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
	AL11943030	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREEMONT ON THE PARK	**3881 N.E. 3RD AVENUE OAKLAND PARK, FL 33334**

(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 Complaint Survey CCR# 2012008158 Three of four allegations were confirmed. Treemont On The Park Assisted Living Facility had deficiencies found, related to the allegations reviewed at the time of the visit commenced on [redacted] and concluded on [redacted].	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 [redacted] 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 [redacted] 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	A 008		

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A 008	Continued From page 1	A 008		

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 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.

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A 008	Continued From page 2	A 008		

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 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

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A 008	Continued From page 3 or (g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 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 upon record review and interview, it was determined that the ALF (Assisted Living Facility) failed to ensure that two of four sampled residents received a face to face medical examination completed by a Licensed Health Care provider (Resident #2 and Resident #3). The findings include: 1. Review of the record reveals that Resident #2 was admitted to the ALF on [redacted]. Review of the resident's Health Assessment, form 1823 reveals evidence of documentation that all pertinent sections were completed and that the resident, in the professional opinion of the examiner, was appropriate to reside in the facility. Further review reveals that the form was signed with the name of the examining MD (Medical Doctor) and dated, [redacted]. An interview was conducted with the Nurse for the MD whose name was documented on the	A 008		

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Health Assessment form, for Resident #2, on at approximately 9:10 AM who stated that according to the records, the resident had not been seen by the MD after stated that the last examination the resident had, outside of the ER (Emergency visit on was on and that the resident did not see the MD prior to the ER visit on . An interview was conducted with the ALF's Administrator on at 1:05 PM; she stated that she had ensured that the resident had the required examination completed.

A follow up visit was made to the MD whose name was documented on the resident's Health Assessment form, on at 10:15 AM; the MD's Nurse reviewed the Health Assessment form and stated, during the interview, at 10:15 AM that the form was not completed by that MD's office; however she recognized Page 4 of the Health Assessment form for Resident #2 and stated that to her recollection she had spoken to a gentleman from the Assisted Living Facility in 2012; that he requested that the MD submit a list of the medications the resident was currently taking; stated that he faxed her a page of paper to document the medications the resident was taking; stated that she completed the form, which was only one page long,; the MD signed the form and the form was faxed back to the Assisted Living Facility; she identified Page 4 of the current Health Assessment as the form that she had the MD sign and faxed back to the Assisted Living Facility, but stated, during the interview, on at 10:15 AM that she was unaware that the page she had faxed to the Assisted Living Facility was part of a resident's Health Assessment.

An interview was conducted with the MD who signed the last page of the resident's Health Assessment on at 10:20 AM who

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stated that he was informed that the resident was in need of medications; that he had the Nurse complete the form's page as he did not want the patient to be out of their medication; stated that he is not the resident's primary care physician, therefore would not have completed the Health Assessment in its entirety; he is a and does not dictate the resident's eating patterns, toileting and other activities of daily living which the form requires the MD to give their professional opinion on; he stated that he was unaware that the resident was previously in the hospital on that the hospital had ordered the medication, be stopped upon discharge and stated that the resident is no longer on the medication, and he was unaware of the resident's issues with the medication

2. Resident #3 was admitted to the Assisted Living Facility on Review of the record for Resident #3 reveals evidence of documentation of a Health Assessment form that is pre-completed and undated by the Assisted Living Facility's staff. Further review reveals that the Health Assessment form lacked evidence of documentation of the signature and medical license number of the resident's physician. Continued review, of the Health Assessment from reveals evidence of a memo attached, documenting, "1823 incomplete, not signed, no med (medication) list During an interview with the Assisted Living Facility's Nurse, on at approximately 11:00 AM, she confirmed that she filled out the resident's Health Assessment form and also confirmed that a face-to-face examination was not conducted by the resident's physician as documented on the required Health Assessment form.

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	Class III			
A 011 SS=D	58A-5.0181(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based upon record review and interview, it was determined that the ALF (Assisted Living Facility) failed to provide a timely discharge for one of four sampled residents when the resident no longer met the Assisted Living Facility's criteria for continued residency (Resident #2). The findings include: Review of the record reveals that Resident #2 was admitted to the ALF on 6/28/ . . . . sent to the hospital on . . . . review of a Progress note, dated . . . . the ALF was informed of the resident's high Dioxin level result from tests conducted at the hospital. Continued review of a Progress note, dated . . . . that the ALF was informed that resident was to be sent to a rehabilitation facility, upon discharge from the hospital per a physician's order. Further review reveals evidence of documentation that the ALF tried to have the resident returned to the ALF and documents, "order already written ... we will follow to get resident back to the facility." Review of a Progress note, dated 7/15/ . . . . evidence	A 011		

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of documentation that the resident had the hospital contact the ALF as the resident did not want to return to the ALF and documentation of a Progress note reveals that the resident's POA was also at the ALF on requesting a refund. Continued review of a Progress note, dated reveals evidence of documentation, "resident D/C (discharged) "no notice no refunds."

