AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11910320	A. Building B. Wing	11/6/2012

Name of Facility	Street Address, City, State, Zip Code
GOLDEN RETREAT SHELTER CARE CE	4410 MONCRIEF RD. W. JACKSONVILLE, FL 32209

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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Reviewed By State Agency KW	Reviewed By K. Wa	Date: 11/26/12	Signature of Surveyor: K. Wa	Date: 11/26/12
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:
Followup to Survey Completed on:	✓	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		YES (circled) NO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910320	A. BUILDING _____ B. WING _____	R

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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
{A 000}	Initial Comments An unannounced follow-up monitoring visit was conducted at Golden Retreat Shelter Care in Jacksonville, Florida on 2012. Licensure deficiencies were identified as a result of the survey.	{A 000}		
{A 030}	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 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)9€ or 1(800)962-2873 " shall be posted in full view in a	{A 030}		

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{A 030}	Continued From page 1 common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of 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	{A 030}		

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{A 030}	Continued From page 2 and can remove or avoid without assistance shall not be considered a physical 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, 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	{A 030}		

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{A 030}	Continued From page 3	{A 030}		

provided in s. 429.27.
(g) Share a , his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other 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

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{A 030}	Continued From page 4 active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on observation, staff interview and resident interview, it was determined that the Assisted Living Facility failed to ensure that residents rights to a safe and decent living environment was protected. The findings include: 1. On : a follow-up monitoring visit was conducted. During the course of tour of the facility it was determined that the Assisted Living (ALF) failed to provide a clean and safe living environment that was free of hazards, and that all existing architectural and structural systems were maintained in good working order in 27 out of 37 resident and 12 out of 14 facility . The facility also failed to provide residents the minimum required appropriate dresser storage for their personal effects. (Photos obtained) The findings include: 1. On , 2012 a follow-up monitoring visit was conducted at facility. A tour of the facility from 11:04 am to 1:15 pm revealed the ALF failed to maintain a clean and sanitary environment for residents. The facility failed to provide operable mechanical devices, clean operable and appropriate furnishings in good working order. The AHCA surveyor observed approximately 27 of 37 and 12 of 14 with the following discrepancy patterns:	{A 030}		

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{A 030}	Continued From page 5 a. observed no dressers for storage of residents' clothes. b. observed with unfinished and damaged repair plaster work on walls and baseboards. c. Majority of observed with rust spots, and peeling tub bases, peeling paint on walls, gaps and holes and damaged plaster around knobs. d. broken and had rusted legs and frames. e. were stained and had atched tiles, broken tiles, and missing tiles. f. with dirty, clogged vents with mold. g. Storage observed dirty, with rusted sink, accumulation of dirt and mold, peeling paint on walls, broken fixtures, damaged floors with dirt and trash debris. h. Several door knobs were broken and had damaged door frames. 2. Surveyor observed the following resident and : a. # 14, 5, 11,29,33,35,37,23,27,26 and 9 closet or missing baseboards. b. #14, 12, 10, 11, 8, 6, 5,27,30,36,35,32,37 and 3 had no dressers for storage of residents' clothes and personal effects. c. # 12, 7,2,23,35,32 and 19 had damaged entry doors with splits, or broken wood edges. d. # 10,29,36,34 and 9 were missing ceiling vent covers. e. # 11, 8,9,5,4,3,2,23,26,30,33,32,37 and 19 had stained floors and missing tiles. f. # 5,30, 33 had broken beds g. # had wall socket,it was covered with plaster and paint.	{A 030}		

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{A 030}	Continued From page 6 h. # and 27 had damaged walls. i. , # 7 and facility's side entrance door had broken door knobs. j. across from observed with damaged baseboards, rusted tub, leaking sink, gaps and holes between tub knobs, and a hole in the wall behind the toilet. k. across from observed with rusted tub, peeling tub base, peeling paint on walls, and holes around tub knobs. l. next to observed with peeling paint on walls and broken sink cabinet door, rusted tub, had roaches crawling underneath and in sink. m. next to observed with peeling paint, broken soap holder, and rusted tub. n. near observed with rusted tub and peeling paint on walls. o. across from observed with cracked bathtub and tiles in tub area. 3. In an interview on , 2012 at 11:24 am with resident # 1, she stated she did not like the idea that she had no storage to store her fold up clothes and personal effects. She stated she needed a dresser. 4. In an interview on , 2012 at 12:15 pm with facility's Administrator during tour of , she acknowledged facility and were in need of repair and that she would be having maintenance take care of the observed discrepancies. During tour of , she was observed making a discrepancy list for her staff. 5. In an interview on , 2012 at 12:20	{A 030}		

