring visit will be surveyed prior to the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected.

This Statute or Rule is not met as evidenced by:
Based on observations of residents, interviews, and record reviews, it was determined the Assisted Living Facility failed to obtain a Limited Mental Health license prior to admitting more than 2 mental health residents and had a current

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census of 5 residents of which 4 were mental health residents; and failed to comply with the notice of unlicensed activity served on (residents #1, #2, #3, #4)

Findings include:

1) On , 2012, an unannounced monitoring visit was conducted regarding mental health services at the ALF. The surveyor requested a listing of the residents at 9:15 CST and was provided a list of 5 residents.

2) Resident #1 was not currently at the facility and per interview with the Owner and the Administrator at 9:15 AM CST the resident was moved to another location (the ALF owner's daughter's home) on .

Present during this interview were 2 Life Management case managers and one of the verified seeing resident #1 at the ALF on and that the resident indicated she stayed there during the day. The case manager stated resident #1 had a eye and she was concerned and brought this to the ALF Owner's attention after which he assured the case manager he would get resident #1 to the doctor and had an existing appointment for but the case manager insisted it be sooner. The case manager also stated resident #1 had indicated she did not want to move to the daughter's home.

With this information, the ALF owner stated "Oh no I notified the Lead Case Manager last week that I was moving her and they said OK." Then the Owner called the Lead Case Manager on the

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phone and handed the phone to one of the Life Management staff who then verified the ALF Owner had not notified the Lead Case Manager of any relocation.

A verification conversation was then continued on the phone with the Lead Case Manager and she confirmed her office was not notified of resident #1's move or concerns about her eye.

On at approximately 4:00 PM CST, resident #1 was observed at the ALF during one of the monitoring visits.

3) Resident #2 was observed on at 9:30 AM CST in the living with the ALF's nurse. The case managers with Life Management verified resident #2 was a client through their mental health program.

4) Resident #3 was observed on at 9:40 AM CST walking in and out of the facility and around the yard area. The case managers with Life Management verified resident #3 was a client through their mental health program.

5) Resident #4 was observed on at 9:20 AM CST seated in the living TV. A review of his discharge documents from Emerald Coast hospital on revealed he was sent to the ALF after 's.

On at 11:00 AM CST, the Department of Children and Families provided information contained on the form ( ) that confirmed resident #4 had a persistent and severe mental illness as verified by a qualified mental health professional.

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Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Tropical Paradise
1593 Brickyard Road
Chipley, FL 32428

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia M Heiberg, RNC

Benah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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