RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Palms Assisted Living
7364 Lagoon Road
Spring Hill, FL 34606

Dear Administrator:

Re: CCR #2012010650

This letter reports the findings of a complaint survey that was conducted on , 2012 by representative(s) of this office.

Enclosed 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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste Kriste J. Mennella, HFSA for

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

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
	AL11967766	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS ASSISTED LIVING	**7364 LAGOON ROAD SPRING HILL, FL 34606**

(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 an unannounced Assisted Living Facility (ALF) complaint survey for CCR # 2012010650 was conducted, the facility was found to not be in compliance with Chapter 429, Part I, 408, Part II, F.S. and 58A-5, F.A.C.	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license	A 008		

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A 008	Continued From page 1	A 008		

number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the

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A 008	Continued From page 2	A 008		

elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or

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A 008	Continued From page 3 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review, the facility failed to have completed health assessments for 2 of 5 (#1 and #2) residents. Findings: Resident #1 has a Health Assessment the section evaluating the environment necessary for the resident: "can have her needs met in an Assisted Living Facility" is not checked. The Health Assessment form is not dated and does not include a printed name or address of the medical examiner. Resident #2 has a health assessment is dated _____ with no printed name/title or address of the medical examiner or the medical license number. Class: III	A 008		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures	A 030		

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(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 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

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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 . . . . . .

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:

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(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 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

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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.

This Statute or Rule is not met as evidenced by:
Based on interview and observation the facility failed to ensure the residents are treated with dignity and respect for 4 of 5 (residents

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#1,#2,#3,#4) sampled residents.

Findings:

Interview with resident #2 on [redacted] at 10:30 AM stated she keeps to herself and does not ask for anything different for meals. She stated she gets a shower when she is scheduled and sometimes does not want one but is afraid to say anything to the staff. She stated staff member "A" is very "short" with the residents and is" bossy". The resident added that staff "A" never asks her or the other residents for input for any of their care, and stated she just goes along" and stated She indicated not liking the staff member, "because the way she treats us. " The resident added that she has difficulty getting out of her bed because it is too high and she has to wait for the staff to come and help her get out of bed. She added that she does not call for staff to assist her because se does not want to make her (staff "A") "upset". She stated she has thought to ask for a lower bed, but is afraid to say anything as she does not want to appear as if she is complaining. She added that the residents are not asked about their care (food, activities etc) and she just does what she is told.

Interview with resident #4 on [redacted] at 3:20 PM who stated she does not like it at the facility. She stated when she first moved to the facility the staff used to treat the residents better, but now she stated she feels like she is" in the way." She stated she takes care of all her needs herself and does not ask for any assistance because she is afraid of being "snapped at" by staff "A.". She added she does not ask for a substitution at meals stating, "I wouldn't dare." She stated, "I have told them I want a piece of bread when I was hungry and they gave it to me, but I wouldn't

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dare ask them for something different." She stated "I never talk to her (staff A) because she doesn't ever talk to me except when she is telling me what to do."

Interview with resident #3 on [redacted] 11:10 AM who stated she just eats what they put in front of her and would never ask for anything different. She stated she hates the music that the facility plays (was playing while the interview was being conducted) and stated they play it all the time. She stated there is no forum for the residents to suggest new things and she never complains because she is afraid. She stated staff member "A" makes the residents follow "her rules" and is "loud."

Interview with staff member "B" on [redacted] 11:30 AM revealed she stated staff member "A" has been counseled about her interactions with the residents "numerous times." She added that staff "A" does not intend to be nasty to the residents, "it's the way she is; she does not intend to be malicious or nasty, but it's because she is from the north and it is just that way." She stated the residents are sometimes able to speak-up for themselves, but she knows some of them may be quiet because staff "A", " has such a strong personality [redacted] is dominant."

Observation of staff member "A" on [redacted] 9:48 AM revealed she interrupted resident #4 and resident #2 during their conversation with the surveyor. Staff "A" would not allow resident #4 to speak freely with the surveyor and interrupted her during the resident's attempt to spell her name. Staff "A" would not allow resident #3 to pick an area to meet with the surveyor and attempted to dictate where she should go in the facility to be interviewed.

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Interview with the Administrator on [redacted] at 10:30 AM revealed she stated, she has known there is a problem with the manor in which the house manager interacts with the residents and has counseled her in the past and knows she needs to "deal with her now."

Class: III

A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities	A 092	

Food Service Standards.
(1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall:
(a) Be responsible for total food services and the day to day supervision of food services staff.
(b) Perform his/her duties in a safe and sanitary manner.
(c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets.
(d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on interview and record review the facility did not provide therapeutic diets as ordered for 3 of 5 (residents #1, #2, #4) sampled residents.

Findings:

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Interview with the house manager on [redacted] at 12:06 PM revealed she stated she prepares what is on the menu "most of the time." She stated, "when the food isn't here, I think about what they like the most and fix that." She added "I have one special diet (resident #1 [redacted] free and lactose intolerant). We provide her with [redacted] free bread and she takes a [redacted] tablet before some meals and we have [redacted] free hamburger rolls." She stated she does not keep records of what was actually served for meals and does not have a special menu for any residents.

Record review on [redacted] revealed that:

Resident #1 has a Health Assessment which includes:
The diet restriction section lists "mechanical soft, Nectar thickened liquids"
The Health Assessment form is not dated.

Resident #2 has a health assessment which includes:
In the diet restriction section: "No added salt and mechanical soft".

Resident #4 has a health assessment which includes:
In the diet restriction section: "no added salt"

Class: III