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
	AL11964729	A. BUILDING _____ B. WING _____	10/01/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAGE PLACE	18400 COCHRAN BLVD. PORT CHARLOTTE, FL 33948

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A 000	Initial Comments This is to report the results of an unannounced Limited Nursing Service (LNS) survey, conducted on at Village Place, an Assisted Living Facility (ALF) in Port Charlotte, Florida. A complaint investigation was included in this survey but the allegations in the complaint were not substantiated The following is a description of the noncompliance:	A 000	A00 Preparation and execution of the POC does not constitute admission or agreement of the provider of the truth of the facts. Alleged or conclusions set forth in the statement of deficiencies.	
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	A 030	The corrective action taken for Resident #3 is as follows: a. The Administrator contacted Matrix for placement of oxygen tank holder and was received on 2012. b. The Health Care Director will monitor all residents to use for correct placement of tanks on a weekly basis. c. Date of Compliance – 2012 d. Regional nurse will monitor no less that quarterly to ensure ongoing compliance.	

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A 030	Continued From page 1	A 030		

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 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

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A 030	Continued From page 2	A 030		

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 the highest possible level of independence,

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A 030	Continued From page 3	A 030		

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 of the facility, governing officials, or any other

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A 030	Continued From page 4 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 insure that supplemental tanks were secured in a safe manor for 1 (Resident #3) of 4 residents receiving supplemental The findings include: On at 9:30 a.m., the initial tour revealed Resident #3 had 3 unsecured mini supplemental tanks in her closet. All three tanks were lying in the right side of resident's closet, leaning against the back wall, unsecured. An interview was conducted with the LPN on at approximately 9:50 a.m. She confirmed that she also observed the unsecured supplemental tanks. Class III Correction Date	A 030		
AN276	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to	AN276		

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AN276	Continued From page 5 Section 429.255, F.S. (a) Conducting passive range of motion exercises. (b) Applying ice caps or collars. (c) Applying heat, including dry heat, hot water bottle, heating aquathermia, moist heat, hot compresses, sitz bath and hot soaks. (d) Cutting the toenails of residents or residents with a documented problem if the written approval of the resident ' s health care provider has been obtained. (e) Performing ear and eye irrigations. (f) Conducting a dipstick test. (g) Replacement of an established self maintained indwelling or performance of an intermittent (h) Performing stool removal therapies. (i) Applying and changing routine dressings that do not require packing or irrigation, but are for and closed surgical wounds. (j) Care for pressure sores. Care for or 4 pressure sores are not permitted under this rule. (k) Caring for casts, braces and Care for head braces, such as a is not permitted under this rule. (l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse. (m) For hospice patients, providing any nursing service permitted within the scope of the nurse ' s license including 24-hour nursing supervision. (n) Assisting, applying, caring for and monitoring the application of anti-em stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers ' guidelines. (o) Administration and regulation of portable	AN276	The corrective action taken for Residents #1 and 2 is as follows: a. Home Health was contacted for teaching the residents on the use of the concentrator. In-service was done on 2012. b. Health Care Director to monitor all residents on to ensure they know the proper procedure or they will be placed on LNS services. Health Care Director will observe residents on a weekly basis during Healthcare meeting. c. In-service with staff on guidelines for use in the facility with healthcare staff on 2012. d. Date of Compliance – 2012. e. Regional nurse will monitor no less than quarterly to ensure ongoing compliance.	

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AN276	Continued From page 6 (p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS). (q) care and maintenance. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to identify residents receiving supplemental who required Limited Nursing Services (LNS). The administration and regulation of portable supplemental was not being provided by qualified staff for 2 (Residents #1 and #2) of 4 residents receiving supplemental The findings include: Interview on at 9:25 a.m., with the facility LPN revealed that she was the designated nurse to oversee the provision of LNS for the facility. She stated that the facility had not had any residents on LNS for several months. During the general tour on at 9:30 a.m. with the LPN it was observed that 4 residents had supplemental concentrators in their Two of the four residents (Residents #1 and #2) were unable to adjust the flow meter on the concentrator. Residents #1 and #2 stated the aides help if there is a problem. During an interview on at 10:00 a.m., with LPN in charge of LNS services it was confirmed that Residents #1 and #2 stated they did not know how to adjust the flow meter on their supplemental concentrator. She agreed that these 2 residents should be receiving LNS. Class III	AN276		

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AN276	Continued From page 7 Correction Date:	AN276		

Village PLACE
Assisted Living Community

, 2012

Harold Williams
AHCA
2295 Victoria Ave.,
Ft. Myers, FL 33901

Dear Mr. Williams,
I am submitting the plan of correction for our LNS Survey on , 2012.
The surveyor, Cindy Brandt, was very polite and helpful. I enjoyed meeting and working with her during our survey.

Sincerely,

Kim Spencer
Executive Director

18400 Cochran Blvd. • Port Charlotte, FL 33948 • Phone: 941.766.8900 • Fax: 941.766.8224
www.villageplaceretirement.com
Assisted Living Facility Lic. # 9249