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
	AL11911310	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE ACRES GOLDEN AGE CENTRE	5030 CUB LAKE DRIVE APOPKA, FL 32703

(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 A biennial re-licensure survey was conducted on . The Assisted Living Facility had deficiencies found at the time of the visit.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be	A 008		

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A 008	Continued From page 1	A 008		

conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, ... 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:

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A 008	Continued From page 2 a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a ..... order for residents who do not wish ..... to be administered in the case of ..... or ..... (g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for	A 008		

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A 008	Continued From page 3	A 008		

up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure the AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010 was completed for 1 of 4 sampled residents (#2) and failed to have a completed 1823 for 1 of 4 sampled residents (#4).

Findings:

1. Record review for resident #4 revealed she was admitted on and there was no documentation to review to indicate an AHCA Form 1823 was completed.

Interview with the administrator on at approximately 1:15 PM who stated she could not locate the 1823 and previously had a copy. She further stated the guardian had requested copies and possibly had taken the 1823. She stated she had faxed page 4 of the 1823 to the pharmacy to order medications, called the pharmacy at that time and requested that they fax a copy of page 4. Page 4 was faxed by the pharmacy to the facility at approximately 1:30 PM. Page 4 of the 1823 was dated . She was unable to locate pages 1, 2 and 3.

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A 008	Continued From page 4 2. Record review for resident #2 revealed an 1823 dated [redacted] completed upon admission. There was no documentation to review to indicate an 1823 had been completed since the time of admission on the AHCA Form 1823, [redacted] 2010. Interview with the administrator on [redacted] at approximately 3:30 PM who stated she was not aware the 1823's were to be updated on the [redacted] 2010 revised form. Class III	A 008		
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 telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the	A 030		

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A 030	Continued From page 5 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)9€ 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.	A 030		

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A 030	Continued From page 6 (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. (e) Freedom to participate in and benefit from community services and activities and to achieve	A 030		

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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 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

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A 030	Continued From page 8 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 ensure the use of physical was limited to half-rails for one Random sampled resident (RS#1). Findings: Observation of RS#1 on at approximately 9:30 AM revealed she was reclined in a chair with her legs up. The resident was unable to get up from the chair independently. The resident was observed at 10:15 AM and she continued to be reclined in the chair. The resident was not interviewable due to her status. Interview with staff on said date at approximately 10:15 AM who stated the resident was unable to get up without the staff pressing the lever on the recliner to put the footrest down, providing her walker and standing by to ensure the resident stood up and grasped the walker. Interview with the administrator on said date at approximately 3:30 PM who was not aware the resident had her legs up in the recliner, was restrained, and unable to put the foot rest down	A 030		

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A 030	Continued From page 9 on the chair. Class III	A 030		
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 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	A 052		

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A 052	Continued From page 10 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 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	A 052		

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A 052	Continued From page 11 (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 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 observations and interview the facility failed to ensure when unlicensed staff provided assistance with the self-administration of medications, the staff followed the appropriate procedure at all times and did not take 1. Medication, in its dispensed, properly labeled container, from where it was stored and brought to the resident. 2. In the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, and close the container and ensure the resident was capable of giving crushed medications on a spoon independently for 1 of 4 sampled residents (#1). Findings: Observation on 8/2 approximately 11:55 AM revealed resident #1 was asleep in her high back wheelchair at the dining table. The med	A 052		

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A 052	Continued From page 12 tech had the resident's medication crushed in a medicine cup in applesauce and tried to awaken the resident to take her medications. The resident was not easily awakened, and opened her mouth, when cued, and the med tech spooned the crushed medications in applesauce into her mouth. The resident was not interviewable due to her and was unable to use her hands to take the spoon and feed herself the medications. The unlicensed staff did not in the presence of the resident, read the label, open the container, remove a prescribed amount of medication from the container, closes the container and administered the crushed medications on a spoon to the resident. Resident record review revealed an ALF health assessment form (1823) dated indicated diagnoses of , nonverbal and The resident needed assistance with self-administration of medications. The resident was admitted to hospice on . Interview with the administrator on said date at approximately 3:30 PM who was not aware the med tech was not following the proper procedure when administering crushed medications to a resident, who was unable to assist with self-administration of medications. She also stated she previously had a nurse who administered medications, but she was no longer employed at the facility. Class III	A 052		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal	A 055		