During an interview, conducted with the POA (Power Of Attorney) for Resident #2 on at approximately 2:12 PM, the POA stated that they were not allowed to come in the gates of the ALF; that they spoke with the ALF's Administrator, on several occasions but he refused to give the Resident's POA a refund, so they wrote the ALF's Administrator a letter, at his request; he refused to accept this as the 30 day notice for the termination of the resident's stay, stating that the notice was not sufficient. The resident's POA provided a copy of this notice, dated , documenting that the POA requested the resident be discharged from the ALF; the POA provided a copy of progress notes from the resident's SNF (Skilled Nursing Facility) documenting that the resident was admitted on to the SNF. An interview was conducted with the ALF's representative on at approximately 11:10 AM during which she stated the resident should have been allowed to have their sessions at the ALF. An interview was conducted with Hospital's Case Manager, on at 4:10 PM who stated that stated the resident was discharged on to the SNF per the physicians order, as it was determined that the resident needed that exceeded the 3 times per week the ALF is able to provide, therefore the resident was sent to the SNF in order for the resident to receive the appropriate rehabilitation care.

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A 011	Continued From page 8 Record review of the file for Resident #2 reveals no evidence of documentation of a copy of the resident's contract and the ALF was unable to provide a copy of the contract at the time of the survey. The nurse, in charge of the ALF, provided the surveyor with a "blank" copy of the contracts given to all of the ALF's residents. Review of this "blank" contract reveals that the contract documents the ALF's discharge policy as, "upon determination by Health care provider that the resident needs services beyond those the facility is licensed to provide, the facility would notify the POA in writing that the resident must make arrangements for immediate transfer to a care setting that has the services needed by the resident." Further review of Resident #2's file reveals no evidence of documentation that this was done. Class III	A 011		
A 027 SS=D	58A-5.0182(3) FAC Resident Care - Arrangement for Health Care (3) ARRANGEMENT FOR HEALTH CARE. In order to facilitate resident access to needed health care, the facility shall, as needed by each resident: (a) Assist residents in making appointments and remind residents about scheduled appointments for medical, dental, nursing, or mental health services. (b) Provide transportation to needed medical, dental, nursing or mental health services, or arrange for transportation through family and friends, volunteers, taxi cabs, public buses, and agencies providing transportation for persons with (c) The facility may not require residents to see a	A 027		

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health care provider.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined that the ALF (Assisted Living Facility) failed to provide timely transportation for needed medical services or to arrange for emergency medical transportation for a resident who needed medical services for one of four sampled residents (Resident #1).

The findings include:

Record review for Resident #1 revealed evidence of documentation of a Progress note that the resident was transported to the ER (Emergency on : at the intervention of the resident's family who visited the resident; determined that the resident needed medical attention and notified 911 emergency services
Further review of the progress note reveals that the resident was ill for three days prior to the visit from their family on : with without evidence of documentation of any interventions being provided by the ALF.
An interview was conducted with the ALF's nurse, in charge at the facility, on : at approximately 11:08 AM who stated that she was aware of the issues with the resident but did not know where there would be any further documentation in the resident's clinical record; she directed the surveyor to the nurse who was on duty on :
An interview was conducted on : at 12:22 PM with the ALF's nurse attending to Resident #1 on : who stated that the resident did appear slow; the resident's status

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A 027	Continued From page 10 changed; the resident did not want to eat; ... was very low; coincidentally, the resident's family came to the ALF that night and the resident was just resting in bed. He further stated, during the interview, on ... at approximately 11:08 AM that non- emergency personnel responded after being summoned at the request of the family but that they stated that the resident's ... was too low so they had to call 911 and he stated the resident's ... was about ... An interview was conducted with the POA (Power of Attorney) for Resident #1 on ... at approximately 2:12 PM who stated that they were not notified that there were any issues with their relative; that to their understanding, the ALF first called non-emergency transport, however due to the resident's low ... they could not transport the resident to the hospital; as a last alternative, the family came to the ALF as they could not get a straight answer from the ALF and called 911 to have the resident receive the much needed care that they felt was far overdue. Class III	A 027		
A 030 SS=D	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	A 030		

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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 [illegible] Hotline " 1(800)96-ABUSE 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 [illegible] 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

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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:
(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,

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(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
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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 . . . . . 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

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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 upon observation, record review and interview, it was determined that the ALF (Assisted Living Facility) failed to provide to all its residents, unrestricted private telephone communications.

