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
	AL11910320	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN RETREAT SHELTER CARE CE	4410 MONCRIEF RD. W. JACKSONVILLE, FL 32209

(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 On 2012 an Operation Spot Check was conducted at the Assisted Living Facility. Deficient practice was identified at the time of the survey.	A 000		
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 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)96 or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.	A 030		

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A 030	Continued From page 1 (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 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	A 030		

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A 030	Continued From page 2 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 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.	A 030		

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A 030	Continued From page 3	A 030		

(g) Share a [redacted] 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 [redacted] 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 [redacted] 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

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A 030	Continued From page 4 special interest groups. This Statute or Rule is not met as evidenced by: Based on observation, staff interview, and facility personnel record review, it was determined that the Assisted Living Facility failed to ensure that residents rights to a safe and decent living environment was protected. This is directly threatens the physical health of the residents. (Photos obtained) The findings include: 1. On [redacted]: an Operation Spot Check was conducted. During the course of the encounter a listing of 20 current employees was provided. Ten employee files were obtained and a review of their personnel files and other documentation provided by the facility revealed a lack of confirmation that any of the sampled staff had been screened for [redacted] and other communicable [redacted] either on date of hire or on an annual basis. On [redacted] at 11:00 AM, an interview was conducted with the ALF's owner and the facility's secretary. They confirmed there was no supportive confirmation that the employees were screened, but "would keep looking". 2. The Duval County Health Department conducted an inspection during the Spot Check and issued a notice of numerous violations related to the following:	A 030		

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A 030	Continued From page 5 a. Lack of soap, towels, or other items necessary for staff and resident to utilize for hand hygiene. b. Most mattresses and sheets in the ALF were stained, ripped, dirty, and odorous. c. The floors throughout the ALF were dirty, stained, and had numerous missing or torn tiles. d. Resident ... lacked sufficient furnishing for clothes. e. Furnishings present were noted in disrepair or ... f. Unsanitary condition in the kitchen to include rodent droppings, dirty refrigerator and stove. g. Baseboards missing, torn or cracked at the wall junctions. h. Piles of dirty and odorous resident clothing in many ..... i. Trash and debris in the yard area. j. Dirty or clogged air vents. k. ... in disrepair. 3. The ... effect of these unsanitary and unsafe conditions placed the residents at a direct threat of harm from potential ..... Class II Correction Date: , 2012 (Immediate)	A 030		
A 078	58A-5.019(2) FAC Staffing Standards - Staff	A 078		

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A 078	Continued From page 6 (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 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	A 078		

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A 078	Continued From page 7 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 staff interview and facility personnel record review, it was determined that the Assisted Living Facility failed to ensure 10 of 20 sampled employees had been screened for and communicable within 30 days of hire and annually. (staff members #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) The findings include: 1. On an Operation Spot Check was conducted. During the course of the encounter a listing of 20 current employees was provided. A review of their personnel files and other documentation provided by the facility revealed a lack of confirmation that any of the staff had been screened for and other communicable either on date of hire or on an annual basis. 2. On at 11:00 AM, an interview was conducted with the ALF's owner and the facility's secretary. They confirmed there was no supportive confirmation that the employees were screened, but "would keep looking." Class II Correction Date: , 2012 (Immediate)	A 078		

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A 152	Continued From page 8	A 152		
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 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	A 152		

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This Statute or Rule is not met as evidenced by:
Based on observation and staff interview, it was determined that the Assisted Living Facility (ALF) failed to provide a clean and safe living environment that is free of hazards, and that all existing architectural and structural systems are maintained in good working order in 25 out of 37 resident . . . . . The facility failed to provide resident living necessities of toilet paper, hand soap, and paper towels in 7 out of 14 resident . . . . . The facility also failed to provide residents the minimum required appropriate clean furnishings including mattresses and sheets. Resident . . . . . lacked adequate closets or wardrobe space for hanging clothes, a dresser, chest or other furniture for storage of personal effects. (Photos obtained)

The findings include:

1. On . . . . . 2012 a Joint Operation Spot Check was conducted with the Agency for Health Care Administration, Jacksonville ' s Attorney General ' s Office, Duval Department of Health, and Code Enforcement Inspectors. A tour of the facility from 9:15 am to 1:00 pm revealed the ALF failed to maintain a clean and sanitary environment for residents. The facility failed to provide operable mechanical devices, clean, operable and appropriate furnishings in good working order. The AHCA surveyor and the Duval County Health Department Inspector observed approximately 25 . . . . with the following discrepancy patterns:
a. . . . . observed with chipped, torn and broken furnishings to include the dresser, storage bin,

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night stand, chairs, and beds.
b. [redacted] had no storage for numerous residents' clothing.
c. [redacted] observed with foul odors and dirty clothes on the floors in piles.
d. [redacted] observed with dirty, unswept and mopped floors.
e. [redacted] observed with dirty, worn linen on old and stained mattresses. [redacted] observed with missing floor tiles.
f. [redacted] observed with unfinished and unpainted repair plaster work on walls and baseboards.
g. [redacted] observed with dirty, clogged vents with mold.
h. Majority of the [redacted] in facility had no soap, toilet paper and hand towels for residents to wash their hands.
i. Toilet covers were broken.
j. [redacted] were observed with rust and not in good working order nor clean and appropriate for residents.

2. Surveyor and Health Inspector observed the following resident [redacted]
a. [redacted] #1, 2, 28, and 32 with dirty vents.
b. [redacted] # 4, 25,33, and 22 were observed with damaged walls and baseboards.
c. [redacted] # 24, 25, 27, 31, 35, and 34 were observed with chipped dresser drawers, and rusted night stands.
d. [redacted] # _ were observed with blown closet light.
e. The [redacted] next to [redacted] was observed with a broken vanity, and leaking tub faucet.
f. [redacted] # 29, 31, and 33 were observed with damaged and loose base boards.
g. [redacted] was observed with a broken bed and damaged wall.
h. [redacted] # 35, 33, 32, and 34 were observed

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with broken night stands.
i. [illegible] # [illegible] was observed with a ripped and damaged chair. [illegible] # [illegible] was observed with a damaged bed and missing floor tiles.
j. [illegible] # [illegible] was observed with torn and damaged plastic clothes bin and a rusted night stand.
k. [illegible] # [illegible] was observed with broken clothes storage bin.
l. [illegible] # 14, 15, and 13 were observed with dirty floors with trash debris.
m. The [illegible] to [illegible] # [illegible] was observed with and opening around tub edges with mold and no toilet lid.
n. [illegible] # 14, 13, and 20 were observed with dirty linen and dirty beds.
o. [illegible] # 12, 8, and 16 were observed with missing floor tiles.
p. [illegible] # 10 and 6 were observed with foul odor piles of dirty clothes on the floor.
q. [illegible] # 14, 15, and 26 were observed with dirty furniture.
r. [illegible] # 9, 13, and 28 were observed with broken dresser drawers.
s. Seven resident [illegible] near [illegible] # 34, 32, 10, 15, 28, 33, and 29 were observed with no soap, no hand towels and no toilet tissue.
t. [illegible] # [illegible] was observed with broken furniture and broken door closure device.
u. [illegible] # [illegible] was observed with a strong, foul odor and dirty clothes in the closet.
v. The laundry [illegible] observed with a broken washer and piles of dirty clothes on the floor.
w. The facility outside grounds were observed with trash debris.

3. The Duval County Health Department Inspector found the following discrepancies in the facility's kitchen:
a. No hand soap or paper towels for staff to wash

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their hands, dirty clogged vents throughout the kitchen.
b. A rusted bread slicer with spider webs inside.
c. An unlabeled pot of old cooking grease on counter top next to cooking range, dirty grease and dust clogged Gaylord vents.
d. Rat droppings observed on top of food storage cabinet. A rodent hole was observed behind the food cabinet on the floor.
e. The refrigerator shelves were observed rusted in need of replacement.
f. There were no food labels on numerous food items observed in refrigerators.
g. The kitchen cabinets found with loose food debris on shelves and at bottom of shelves.
h. The kitchen dishwashing sink nozzle observed broken with hand rag over it due to it spraying water on staff.
i. The storage cooler in the kitchen area was observed with canned beverages and insects.
j. The kitchen baseboards were dirty and not in good repair.
k. The oven, stove and drawer under the oven were caked with old food and debris.
l. The kitchen floor observed with cracked and missing tiles.
m. The refrigerator was visibly dirty inside and out.