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A 055	Continued From page 13 (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, room, .. area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication	A 055		

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A 055	Continued From page 14	A 055		

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 and disposition shall be documented in the resident ' s record. The medication may be taken

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A 055	Continued From page 15 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 ensure centrally stored medications for 1 of 4 sampled residents (#1) were kept in a locked storage area at all times. Findings: Observation on at approximately 1 PM revealed there was a bottle of liquid Valporic (for 1.25 milligrams three times a day for resident #1 unattended on top of the medication cart. The medication was not kept secure at all times. Interview with the administrator on said date at approximately 3:30 PM who stated the medication should be locked in the medication cart at all times and was not aware the med tech left the medication unattended. Class III	A 055		
A 077	58A-5.019(1) FAC Staffing Standards - Administrators Staffing Standards. (1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all	A 077		

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A 077	Continued From page 16 residents as required by Part I of Chapter 429, F.S., and this rule chapter. (a) The administrators shall: 1. Be at least 2. If employed on or after , 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after 1995, must have a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and 4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must: 1. Be at least and 2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C. (c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C.	A 077		

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A 077	Continued From page 17	A 077		

This Statute or Rule is not met as evidenced by:
Based on record review and interview the administrator failed to ensure operation and maintenance of the facility including the provision of adequate care to all residents was completed for 1 of 4 sampled residents (#4), who received a tube feeding and failed to ensure accurate written physician orders for feeding and site care, completed nursing progress notes each time the service was delivered and a nursing assessment completed monthly for 1 of 4 sampled residents (#2) who received Extended Congregate Care services (ECC).

Findings:

During the entrance conference on at approximately 9:15 AM with the administrator, the ECC nurse, stated there were no residents receiving ECC services.

Interview with the direct care staff on said date at approximately 11 AM who stated resident #4 had a feeding tube. The direct care staff went to the kitchen with the surveyor and there were cases of Nutren feeding) 250 milliters bottles, in a closet, that she stated the administrator/ECC nurse used to administer the tube feedings to resident #4.

Record review for resident #4 revealed she was admitted on and there was no documentation to review to indicate an AHCA Form 1823 was completed.

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A 077	Continued From page 18 Review of the resident transfer summary dated ... from the Skilled Nursing Facility (SNF) to the ALF stated the reason for transfer was the resident did not need the SNF if the ALF was able to provide the tube feeding, which was the only current documentation the facility had available to review that indicated the resident had a feeding tube. Interview with the administrator/ECC nurse on 8/2[illegible] ... approximately 11:15 AM who stated she administered the resident's tube feedings 4 times a day and was not aware the resident needed to be on ECC. She further stated: there was no documentation completed for admission and services in the ECC program. Record review revealed there was no documentation the facility had admitted the resident to the ECC program or developed a preliminary ECC service plan Further interview with the administrator on 8/2[illegible] ... approximately 1:15 PM who stated she could not locate the 1823 and previously had a copy. She further stated the guardian had requested copies and possibly had taken the 1823. She stated she had faxed page 4 of the 1823 to the pharmacy to order medications, called the pharmacy at that time and requested that they fax a copy of page 4. Page 4 was faxed by the pharmacy to the facility at approximately 1:30 PM. Page 4 of the 1823 was dated 7/1[illegible] ... was unable to locate pages 1, 2 and 3. Review of page 4 of the 1823 revealed a physician's order dated 7/1[illegible] 1. Nutren (tube feeding) 2 cans 250 milliters via gastric ... times a day for nutrition 2. The resident is to receive nothing by mouth	A 077		

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A 077	Continued From page 19 3. Flush with 200 milliliters of water twice a day 4. site care daily, cleanse with normal dry, apply triple ointment, cover with (unable to read) sponge, secure with tape every shift and as needed. Record review revealed there was no documentation the facility had admitted the resident to the ECC program or developed a preliminary ECC service plan to address how the facility would meet the resident's physical and psychosocial needs, with attention to care to be provided for the tube site, administering tube feedings and administering medications via the tube. Class II	A 077		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such	A 078		

