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
	AL11910258	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT LA CASA GRANDE	6400 TROUBLE CREEK ROAD NEW PORT RICHEY, FL 34653

(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 Assisted Living Facility Complaint surveys, CCR# 2012007751 and CCR# 2012009107, were conducted on in conjunction with an extended congregate care (ECC) monitoring visit, see (Aspen Event 4MY311). Emeritus at La Casa Grande assisted living facility had a deficiency found at the time of the visit.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any	A 025		

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A 025	Continued From page 1 significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide appropriate care and supervision for 4 of 8 sampled residents (Residents 1, 3, 7 and 8). Specifically, the facility failed to take appropriate precautions to prevent resident [redacted] and elopement. Findings include: On [redacted] at approximately 10:55 a.m., AHCA staff observed Resident #3 in her [redacted] a wheelchair. Resident #3 was observed to be sitting at the very edge of the seat of the wheelchair in a position suggesting her body was sliding downward. When asked if she was okay, Resident #3 stated, "I'm not so good. I've been falling a lot. The staff have to come in a lot and pull me up or I [redacted] Resident #3 also stated she [redacted] out of bed "a lot." AHCA staff notified the Medication Technician (Med Tech) on duty who went to the [redacted] assist Resident #3 and reposition her in her wheelchair. The Resident Care Coordinator/Director of Nursing (DON) was interviewed on [redacted] at approximately 11:20 AM and estimated that Resident #3 has [redacted] or been found on the floor approximately "25 to 30" times since [redacted] 2012. The Resident Care Coordinator also stated the facility has met with Resident #3 and her family to suggest moving the resident to another	A 025		

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A 025	Continued From page 2 could possibly lessen the risk of but the resident and family have refused. The Resident Care Coordinator said she is concerned about the facility's ability to prevent the resident from falling and has referred the situation to the facility's corporate office to evaluate whether a 45-day notice of discharge should be issued but has not heard back from them. A record review was conducted for the record of Resident #3. The Individualized Service Plan contained in the record dated notes the resident has an unsteady gait and ambulation and mobility concerns need to be addressed. The Service Plan indicates the should be evaluated and hip savers offered and to document if they are accepted or declined. No further documentation regarding the Service Plan was found. Resident #3's initial health assessment (1823) from her move-in date of notes poor balance, gait difficulties and precautions. AHCA staff reviewed the record for Resident #1, who no longer resides at the facility. According to the record, Resident #1 was admitted into the facility on Resident #1's health assessment notes Resident #1 is hard of hearing and is diagnosed with Progress notes from a medical assessment dated note a diagnosis of and a history of The resident record indicates that on or about Resident #1 eloped from the facility, stating she was "going home." Approximately two weeks later, Resident #1 eloped from the facility a second time and was then moved into the secured unit. There is also a note in the record for Resident #1 dated indicating that Resident #1 is to provide a sample due to	A 025		

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A 025	Continued From page 3 signs and symptoms of a According to the record review, Resident #1 [illegible] three times on [illegible]. The resident was found on the floor of her [illegible] 2:30 PM, staff witnessed her [illegible] in the hallway at 6:00 PM and the resident was found again on the floor of her [illegible] that night and was sent to the hospital with a laceration to her forehead/temple. A Registered Nurse [illegible] with the Department of Children and Families who reviewed the medical records for Resident #1 indicated that Resident #1 was diagnosed with an [illegible] likely caused by a [illegible]. The Registered Nurse [illegible] also confirmed that when Resident #1 was admitted to the hospital after her third [illegible] she was diagnosed with a [illegible] and her records from the facility contained no documentation of treatment or follow-up on the order to provide a [illegible] sample. Resident #1's record did not contain any assessment or documentation of [illegible] precautions. AHCA staff reviewed the record for Resident #7, admitted to the facility on [illegible]. Resident #7's health assessment dated [illegible] notes that [illegible] precautions are needed. The record contains documentation of [illegible] on [illegible] and [illegible]. Resident #7 was referred for a physical [illegible] evaluation after the [illegible] on [illegible] and the record does not contain documentation of any follow-up or outcome of the evaluation. Resident #7 experienced another [illegible] on [illegible]. AHCA staff reviewed documentation of an incident involving Resident #8. Resident #8 resided in the secured unit of the facility. On	A 025		

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A 025	Continued From page 4 , one of the kitchen staff went out the back gate of the secured unit and was not aware that Resident #8 followed them out. Resident #8 eloped from the facility and was found a short time later in a nearby residential neighborhood. In reviewing the facility's nursing documentation, there were 32 separate incidents in 2012 involving residents falling. When interviewed on at approximately 3:40 p.m., the Resident Care Coordinator/DON acknowledged the findings and said the facility uses different interventions to prevent including physical and occupational referrals and scoop mattresses. The Resident Care Coordinator also indicated that changes have been made to the security for the memory unit/secured unit to minimize future elopements. Class III Widespread	A 025		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Emeritus at La Casa Grande
6400 Trouble Creek Road
New Port Richey, FL 34653

Dear Administrator:

Re: **CCR# 2012007751 & CCR# 2012009107 & ECC Monitoring Visit**

This letter reports the findings of two complaint surveys and an extended congregate care (ECC) monitoring visit that were 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 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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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