The findings include:

1. During a tour of the ALF conducted on at 9:36 AM, the surveyor was approached by several residents who complained that they did not have access to a telephone within the ALF. The surveyor observed two staff

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A 030	Continued From page 15 members in the ALF at various times throughout the day, on , with two cordless telephones, in their pockets which they answered whenever the telephone rang. An interview was conducted with the ALF's staff member in charge, on , at approximately 11:11 AM who stated that the residents do have access to the telephone that is in the ALF's office. The surveyor observed, on , that the ALF's office was locked whenever the ALF's staff member in charge was not present. A review of the telephone system in the ALF's office revealed the telephones were cordless but that staff members or other residents in the office could press the button on the telephone and listen to the conversations of anyone using the cordless handset. Additionally, both telephones were observed to work from the same telephone line and each handset could be used to listen to conversations being conducted on the other handset. During the interview, on , at approximately 11:11 AM the ALF's staff member agreed and concurred that the telephones did not afford the residents unrestricted access and much privacy. Class III	A 030		
A 053 SS=D	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label. (b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and	A 053		

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reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record.
(c) Medication administration includes the conducting of any examination or testing such as . . . . l glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff.
(d) A facility which performs clinical laboratory tests for residents, including l glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined that the ALF (Assisted Living Facility) failed to immediately report unusual reactions or significant changes in the health to the resident's Health Care Provider for one of four sampled residents (Resident #1).

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A 053	Continued From page 17 The findings include: 1. Review of the record reveals that Resident #1 was admitted to the ALF on [redacted]. Further review reveals evidence of progress notes, dated [redacted] that document that the resident has having lower extremity [redacted], coughing and spitting and will notify MD (Medical Doctor). There is no further evidence, in the resident's file documenting that the resident's MD was notified of the resident's health issues. Further review reveals documentation, dated [redacted] and [redacted] that reveals that the resident continued to experience [redacted] in their lower extremities with no evidence of documentation of notification to the resident's Health Care Provider. Review of the progress notes, dated [redacted] reveals documentation that the resident's family visited the facility and called 911 (Emergency Services); the resident was transported to the Emergency [redacted] admitted with diagnoses of [redacted] and Bowel Obstruction. Class III	A 053		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. Sex; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number;	A 162		

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7. Medicaid and/or Medicare number, or name of other health insurance
8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and
9. Name, address, and phone number of health care provider, and case manager if applicable.
(b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.
(c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.
(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.
(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.
(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.
(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.
(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract,

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as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S.
(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;

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2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C., and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.
(p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility.
(q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based upon record review and interview, it was determined that the ALF (Assisted Living Facility) failed to properly maintain the resident's records to include all of the required components for one of four sampled residents (Resident #2).

The findings include:

Record review of the file for Resident #2 reveals no evidence of documentation of a copy of the resident's contract with the ALF and the ALF was unable to provide a copy of the contract at the time of the survey. An interview was conducted

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A 162	Continued From page 21 with the ALF staff member in charge on [redacted] at approximately 11:09 AM who stated that she could not provide documentation of the resident's signed contract; she provided the surveyor with a copy of a blank contract which she stated was representative of what all residents receive upon admission to the facility. Further review of the record for Resident #2, on [redacted] at approximately 9:48 AM reveals no evidence of documentation of the resident's Health Care Provider's orders for the following medications that the resident was receiving; [redacted] and Class III	A 162		
A 163 SS=G	429.49 FS Records - Resident, Penalties for Alteration Resident records; penalties for alteration.- (1) Any person who fraudulently alters, defaces, or falsifies any medical or other record of an assisted living facility, or causes or procures any such offense to be committed, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. (2) A conviction under subsection (1) is also grounds for restriction, suspension, or termination of license privileges. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined that the ALF (Assisted Living Facility) falsified Health Assessment form 1823 for one of four sampled residents (Resident #1). The findings include:	A 163		

