AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number
AL11967941

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
10/2/2012

Name of Facility
TROPICAL PARADISE

Street Address, City, State, Zip Code
1593 BRICKYARD ROAD
CHIPLEY, FL 32428

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0165 Reg. # 429.23 FS; 58A-5.0241 FAC LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency | Reviewed By | Date: | Signature of Surveyor: BMcFarland RNC | Date: 10/15/12

Reviewed By CMS RO | Reviewed By | Date: | Signature of Surveyor: | Date:

Followup to Survey Completed on:

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

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	AL11967941	A. BUILDING _____ B. WING _____	R

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{A 000}	Initial Comments	{A 000}		

On at Tropical Paradise Assisted Living Facility, an unannounced revisit was conducted. At the time of visit deficiencies were found.

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

(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.
(a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C.
(b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint.
(c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with , 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida Hotline "1(800)96- or 1(800)962-2873" shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of

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{A 030}	Continued From page 1	{A 030}		

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 not be considered a physical

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{A 030}	Continued From page 2	{A 030}		

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 [illegible] 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.
(g) Share a [illegible] his or her spouse if both

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are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall 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.

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{A 030}	Continued From page 4	{A 030}		

This Statute or Rule is not met as evidenced by:
Based on interview, the assisted living facility failed to ensure 4 of 4 Limited Mental Health residents were free from financial [illegible] (#1, #2, #3, and #4).

Findings include:

1) An interview was conducted with the owner on about 10:50 AM. The owner confirmed the 4 residents did live in this facility, but they were placed in his mothers, sisters, daughters, and an associates home.

2) On about 10:50 AM the owner stated residents had their own checks and he did not have any resident's funds. However, during a further interview the owner had with the Adult Protective Services Investigator on about 11:40 AM the owner confirmed that he cashed all 4 of the resident's ( ) checks after they were placed into his mothers, sisters, daughters, and associates homes.

Class II

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

Limited Mental Health.
(1) LICENSE APPLICATION.
(a) Any facility intending to admit three or more mental health residents must obtain a limited mental health license from the Agency in accordance with Rule 58A-5.014, F.A.C., and Section 429.075, F.S., prior to accepting the third

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{AL240}	Continued From page 5	{AL240}		

mental health resident.
(b) Facilities applying for a limited mental health license which have uncorrected deficiencies or violations found during the facility ' s last survey, complaint investigation, or monitoring visit will be surveyed prior to the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected.

This Statute or Rule is not met as evidenced by:
On : a Notice to Cease and Desist was served during a complaint investigation. The facility was found in violation by having more than two Limited Mental Health (LMH) residents without having a LMH license. Based on interviews and observations the assisted living facility remains in violation by still having control over 6 of 6 Limited Mental Health resident 's (#1, #2, #3, #4, #5, and #6) funds and placing LMH resident's in the owners relatives home.

Interviews

1) On about 10:50 AM during an interview with the owner, he provided an incorrect location for resident #2. The facility owner stated resident # 2 was discharged to his sister's home. During a visit to owner's mother's home regarding an unlicensed assisted living facility complaint it was varified resident #2 is residing in her home instead of the owner's sister home. (Related complaint CCR# 2012010846)

2) An interview was conducted with the owner's mother on about 9:30 AM. She confirmed the owner brought resident #2 to her home once she was discharge from his facility. However, the owner's mother was operating an unlicensed

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assisted living facility and is providing 24 hr. care and services for four other residents that reside in her home. The owners mother was served with a Notice of Unlicensed Activity . (Related complaint CCR# 2012010846}

3) During an interview with the owner on about 11:40 AM the owner confirmed that he cashed resident #1, #2, #3,#4 and #5 ( ) checks after the resident were placed into the homes of relatives and an associates homes.

4) An interview was conducted with resident #2 on about 12:15 PM and she confirmed she lives with the owner's mother. (Related complaint CCR# 2012010846)

Observations

5) On about 9:30 AM resident #4 and #5 were observed watching T. V in the living area of the assist living facility.

6) On about 10:55 AM residents #1 and #3 were observed standing at the front door of the owner's daughter's house showing the adult protective investigator (API) the medications that they are taking. Also about 11:30 AM they were observed in their . Resident #1 was showing off her Radio that was on the floor to the API. Resident #3 was putting clothes away off her bed into the closet. (Related complaint CCR# 2012010845)

7) On about 10:55 AM an interview was conducted with the owner's associate, who stated resident #4 was at her home for about eight days and left to go live with his wife and son. She

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{AL240}	Continued From page 7	{AL240}		

stated resident # 4 was discharged from the facility to her home. It was found the associate was operating an unlicensed assisted living facility. She was served with a Notice of unlicensed activity. (Related complaint CCR # #2012010953)

Unclassed

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Tropical Paradise
1593 Brickyard Road
Chipley, FL 32428

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2012 by representatives of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2012.**

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 this office at 850-412-4540.

Sincerely,

Patricia M Tuttle, RNC

Bonah Heiberg
Field Office Manager

DH/pm
Enclosure

BBT7

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