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
	AL11965162	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLAS AT GULF BREEZE, INC	101 MCABEE COURT GULF BREEZE, FL 32561

(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 / at Villas At Gulf Breeze Assisted Living Facility, an unannounced complaint(CCR# 2012011215) survey was conducted. There were deficiencies found at the time of the visit.	A 000		
A 030 SS=G	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		

AHCA Form 3020-0001

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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 (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 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	A 030		

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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 interviews and record reviews it was determined the Assisted Living Facility (ALF) failed to 2 protect 2 of 9 sampled residents from verbal and , , . (#1 and #2) Finding includes: 1) On , 2012 a Department of Children and Family (DCF) report was received and revealed two verified incidents of resident ' s and maltreatment. Information from DCF revealed findings were verified involving staff member A for maltreatment, Bone , and Physical injury against resident #1. On , resident #1 was observed to have on her face and hands. The Director of Nursing (DON) indicated this incident occurred - . The DON initially thought the injuries were unexplained however as a result of X-rays completed ; a hairline to the fourth finger of resident #1 ' s right hand was substantiated. Staff member A was the only one working and provided no explanation of how the resident was injured. The Gulf Breeze Police department verified the bone may be a defensive injury if resident#1 was trying to protect her face. Information from the DCF revealed findings were verified involving staff member A for maltreatment physical injury and staff member B for maltreatment inadequate supervision for a second incident occurring on / . Resident #3 reported to the DON what she had heard the morning of / when staff member A and B	A 030		

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A 030	Continued From page 5 came in to get her (resident#2) dressed. At the time resident #3 was facing the wall but she heard staff member A say " you look ugly when you do that " to resident #2 and resident #2 tried to hit staff member A. Staff member A told resident#2 " that doesn ' t hurt me. " Staff member A also told resident #2 she should be in a hospital. On , the DON completed a skin assessment and discovered resident #2 had a and a on her upper right arm. Staff member B admitted on in a written statement that she and staff member A went to get resident #2 up and staff member A grabbed resident #2 ' s hand and arm. By choosing not to intervene, staff member B failed to protect resident #2 from harm. 2) On / about 10:02 AM an interview was conducted with the DON. She stated on the morning of she received a hand written statement that resident #3 wrote of what she heard staff member A saying to resident #2. The statement listed comments such as " old heifer. " The DON stated once she received the statement she went up to the observed on resident # 2 ' s upper right arm and a . She stated staff member A was terminated for verbal and , and staff member B was terminated for witnessing the incident and not reporting. The DON stated resident #1 ' s whole face was and they have pictures of both resident #1 and #2 . 3) On about 10:11 an interview was conducted with the Administrator. The Administrator the revealed Adult Protective Service (APS) was contacted on / to investigate the two incidents involving resident #1 and resident #2. She stated the incident with resident # 2, staff member A was the one who did	A 030		

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A 030	Continued From page 6	A 030		

the physical and while staff member B witnessed.
She stated on the nurse (staff member D) observed a on resident#1 ' s face. Staff member D completed an assessment of the and wrote a statement. The Administrator stated she was not sure of the incident of resident #1 ' s but staff member A was the only staff working the shift of . Therefore, they linked the two resident ' s incidents together and contacted Adult Protective Service (APS). The Administrator stated the Adult Protective Investigator (API) advised her she was turning her case over to the Gulf Breeze Police Department.
4) On about 12:48 PM an interview was conducted with resident # 3. She stated staff member A told her , resident #2 that she should be in a mental hospital. Resident# 3 stated she didn ' t like it and told the nurse.
5) On , review of day 1 and day 2 photos of resident #1 ' s face revealed a large facial . A review of a photo of resident #2 ' s reveals a large . (Photos Obtained)
6) On , a review of staff member B ' s written statement revealed she witnessed staff member A grab resident #2 by her arm and put her in the chair, and said you can ' t act like that you old heifer , you are so evil and rolled her to the dining . (Obtained Statement)
7) On , a review of resident #3 ' s hand written notes of what she heard revealed " You ' re too old to wet your bed " , You look ugly like that, That doesn ' t ever hurt me. " " You belong in a house not here " (obtained statement)

8) On / / about 1:20 PM an interview via telephone was conducted with the Adult

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A 030	Continued From page 7 Protective investigator. She confirmed her case at the facility was verified and closed involving staff member A and staff member B as the alleged [illegible] and residents #1 and #2 being the victims. Class II	A 030		
A 165 SS=D	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. [illegible]; 2. or spinal damage; 3. Permanent [illegible]; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more	A 165		

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A 165	Continued From page 8	A 165		

acute care due to the incident rather than the resident ' s condition before the incident; or
7. An event that is reported to law enforcement or its personnel for investigation; or
(b) Resident elopement, if the elopement places the resident at risk of harm or injury.
(3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident.
(4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident.
(6) , neglect, or , must be reported to the Department of Children and Family Services as required under chapter 415.
(7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of

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A 165	Continued From page 9	A 165		

s. 456.073 apply.
(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.
(10) The Department of Elderly Affairs may adopt rules necessary to administer this section.

Adverse Incident Report.
(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at http://ahca.myflorida.com/reporting/index.shtml; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes.

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A 165	Continued From page 10 (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews the Assisted Living Facility (ALF) failed to file an adverse incident report related to a bone facial and and subsequent police investigation of of 2 of 9 sampled residents. (#1 and #2) Findings include: 1) On / about 10:02 during an interview with the Director of Nursing, she confirmed the facility did not file an adverse incident report for a Gulf Breeze police department investigation involving staff member A who verbally and resident#1 and resident #2. 2) On / about 10: 11 AM during an interview with the administrator, she stated the Adult Protective Investigator (API) who was contacted for the investigation turned her verified case findings over to the Gulf Breeze police department. The Administrator confirmed she did not file an adverse incident because the API contacted the police and thought since she was not the person who notified law enforcement directly. But the Administrator did confirm there was an active police investigation. 3) On / about 1:15PM an interview with	A 165		

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A 165	Continued From page 11 Gulf Breeze Police Department Officer was conducted via telephone. He stated he sent an warrant for staff member A to the attorney general for approval. 4) The Department of Children and Family report revealed X-rays were completed on / of residents#1 hand revealed hairline to her fourth finger. Class III	A 165		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Villas At Gulf Breeze, Inc
101 McAbee Court
Gulf Breeze, FL 32561

Dear Administrator:

Re: CCR #2012011215

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162