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
	AL11967941	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TROPICAL PARADISE	**1593 BRICKYARD ROAD CHIPLEY, FL 32428**

(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 000		

On An unannounced biennial survey was conducted at Tropical Paridise Assisted Living Facility. Deficiencies were identified as a result of this survey.

A 026 SS=D	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities	A 026	

(2) SOCIAL AND LEISURE ACTIVITIES.
Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community.
(a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests.
(b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility.
(c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in

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A 026	Continued From page 1	A 026		

common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on interviews and observations The facility did not provide activities as required by regulation.

Findings:

On at approximately 10:25 AM an interview was conducted with resident # 4. Resident #4 stated that she has been living in the facility just over a month and scheduled activities had not been offered to her by the facility since she has been there.

On at approximately 11:52 AM an interview was conducted with resident #5. During the interview he stated that he had been living in the facility 1.5 years. He said the person who did activities stopped coming to the facility one month ago and the facility has not had any scheduled activities since.

On at approximately 12:00 PM It was observed in the facility an activities calendar which was posted for the month of . The activities calendar did not demonstrate a minimum of twelve hours of activities per week as required. It was also observed on from 9:15 AM- 4:30 PM that no activities were offered to the residents during the survey process.

Class III

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A 057	Continued From page 2	A 057		
A 057 SS=D	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products	A 057		

(8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, [illegible], nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription.
(a) A stock supply of OTC products for multiple resident use is not permitted in any facility.
(b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required.
(c) Residents or their representatives may purchase OTC products from an establishment of their choice.
(d) A facility cannot require a licensed health care provider ' s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required.

This Statute or Rule is not met as evidenced by:
Based on interview and observation the facility did not ensure that resident over the counter (OTC) products were labeled with the residents

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A 057	Continued From page 3 name as required by regulation. Findings: On : at approximately 11:10 AM an interview was conducted with resident #2. During the interview it was discovered that he kept in his products which consisted of 2 bottles of supplements and 1 bottle of equate ..... On : at approximately 11:20 AM it was observed in residents #2 OTC bottles as described and when the bottles were examined it was observed that the manufactured bottles had their labels but the residents name was not labeled on them as required by regulation. Class III	A 057		
A 152 SS=D	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	A 152		

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A 152	Continued From page 4	A 152		

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 interviews the facility did not ensure that all existing architectural, mechanical and electrical systems were maintained in good working order as required by regulation.

Findings:

On at approximately 9:20 AM while setting up for the survey in the facility it was observed in the dinning activities area a window AC unit on the back wall was dripping water on the inside of the facility. It was also observed that the facility had placed plastic tubs under the AC unit to catch the water which was dripping.

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A 152	Continued From page 5	A 152		

On at approximately 11:20 AM while checking resident for residents it was observed in the front center the end of the hall which had 2 light bulbs missing from the ceiling fan.

On at approximately 12:10 PM during dinning review it was observed that the ceiling in the dinning activity area had several water stains on it. It was also observed that the drywall tape was starting to peel off the ceiling. The ceiling was in need of repair and painting.

Class III

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 Biennial state licensure survey that was conducted on , 2012 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012 to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McCarter, RNC

for Jonah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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