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A 078	Continued From page 20 condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure unlicensed staff were assigned duties consistent with their level of education, training and preparation and experience and did not ensure a nurse administered medications to 1 of 4 sampled residents (#1), a [redacted] resident, who was unable to assist with self-administration of medications.	A 078		

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A 078	Continued From page 21 Findings: Observations on : at approximately 11:55 AM revealed resident #1 was asleep in her high back wheelchair at the dining table. The med tech had the resident's medication crushed in a cup in applesauce and tried to awaken the resident to take her medications. The resident was not easily awakened, opened her mouth when cued and the med tech spooned the crushed medications into her mouth. The resident was not interviewable due to her and was unable to use her hands to assist with the spoon. Resident record review revealed an ALF health assessment form (1823) dated indicated diagnoses of , nonverbal and . The resident needed assistance with self-administration of medications. The resident was admitted to hospice on . The facility did not have a nurse available to administer medications to residents who were unable to assist with self-administration of medications. Interview with the administrator on said date at approximately 3:30 PM who was not aware the med tech could not administer medications crushed in food to a resident, who was unable to assist with self-administration of medications. She also stated she previously had a nurse who administered medications, but she was no longer employed at the facility. Class III	A 078		
A 093	58A-5.020(2) FAC Food Service - Dietary Standards	A 093		

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A 093	Continued From page 22 (2) DIETARY STANDARDS. (a) The Tenth Edition Recommended Dietary Allowances established by the Food and Nutrition Board - National Research Council, adjusted for age, . . . 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 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	A 093		

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A 093	Continued From page 23	A 093		

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.
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

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A 093	Continued From page 24 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 [redacted] 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 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 observation and interview the facility failed to provide a 3-day supply of nonperishable food, [redacted] on the number of weekly meals	A 093		

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A 093	Continued From page 25 the facility has contracted with residents to serve, which shall be on hand at all times. Water sufficient for drinking and food preparation shall also be stored, or the facility shall have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. On 8/2[illegible] approximately 2:00 PM, inspection of the facility's 3-day supply of nonperishable food and water revealed that the facility did not have any water for drinking and for food preparation. Also there was no dry-powdered or condensed milk for cooking. On 2:15 PM, interview with administrator revealed she has a gas generator for the facility. She believed that this was sufficient because it would keep the electricity on. Class III	A 093		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom	A 152		

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A 152	Continued From page 26 or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident ..... to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be ... This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the wallpaper on the west wing was maintained. Finding: During the tour of the facility on : at approximately 9:00 AM a tour of the west wing revealed wallpaper peeling in two places in the center of the upper side wall.	A 152		

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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 152	Continued From page 27 On [redacted] at approximately 3:30 PM, an interview with the administrator revealed she thought her maintenance person was aware of it. However, she could not produce any documentation regarding repair requests for the wall paper. Class III	A 152		
A 162	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. [redacted] 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, [redacted], or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.	A 162		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911310	A. BUILDING _____ B. WING _____	

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A 162	Continued From page 28 (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually. (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort	A 162		

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A 162	Continued From page 29 to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for	A 162		

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A 162	Continued From page 30 facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure the resident record contained a copy of the documentation of the appointment of a guardian for 1 of 4 sampled residents (#4). Findings: Record review and review of the resident's demographic information revealed resident #4 had a guardian appointed. There was no documentation to review to indicate the facility obtained a copy of the guardianship papers. Phone interview with the guardian on _____ at approximately 1 PM stated she had been the resident's guardian for several months. Interview with the administrator on _____ at approximately 3 PM who stated the resident had a guardian. She also stated she did not have a copy of the guardianship papers. Class III	A 162		
A 167	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	A 167		

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A 167	Continued From page 31 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. (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	A 167		

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A 167	Continued From page 32 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 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 provide a provision in the contract 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 for 2 of 2 sampled residents (#1 &#4). Findings:	A 167		