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A 163	Continued From page 22 Review of the record for Resident #2 reveals that the resident was admitted to the ALF on and that Resident #2 was sent to the hospital on . Further review reveals a progress note, dated , that documents that the ALF was informed of the resident ' s high levels result from tests conducted at the hospital. Review of the record for Resident #2 reveals evidence of a completed Health Assessment form 1823 with documentation of a MD (Medical Doctor)'s signature; documents that the resident, in the professional opinion of the examiner, was appropriate to reside in the facility and is dated . Further review of the Health Assessment form 1823 reveals that the first page of the form documents, "unsteady gait.". During an interview, with the ALF's staff member in charge on at 10:16 AM, she stated that she was unsure who completed the form but assumed the form was completed by the MD. Continue review of the Health Assessment form 1823, reveals several fax transmission records documented on the top of each page; Pages 1, 2 and 3 have two transmission records documented on the top, Page 4 has 3 transmission records, two of which are different and dated after the date listed on the preceding pages document and there was no evidence of documentation that any of these pages were faxed to the MD that completed Page 4 of the Health Assessment form 1823. A review of the resident's MOR (Medication Observation Record) reveals documentation of the medications and the MOR documented charting for Review of the evidence of the list of medications documented by the MD that completed Page 4 of the Health Assessment	A 163		

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A 163	Continued From page 23 form 1823 documents only and A visit was made to the MD's office whose name was documented on Resident #2's Health Assessment form 1823 on at 10:15 AM. The MD's nurse reviewed the health assessment form and stated, during the interview, on at 10:15 AM that the form was not completed by the MD's office; recognized Page 4 of the Health Assessment form 1823 for Resident #2 and stated that to her recollection she had spoken to a gentleman from the facility in and that he requested that the MD submit a list of the medications the resident was currently receiving; she stated that he faxed her a page of paper to document the medications the resident was prescribed; she stated that she completed the form which was only 1 page, that the MD signed the form; the form was faxed back to the ALF; she identified Page 4 of the resident's current Health Assessment form 1823, as the form that she had completed but stated that she was unaware that the page she had faxed to the ALF was part of other pages of the resident's Health Assessment form. An interview was conducted with the MD, on at 10:20 AM who stated that he was informed that Resident #2 was in need of medications and that he had the Nurse complete the one page (Page 4) listing the resident ' s medications, as he did not want the patient to be out of their medication; stated that he is not the resident's primary care physician and therefore would not have completed the Health Assessment form as he is a and does not dictate resident's eating patterns, toileting and other Assistance of Daily Living (ADL)'s which the form requires the MD to give his professional opinion on; stated that he was unaware that the resident was previously in the	A 163		

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A 163	Continued From page 24 hospital and that the hospital had ordered the resident's medication be stopped; states that the resident is no longer on the medication and he was unaware of the issues with the resident's toxicity; he stated that the instructions on the page he signed directed the ALF to contact the PCP for additional medication and information in regards to the resident and he felt "duped" that the ALF would have neglected to have the PCP complete the Health Assessment form by obtaining a face to face interview rather than using the one page that he completed based on the misinformation his office was given over the telephone and the MD was very upset. Class II	A 163		
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	A 165		

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exercise control rather than as a result of the resident ' s condition and results in:
1. [illegible]
2. [illegible] or spinal damage;
3. Permanent [illegible]
4. [illegible] or [illegible] 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 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) [illegible], neglect, or [illegible] 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

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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 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

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
	AL11943030	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREEMONT ON THE PARK	3881 N.E. 3RD AVENUE OAKLAND PARK, FL 33334

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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.
(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 record review and interview, it was determined that the ALF (Assisted Living Facility) failed to document and provide verification of their existing Risk Management and Quality Assurance program that assesses the resident care practices and incident reports.

The findings include:

Record review for Resident #1 revealed evidence of documentation of a Progress note that the resident was transported to the ER (Emergency

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on at the intervention of the resident's family who visited the resident; determined that the resident needed medical attention and notified 911 emergency services Further review of the progress note reveals that the resident was ill for three days prior to the visit from their family on with without evidence of documentation of any interventions being provided by the ALF.

An interview was conducted with the ALF's nurse, in charge at the facility, on at approximately 11:08 AM who stated that she was aware of the issues with the resident but did not know where there would be any further documentation in the resident's clinical record; she directed the surveyor to the nurse who was on duty on .

An interview was conducted on at 12:22 PM with the ALF's nurse attending to Resident #1 on who stated that the resident did appear slow; the resident's status changed; the resident did not want to eat; was very low; coincidentally, the resident's family came to the ALF that night and the resident was just resting in bed. He further stated, during the interview, on at approximately 11:08 AM that non- emergency personnel responded after being summoned at the request of the family but that they stated that the resident's was too low so they had to call 911 and he stated the resident's was about .

