

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964343	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER ALF AT MERRITT ISLAND, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 535 CROCKETT BLVD. MERRITT ISLAND, FL 32953		
(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 The biennial re-licensure survey was conducted There were deficiencies found at the time of the visit.	A 000			
A 010	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident's record; and 3. If the resident's condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be	A 010			

AHCA Form 3020-0001

TITLE

(X6) DATE

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

STATE FORM

6899

HER811

If continuation sheet 1 of 6

AHCA Form 3020-0001

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A 010	Continued From page 2 failed to ensure the coordination of care between the ALF and the licensed hospice, including developing and implementing an individual Hospice Interdisciplinary Care plan to ensure the personal needs were met on a daily basis for 1 of 4 sampled residents (#1& #4) who no longer meet the criteria for continued residency . Findings: The Resident Care Director stated on _____ at approximately 9:30 AM that resident #1 and resident #4 were both receiving hospice services. Record review revealed that resident #1 was admitted to hospice on _____ and resident #4 was admitted to hospice on _____. There was no Hospice Interdisciplinary Care plans located in their records. The Resident Care Director stated that the hospice representative did not provide the facility with a hospice interdisciplinary care plan for resident #1 and #4. Class III	A 010			
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 _____	A 076			

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A 076	Continued From page 3 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, 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	A 076			

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A 076	Continued From page 4 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. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview the facility did not ensure it had written policies and procedures that delineated its position with respect to state laws and rules relative to Do _____ Resident record review for residents #1 and #3 on 11/15 approximately 1:00 PM revealed The Do _____ and Procedures did not state "In the event a resident is receiving hospice services and experiences cardiopulmonary staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility".	A 076			

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A 076	Continued From page 5 Interview on 11/15 : approximately 1:50 PM with the resident care manager and the administrator stated they were not aware that the residents had to be notified of the above state law and rule in the Do : and Procedure. Class IV	A 076			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Alf At Merritt Island, LLC
535 Crockett Blvd.
Merritt Island, FL 32953

Dear Administrator:

Re: Biennial relicensure

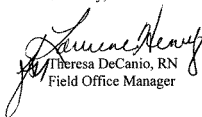
This letter reports the findings of a state licensure survey that was conducted on , 2012 by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , 2012, to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/bc
Enclosure
XG90

Headquarters
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Tallahassee, FL 32308
<http://ahca.myflorida.com>



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