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A 167	Continued From page 33 Review of facility contracts revealed residents #1 and #4, revealed did not have a statement of the facility policy concerning completion of a new Form 1823 at least every 3 years after the initial assessment or after a significant change as defined in rule 58A-5.0131, F.A.C. During the interview with the facility Administrator on ... at approximately 2:10pm, she stated that she was unaware of any changes with the contract requirements. Class ...	A 167		
AE205	58A-5.030(6) FAC ECC - Health Assessment (6) HEALTH ASSESSMENT. Prior to admission to an ECC program, all persons, including residents transferring within the same facility to that portion of the facility licensed to provide extended congregate care services, must be examined by a physician or advanced registered nurse practitioner pursuant to Rule 58A-5.0181, F.A.C. A health assessment conducted within 60 days prior to admission to the ECC program shall meet this requirement. Once admitted, a new health assessment must be obtained at least annually. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure for 1 of 4 sampled residents (#4) who received ECC services, a completed health assessment (1823) was in the resident's record. Findings: Entrance conference on ... at approximately	AE205		

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AE205	Continued From page 34 9:15 AM with the administrator, the ECC nurse, who stated there were no residents receiving ECC services. Interview with direct care staff on said date at approximately 11 AM who stated resident #4 had a feeding tube. The direct care staff went to the kitchen with the surveyor and there were cases of Nutren _ feeding) 250 milliters bottles, in a closet, that she stated the administrator/ECC nurse used to administer the tube feedings to resident #4. Record review for resident #4 revealed she was admitted on _ and there was no documentation to review to indicate an AHCA Form 1823 was completed. Review of the resident transfer summary dated _ from the Skilled Nursing Facility (SNF) to the ALF stated the reason for transfer was the resident did not need the SNF if the ALF was able to provide the tube feeding, which was the only current documentation the facility had available to review that indicated the resident had a feeding tube. Interview with the administrator on at approximately 1:15 PM who stated she could not locate the 1823 and previously had a copy. She further stated the guardian had requested copies and possibly had taken the 1823. She stated she had faxed page 4 of the 1823 to the pharmacy to order medications, called the pharmacy at that time and requested that they fax a copy of page 4. Page 4 was faxed by the pharmacy to the facility at approximately 1:30 PM. Page 4 of the 1823 was dated _ She was unable to locate pages 1, 2 and 3. She also stated she administered the resident's tube feedings 4 times	AE205		

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AE205	Continued From page 35 a day and was not aware the resident needed to be on ECC. Class III	AE205		
AE206	58A-5.030(7) FAC ECC - Service Plans (7) SERVICE PLANS. (a) Prior to admission the extended congregate care supervisor shall develop a preliminary service plan which includes an assessment of whether the resident meets the facility ' s residency criteria, an appraisal of the resident ' s unique physical and psycho social needs and preferences, and an evaluation of the facility ' s ability to meet the resident ' s needs. (b) Within 14 days of admission the congregate care supervisor shall coordinate the development of a written service plan which takes into account the resident ' s health assessment obtained pursuant to subsection (6); the resident ' s unique physical and psycho social needs and preferences; and how the facility will meet the resident ' s needs including the following if required: 1. Health monitoring; 2. Assistance with personal care services; 3. Nursing services; 4. Supervision; 5. Special diets; 6. Ancillary services; 7. The provision of other services such as transportation and supportive services; and 8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences. (c) Pursuant to the definitions of " shared responsibility " and " managed risk " as provided in Section 429.02, F.S., the service plan shall be developed and agreed upon by the	AE206		

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AE206	Continued From page 36 resident or the resident ' s representative or designee, surrogate, guardian, or attorney-in-fact, the facility designee, and shall reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident ' s service needs and preferences. (d) The service plan shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident ' s physical or mental status, or pursuant to recommendations for modifications in the resident ' s care as documented in the nursing assessment. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a preliminary service plan was completed for 1 of 4 sampled residents (#4), who received a j tube feeding. Findings: Entrance conference on at approximately 9:15 AM with the administrator, the ECC nurse, who stated there were no residents receiving ECC services. Interview with direct care staff on said date at approximately 11 AM who stated resident #4 had a feeding tube. The direct care staff went to the kitchen with the surveyor and there were cases of Nutren feeding) 250 milliters bottles, in a closet, that she stated the administrator/ECC nurse used to administer the tube feedings to resident #4. Record review for resident #4 revealed she was	AE206		