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{A 030}	Continued From page 7 pm with facility's administrative secretary, she acknowledged facility was in need of repairs. She stated staff removed old dressers and discarded them and put in night stands and additional furnishings for resident's personal effects. She stated she did not realize residents had to have a dresser for their clothes storage. She stated the facility will fix the discrepancy and ensure residents receive a dresser for their clothes storage. She stated she thought it was sufficient for residents to use the shelves in their closets for clothes storage and hang-up clothes. 6. The [redacted] effect of these unsanitary conditions violates residents rights of being able to live in a safe and and decent living environment. Class II Correction Date: Original Correction: 2012	{A 030}		
{A 152}	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [redacted] sleeping area must have at least the following	{A 152}		

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{A 152}	Continued From page 8 furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation, staff and resident interviews, it was determined that the Assisted Living (ALF) failed to provide a clean and safe living environment that is free of hazards, and that all existing architectural and structural systems were maintained in good working order in 27 out of 37 resident and 12 out of 14 facility The facility also failed to provide residents the minimum required appropriate dresser storage for their personal effects. (Photos obtained)	{A 152}		

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{A 152}	Continued From page 9 The findings include: 1. On , 2012 a follow-up monitoring visit was conducted at facility. A tour of the facility from 11:04 am to 1:15 pm revealed the ALF failed to maintain a clean and sanitary environment for residents. The facility failed to provide operable mechanical devices, clean operable and appropriate furnishings in good working order. The AHCA surveyor observed approximately 27 of 37 and 12 of 14 with the following discrepancy patterns: a. observed no dressers for storage of resident's clothes. b. observed with unfinished and damaged repair plaster work on walls and baseboards. c. majority of observed with rust spots, and peeling tub bases, peeling paint on walls, gaps and holes and damaged plaster around knobs. d. d's broken and had rusted legs and frames. e. were stained and had mismatched tiles, broken tiles, and missing tiles. f. with dirty, clogged vents with mold. g. Storage observed dirty, with rusted sink, accumulation of dirt and mold, peeling paint on walls, broken fixtures, damaged floors with dirt and trash debris. h. Several door knobs were broken and had damaged door frames. 2. Surveyor observed the following resident and a. # 14, 5, 11,29,33,35,37,23,27,26 and 9 closet or missing baseboards. b. #14, 12, 10, 11, 8, 6,	{A 152}		

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{A 152}	Continued From page 10	{A 152}		

5,27,30,36,35,32,37 and 3 had no dressers for storage of residents' clothes and personal effects.
c. [redacted] # 12, 7,2,23,35,32 and 19 had damaged entry doors with splits, or broken wood edges.
d. [redacted] # 10,29,36,34 and 9 were missing ceiling vent covers.
e. [redacted] # 11, 8,9,5,4,3,2,23,26,30,33,32,37 and 19 had stained floors and missing tiles.
f. [redacted] # 5,30, 33 had broken beds.
g. [redacted] # [redacted] had [redacted] wall socket,it was covered with plaster and paint.
h. [redacted] # [redacted] and 27 had damaged walls.
i. [redacted] # 7 and facility's side entrance door had broken door knobs.
j. [redacted] across from [redacted] observed with damaged baseboards, rusted tub, leaking sink, gaps and holes between tub knobs, and a hole in the wall behind the toilet.
k. [redacted] across from [redacted] observed with rusted tub, peeling tub base, peeling paint on walls, and holes around tub knobs.
l. [redacted] next to [redacted] observed with peeling paint on walls and broken sink cabinet door, rusted tub, had roaches crawling underneath and in sink.
m. [redacted] next to [redacted] observed with peeling paint, broken soap holder, and rusted tub.
n. [redacted] near [redacted] observed with rusted tub and peeling paint on walls.
o. [redacted] across from [redacted] observed with cracked bathtub and tiles in tub area.

3. In an interview on [redacted], 2012 at 11:24 am with Resident #1, she stated she did not like the idea that she had no storage to store her fold up clothes and personal effects. She stated she

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{A 152}	Continued From page 11 needed a dresser. 4. In an interview on , 2012 at 12:15 pm with facility's Administrator during tour of , she acknowledged facility and were in need of repair and that she would be having maintenance take care of the observed discrepancies. During tour of she was observed making a discrepancy list for her staff. 5. In an interview on 2012 at 12:20 pm with facility's administrative secretary, she acknowledged facility was in need of repairs. She stated staff removed old dressers and discarded them and put in night stands and additional furnishings for resident's personal effects. She stated she did not realize residents had to have a dresser for their clothes storage. She stated the facility will fix the discrepancy and ensure residents receive a dresser for their clothes storage. She stated she thought it was sufficient for residents to use the shelves in their closets for clothes storage and hang-up clothes. Class II Original Correction Date: , 2012	{A 152}		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Golden Retreat Shelter Care Center
4410 Moncrief Road, West
Jacksonville, FL 32209

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2012 by a representative of this office. Enclosed is the provider's copy of the Statement of Deficiencies and Plan of Correction (State Form 3020), which references the uncorrected deficiencies, identified during the revisit.

All deficiencies shall be corrected no later than , 2012.

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 this office at (904) 798-4201.

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

KW/sm
Enclosure

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054