4. Department of Health Inspector issued the discrepancy report to facility's designated representative and stated discrepancies were to be corrected in two weeks. Hand soap, paper towels and toilet tissue had to be provided to all residents and in the facility's kitchen prior to the inspector's departure from the ALF.

5. An interview was conducted on at

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GOLDEN RETREAT SHELTER CARE CE	4410 MONCRIEF RD. W. JACKSONVILLE, FL 32209

(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 13 10:00 AM with housekeeping staff and they stated there were not enough people to keep things clean and they did not have enough time to changed sheet, stock paper towels, and ensure soap was always available. Class II Correction Date: 2012 (Immediate)	A 152		

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Golden Retreat Assisted Living Facility
C/O Betty Powell Shaw-Administrator
4410 Moncrief Road West
Jacksonville, Florida 32209

Dear Betty Powell Shah,

This letter reports finding of a multi-agency Spot Check conducted on , 2012, by representatives of the Agency for Health Care Administration, Department of Health, Duval County Code Enforcement, and the Office of Attorney General. Attached is the provider's copy of the State (3020) Form, which indicates there were deficiencies noted during the investigation.

You are directed to provide a plan of correction to the Jacksonville Field Office for the identified deficiencies within **ten calendar days** of receipt of this faxed report. The plan should be directed to the attention of Mr. Rob Dickson, Field Office Manager and mailed to:

Agency for Health Care Administration
Health Quality Assurance, Jacksonville Field Office
921 North Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone: (904) 798-4513
Fax: (904) 359-6054

The investigation resulted in findings of noncompliance with the following areas:

1) A 30 Resident Rights-Class II
Your Assisted Living Facility failed to ensure a physical environment that is safe and free from hazards associated to control and direct care staff being free from communicable . This noncompliance possesses a direct threat to the health and welfare of residents living in your facility.

2) A 78 Staffing Standards-Class II
Your Assisted Living Facility failed to ensure your direct care staff had the appropriate testing and confirmation that they were free from communicable including . This noncompliance possesses a direct threat to the health and welfare of residents living in your facility.

3) A 152 Physical Environment-Class II
Your Assisted Living Facility failed to ensure a physical environment that was in good repair and maintained in a manner that does not pose a risk to resident's safety and welfare. These findings were verified by a Department of Health environmental inspector. This noncompliance possesses a direct threat to the health and welfare of residents living in your facility.

Your plan of correction must include the following:

1) Immediate verification with supporting documentation that you have evidence that all staff are free from communicable [illegible] including [illegible]

2) Description of how you plan to address all physical plant and environmental violations. This plan must include the replacement of all nonfunctional furniture, repair of all walls and floors, replacement of mattresses and sheets, repair of baseboards, and the cleaning/repair of air vents, identified in the statement of deficiencies.

3) Actions taken to immediately correct the unsanitary conditions in the facility's kitchen as noted by the Department of Health.

4) A copy of a current satisfactory sanitation inspection report from the county health department.

5) Evidence that you are coordinating with the local county health department or other qualified health care provider to develop a [illegible] control plan that includes analysis of the schedule for annual screening for staff and residents.

6) Evidence of an agreement for the services of a dietary consultant who is a Florida licensed dietitian. The agreement must provide for, at a minimum, onsite, quarterly consultation. The duration of this agreement must be for at least one year. Prior to discontinuation of this consultant's services, the Agency will conduct an onsite inspection to determine if these services must continue.

Should you have any questions, please call [illegible] Catherine Anne Avery, Survey and Certification Support Branch, at 850-412-4505.

Regards,

Catherine Anne Avery, RN LNC