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AE206	Continued From page 37 admitted on and there was no documentation to review to indicate an AHCA Form 1823 was completed. Review of resident transfer summary dated from the Skilled Nursing Facility (SNF) to the ALF stated the reason for transfer was the resident did not need the SNF if the ALF was able to provide the tube feeding, which was the only current documentation the facility had available to review that indicated the resident had a feeding tube. Interview with the administrator/ECC nurse on at approximately 11:15 AM who stated she administered the resident's tube feedings 4 times a day, was not aware the resident needed to be on ECC and did not complete any documentation for admission and services in the ECC program. Record review revealed there was no documentation the facility had admitted the resident to the ECC program or developed a preliminary ECC service plan Further interview with the administrator on at approximately 1:15 PM who stated she could not locate the 1823 and previously had a copy. She further stated the guardian had requested copies and possibly had taken the 1823. She stated she had faxed page 4 of the 1823 to the pharmacy to order medications, called the pharmacy at that time and requested that they fax a copy of page 4. Page 4 was faxed by the pharmacy to the facility at approximately 1:30 PM. Page 4 of the 1823 was dated She was unable to locate pages 1, 2 and 3.	AE206		

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AE206	Continued From page 38 Review of page 4 of the 1823 revealed a physician's order dated _____ for: 1. Nutren (tube feeding) 2 cans 250 milliters via _____ 4 times a day for nutrition 2. The resident is to receive nothing by mouth 3. Flush _____ with 200 milliters of water twice a day 4. _____ site care daily, cleanse with normal _____ dry, apply triple ointment, cover with (unable to read) sponge, secure with tape every shift and as needed. Record review revealed there was no documentation the facility had admitted the resident to the ECC program or developed a preliminary ECC service plan to address how the facility would meet the resident's physical and psychosocial needs, with attention to care to be provided for the _____ tube site, administering tube feedings and administering medications via the _____ tube. Class II	AE206		
AE207	58A-5.030(8) FAC ECC - Services (8) EXTENDED CONGREGATE CARE SERVICES. All services shall be provided in the least restrictive environment, and in a manner which respects the resident ' s independence, privacy, and dignity. (a) An extended congregate care program may provide supportive services including social service needs, counseling, emotional support, networking, assistance with securing social and leisure services, shopping service, escort service, companionship, family support, information and referral, assistance in developing and implementing self directed activities, and volunteer services. Family or friends shall be	AE207		

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AE207	Continued From page 39 encouraged to provide supportive services for residents. The facility shall provide training for family or friends to enable them to provide supportive services in accordance with the resident ' s service plan. (b) An extended congregate care program shall make available the following additional services if required by the resident ' s service plan: 1. Total help with bathing, dressing, and toileting; 2. Nursing assessments conducted more frequently than monthly; 3. Measurement and recording of basic vital functions and weight; 4. Dietary management including provision of special diets, monitoring nutrition, and observing the resident ' s food and fluid intake and output; 5. Assistance with self-administered medications, or the administration of medications and treatments pursuant to a health care provider ' s order. If the individual needs assistance with self-administration the facility must inform the resident of the qualifications of staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s informed consent to provide such assistance as required under Section 429.256, F.S.; 6. Supervision of residents with and 7. Health education and counseling and the implementation of health-promoting programs and preventive regimes; 8. Provision or arrangement for rehabilitative services; and 9. Provision of escort services to health related appointments. (c) Licensed nursing staff in an extended congregate care program may provide any	AE207		

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AE207	Continued From page 40 nursing service permitted within the scope of their license consistent with the residency requirements of this rule and the facility ' s written policies and procedures, and the nursing services are: 1. Authorized by a health care provider ' s order and pursuant to a plan of care; 2. Medically necessary and appropriate for treatment of the resident ' s condition; 3. In accordance with the prevailing standard of practice in the nursing community; 4. A service that can be safely, effectively, and efficiently provided in the facility; 5. Recorded in nursing progress notes; and 6. In accordance with the resident ' s service plan. (d) At least monthly, or more frequently if required by the resident ' s service plan, a nursing assessment of the resident shall be conducted. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure they had accurate written physician orders for feeding and site care, completed nursing progress notes each time the service was delivered and a nursing assessment completed monthly for 1 of 4 sampled residents (#2) who received Extended Congregate Care services. Findings: Entrance conference on at approximately 9:15 AM with the administrator, the ECC nurse, who stated there were no residents receiving ECC services.	AE207		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE ACRES GOLDEN AGE CENTRE	5030 CUB LAKE DRIVE APOPKA, FL 32703

