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
	AL11966836	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASSIE'S CASTLE	208 NATCHEZ TRACE ROYAL PALM BEACH, FL 33411

(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 Assisted Living Facility standard biennial licensure survey was conducted on [redacted] Cassie's Castle, had licensure deficiencies found at the time of the visit.	A 000		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1	A 025		

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility failed to ensure appropriate persons are notified upon significant mental/health changes, for 2 out of 6 sampled residents (Resident #3 & #4).

The findings include:

a) Review of Resident #3's Health Assessment dated documented the resident's medical diagnosis as dependent

and Review of Resident #3's observation notes dated (exact date note documented) documented the following: Resident is complaining of feeling weak in legs and unbalanced. An interview with Employee #3 at 12 PM on , revealed she was the employee that documented the aforementioned incident but was unable to recall the exact date. She stated that she monitored the resident throughout the day, notified the resident's legal guardian and physician regarding the condition of the resident. Upon request of documentation of the aforementioned steps by Employee #3 on the noted date, she revealed she did not have any documentation indicating that she monitored the resident and notified all appropriate parties.

b) Upon record review, it was revealed that Resident #4's observation notes dated & documented the resident exhibited aggressiveness and agitated behavior. It was documented on both days that the resident's legal guardian was notified, no other parties were notified as evident of the observation notes. An interview with Employee #3 at 11 AM on revealed she was the employee that documented

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A 025	Continued From page 2 the aforementioned behaviors. She stated that she monitored the resident throughout the day and notified the resident's physician regarding the condition of the resident. Upon request of documentation of the aforementioned steps by Employee #3 on the noted dates, she revealed she did not have any documentation indicating that she monitored the resident and notified all appropriate parties. Class III	A 025		
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 health care provider. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to assist a resident with arrangement for healthcare, for 1 out of 6 sampled residents (Resident #1).	A 027		

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A 027	Continued From page 3	A 027		

The findings include:

Review of Resident #1's Health Assessment dated , documented a medical diagnosis of type 2, , gait instability and . Further record review revealed a physician's order dated for a "psych evaluation" for the resident. An interview with the Administrator on at approximately 10:00 AM, revealed as of the day of the inspection, the facility had not made arrangements for the "psych evaluation" as ordered by the physician. During an interview with Resident #1 at 10:15 AM on she confirmed she has not been evaluated by a psychiatrist.

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 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.

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A 167	Continued From page 4	A 167		

(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 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

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A 167	Continued From page 5	A 167		

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 record review and interview, it was determined the facility failed to maintain current executed contracts, for 1 out of 6 sampled residents (Resident #5).

The findings include:

Record review revealed Resident #5's residency contract dated , failed to document a monthly rental amount. During an interview with the Administrator at 11 AM on , it was revealed the resident pays $2300 monthly. Upon request of the current contract reflecting this amount, it was revealed by the Administrator that she did not have an updated contract or addendum reflecting the current residency agreement amount of $2300 per month.

Class III

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Cassie's Castle
208 Natchez Trace
Royal Palm Beach, FL 33411

Dear Administrator:

This letter reports the findings of a state licensure 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,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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2727 Mahan Drive
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