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
	AL11911278	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLORIDA LIVING NURSING CENTER	3355 EAST SEMORAN BLVD. APOPKA, FL 32703

(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 A revisit was conducted to biennial re-licensure survey that was conducted at Florida Living Nursing Center Assisted Living Facility (ALF). The ALF had deficiencies that remained uncorrected at the time of the revisit.	{A 000}		
{A 076}	58A-5.0186 FAC (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules relative to . The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a . The ALF must provide the following to each resident, or resident ' s representative, at the time of admission: 1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and 2. Written information concerning the ALF ' s policies regarding ; and 3. Information about how to obtain DH Form 1896, Florida Form, incorporated by reference in Rule 64J-2.018,	{A 076}		

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{A 076}	Continued From page 1	{A 076}		

F.A.C.
(b) There must be documentation in the resident ' s record indicating whether or not he or she has executed a . If a has been executed, a copy of that document must be made a part of the resident ' s record. If the ALF does not receive a copy of a resident ' s executed the ALF must document in the resident ' s record that it has requested a copy.
(2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a .
(3) PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed as follows:
(a) In the event a resident experiences staff trained in or a licensed health care provider present in the facility, may withhold
(b) In the event a resident is receiving hospice services and experiences facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.
(4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing pursuant to a and rules adopted by the department.

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{A 076}	Continued From page 2	{A 076}		

This Statute or Rule is not met as evidenced by:
A-0076 Remained uncorrected

Based facility record review and interview the facility failed to provide accurate and updated written policies and procedures, which delineate its position with respect to state laws and rules relative to _____ for 3 of 3 sampled residents (#1, #2 and #3).

Findings:

Review of the Facility's _____ policy and procedure on _____ revealed the policy did not include the required documentation to be given to the resident's or their representative at the time of admission. The Policy and Procedure did not include the following:

A _____ policy that indicated that Pursuant to Section 429.255, F.S., an ALF must honor a properly executed _____ as follows:

In the event a resident is receiving hospice services and experiences
facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility.

Record review for residents #1, #2 and #3 revealed that there was no documentation to confirm they had received the above information.

Review of the _____ policy and procedure during the revisit survey on _____ at approximately 11:30 PM revealed that is was updated to include

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{A 076}	Continued From page 3 the above information. The administrator was asked to provide documentation to confirm that resident #1, #2 and #3 or their responsible party was informed of the above addition made to the ..... policy. The administrator stated at the time that the ..... policy was revised to add the above information and had to be reviewed and approved by the legal department before it could be provided to the residents. The administrator thought that even though the information was not provided to the residents or their representatives, it was sufficient that the policy was changed and awaiting the legal department. The administrator was given the opportunity to have the residents or their representative review the above addition to the ..... policy and provide documentation to the agency that it was provided to them by ..... The documentation was not received by the agency. Class	{A 076}		
{A 078}	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable ..... including ..... Freedom from ..... must be documented on an annual basis. A person with a positive ..... test must submit a health care provider ' s statement that the person does not constitute a risk of communicating ..... Newly hired staff	{A 078}		

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{A 078}	Continued From page 4 does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: A 0078 remained uncorrected	{A 078}		

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{A 078}	Continued From page 5 Based on record review, Medication Observation Record review and interview the facility failed to ensure all staff was assigned duties consistent with their level of education, training and preparation and experience and allow unlicensed staff to administer medications with parameters to 1 of 3 sampled residents (#3). Findings: Review of the [redacted] Medication Observation Record (MOR) for resident #3 on [redacted] at 11 AM revealed [redacted] 0.125 hold for pulse less than 60 was marked as given daily. Interview with the unlicensed staff that assisted with medication at the time revealed the initials on the MOR were the unlicensed staff. The Director of Nursing stated at approximately 11:15 AM the unlicensed staffs took the pulse and gave the medications were Certified Nursing Assistants (CNA) and she thought that they could take the pulse. She was informed at the time that the unlicensed staff was not only taking the pulse, they were making a judgment as an unlicensed staff to hold or give the resident her medications and only a licensed staff (nurses) could make the judgment to hold or give a medication. Class III	{A 078}		
{A 167}	58A-5.025(1) FAC Resident Contracts 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 facility which contains the following provisions: (a) A list of the specific services, supplies and	{A 167}		

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{A 167}	Continued From page 6	{A 167}		

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.
(j) A provision that, upon determination by the administrator or health care provider that the

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{A 167}	Continued From page 7 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 on resident record review and interview the facility failed to ensure that each resident contract contained the rights, duties and of residents, other than those specified in the Resident Bill of Rights for 3 of 3 sampled residents. Findings:	{A 167}		

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{A 167}	Continued From page 8 Resident record review including contracts for residents #1, #2 and #3 during the Relicensure survey on 9/12/12 revealed that their contracts did not include a statement to inform the residents or responsible party that all residents must be assessed upon admission, every 3 years thereafter, or after a significant change, whichever comes first. During the revisit survey on ..... the administrator was asked to provide documentation to confirmed that Resident #1,#2 and #3 or their responsible party was informed of the above requirement. The administrator stated at approximately 11:30 AM that the contract was revised to add the above information and had to be reviewed and approved by the legal department before if could be provided to the residents. The administrator thought that even though the information was not provided to the residents or their representatives, it was sufficient that the contract was changed and awaiting the legal department. The administrator was given the opportunity to have the residents or their representative review the above requirement and provide documentation to the agency that it was provided to them by ..... The documentation were not received by the agency. Class ..	{A 167}		

AH Form Approved

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911278	A. Building B. Wing	11/6/2012

Name of Facility	Street Address, City, State, Zip Code
FLORIDA LIVING NURSING CENTER	3355 EAST SEMORAN BLVD. APOPKA, FL 32703

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0004 Reg. # 58A-5.016 FAC LSC		ID Prefix A0008 Reg. # 58A-5.0181(2) FAC LSC		ID Prefix A0052 Reg. # 58A-5.0185(3) FAC LSC	
ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC		ID Prefix A0084 Reg. # 58A-5.0191(5) FAC LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency	Reviewed By L. Henry for AHC	Date: 11/13/12	Signature of Surveyor:	Date:
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 NO

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Florida Living Nursing Center
3355 East Semoran Blvd.
Apopka, FL 32703

Dear Administrator:

This letter reports the findings of a **revisit survey to the biennial relicensure survey** conducted on . . . . . 6, 2012by representative(s) 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 and/or new deficiencies, identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **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 (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BBT7

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

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Phone (407) 420-2502; Fax (407) 245-0998