(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
AE207	Continued From page 41 Interview with direct care staff on said date at approximately 11 AM who stated resident #4 had a feeding tube. The direct care staff went to the kitchen with the surveyor and there were cases of Nutren feeding) 250 milliliters bottles, in a closet, that she stated the administrator/ECC nurse used to administer the tube feedings to resident #4. Record review for resident #4 revealed she was admitted on and there was no documentation to review to indicate an AHCA Form 1823 was completed. Review of resident transfer summary dated from the Skilled Nursing Facility (SNF) to the ALF stated the reason for transfer was the resident did not need SNF if ALF was able to provide the tube feeding, which was the only current documentation the facility had available to review that indicated the resident had a feeding tube. Interview with the administrator/ECC nurse on at approximately 11:15 AM who stated she administered the resident's tube feedings 4 times a day, was not aware the resident needed to be on ECC and did not complete any documentation for admission and services in the ECC program. Further interview with the administrator on at approximately 1:15 PM who stated she could not locate the 1823 and previously had a copy. She further stated the guardian had requested copies and possibly had taken the 1823. She stated she had faxed page 4 of the 1823 to the pharmacy to order medications, called the pharmacy at that time and requested that they fax a copy of page 4. Page 4 was faxed	AE207		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911310	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE ACRES GOLDEN AGE CENTRE	5030 CUB LAKE DRIVE APOPKA, FL 32703

(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
AE207	Continued From page 42 by the pharmacy to the facility at approximately 1:30 PM. Page 4 of the 1823 was dated ..... She was unable to locate pages 1, 2 and 3. Review of page 4 of the 1823 revealed a physician's order dated ..... for: 1. Nutren (tube feeding) 2 cans 250 milliters (ml) via ..... 4 times a day for nutrition 2. The resident is to receive nothing by mouth 3. Flush ..... with 200 milliters of water twice a day 4. ..... site care daily, cleanse with normal ..... dry, apply triple ..... ointment, cover with (unable to read) sponge, secure with tape every shift and as needed. Observation on said date at 12:20 PM revealed the ECC nurse administered 2 bottles of Nutren 250 ml via the ..... tube and stated she administered the ..... tube feeding 4 times a day at 8:30 AM, 12 PM, 5 PM and 8:30 PM. The nurse flushed the tube with a little water (she did not measure) and stated the glass of water she was using was 8 ounces (240 ml) and she flushed the tube 4 times a day with 8 ounces of water. She poured the Nutren in the syringe, then crushed the resident's medications, poured water into the tube and stated the Nutren was very thick and she added water during the feeding. She stated at that time that she spoke to the physician regarding increasing the daily water, as the resident was ..... and did not have documentation of the verbal order. The nurse did not have documentation to indicate the physician increased the daily amount of water. The nurse stated the resident was nonverbal. The resident acknowledged understanding the ..... tube feeding process and tried to assist with the	AE207		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911310	A. BUILDING _____ B. WING _____	

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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
AE207	Continued From page 43 feeding at times. The resident was observed ambulating in the facility during the inspection. Phone interview with the facility physician, who was not the physician who signed the 1823, on said date at approximately 1:35 PM who stated the resident was to receive Nutren 2 cans, 250 ml via [redacted] 4 times a day. He also stated the resident was to receive 8 ounces of water with each feeding and stated he would send written orders to the facility. Observation revealed the [redacted] tube had a gauze dressing at the site. The nurse further stated she washed the [redacted] tube site with soap and water and applied a dry 4 x 4 gauze dressing to the site. She stated there was no [redacted] at the site and the [redacted] did not need [redacted] care and the only order she had was the order for [redacted] care 3 times a day and as needed. The nurse did not clarify the [redacted] tube site care with the physician and have written documentation of the changed order. There were no nursing progress notes completed each time the [redacted] tube feeding was administered or [redacted] tube site care was performed or a monthly nursing assessment completed (due Class II	AE207		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Pine Acres Golden Age Centre
5030 Cub Lake Drive
Apopka, FL 32703

Dear Administrator:

Re: Biennial w/ECC

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

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

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998