Continued interview, on at 12:22 PM, with the ALF's nurse attending to Resident #1 on reveals that the resident was receiving their medications on time, eating ok, not a hundred percent but he was sure she was getting fluids; stated there is no way to document the amount of fluid consumption each resident has for a day and staff does not necessarily

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stand over the residents to ensure that they drink the fluids they are provided with; acknowledged that the resident, at times refused to consume their meals and fluids; pointed out that the resident was mostly independent; stated that on that day, , the resident was really weak, was taking fluids but would say, "that's enough;" the decision was their own; stated that the facility has a policy to pass fluids continuously every half hour; additionally stated that when asked whether he notified the ALF's Administrator that the resident was not consuming the amount of fluids they should but he was not sure if anything was done. An interview was conducted with the ALF's representative on at approximately 10:20 AM who stated that she was not sure if there were any additional documentation pertaining to Resident #1; stated and confirmed that there was an investigation conducted by APS (Adult Protective Services), but that nothing came of it; that she has no paperwork; she was asked regarding incident reports or any investigations completed in reference to Resident #1 and the care the resident received; she replied that she would do some research and provide any additional documentation. Faxed correspondence received from the ALF's representative on at 4:28 PM documents that the ALF "never had an incident in order to provide any report, Resident #1 never ... had an on their left arm which was treated with cream."

Class III

A 167 SS=D	58A-5.025(1) FAC Resident Contracts	A 167	

Resident Contracts.
(1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the

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facility which contains the following provisions:
(a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services.
(b) The daily, weekly, or monthly rate.
(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract.
(d) A provision giving at least 30 days written notice prior to any rate increase.
(e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S.
(f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments.
(g) A refund policy which shall conform to Section 429.24(3), F.S.
(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.

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(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect.
(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.
(l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule.
(m) The facility ' s policies and procedures related to a properly executed

This Statute or Rule is not met as evidenced by:
Based upon record review and interview, it was determined that the ALF (Assisted Living Facility) failed to adhere to the terms of the contract agreed upon with two of four sampled residents (Resident #1 and #2).

The findings include:

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1. During an interview with the POA (Power of Attorney) for Resident #2 on [redacted] at approximately 2:14 PM the POA stated that they have been experiencing problems with the ALF adhering to the terms of the contract they signed on behalf of the resident. Review of the record for Resident #2 reveals no evidence of documentation of a copy of the resident's contract. An interview was conducted with the ALF's staff member in charge, on [redacted] at approximately 2:27 PM who stated that the resident was no longer at the ALF so their file may not have all the required documents; provided the surveyor a copy of a "blank" contract which she stated is standard for all resident's being admitted to the ALF. Review of the Page 2 of the "blank contract" documents, "the refund policy will apply if the resident discharge occur as follows.....a refund will be given pro-rated on a daily basis if the resident vacates the ALF due to illness, transfer to a nursing home...."
Record review for Resident #2 reveals that the resident was sent to the hospital due to an illness on [redacted] The progress notes further reveal evidence that an order was written, by the MD (Medical Doctor) at the accepting hospital for the resident to be sent to a Nursing Home on [redacted] An interview was conducted with the Hospital's Case Manager on [redacted] at 3:15 PM who stated that the resident could not have been sent back to the ALF due to the determination made by the MD that the resident required rehabilitation services in excess of the three days he felt the ALF was able to provide; stated that several calls were made to the ALF informing them of this fact; that the resident was in agreement with the transfer and did not want to return to the ALF and review of the resident's progress notes reflect this documentation.

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An interview was conducted with the ALF's representative on [redacted] at approximately 10:17 AM who stated that she was unaware of the language in the ALF's contract regarding the right to the refund and that the ALF required a written 30 day notice from the POA. When the language of the contract was read to her, by the surveyor, on [redacted] at approximately 10:17 AM, she stated that she would contact the ALF's Corporate Office and submit verification of the financial records pertaining to Resident #2. To date, that documentation has not been received by the surveyor.

2. Review of the record reveals that Resident #1 was sent to the hospital via 911 (Emergency Services) on [redacted] the resident did not return to the ALF and was reported to later expire. In an interview with the ALF's representative on [redacted] at approximately 10:29 AM, she stated she was not aware that a refund should have been issued for the resident; stated that she would contact the ALF's Corporate Office for a complete accounting of the charges for Resident #1. To date, that documentation has not been received by the surveyor.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Treemont On The Park
3881 N.E. 3rd Avenue
Oakland Park, FL 33334

Dear Administrator:

Re: CCR #2012008158

This letter reports the findings of a complaint survey that was conducted on . 2012 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924