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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 These are the results of a Compliant survey CCR# 2012012649 conducted on [redacted] at French Blossoms Two, an Assisted Living Facility. The complaint contained four allegations; two of which were substantiated with deficiencies cited.	A 000		
A 028	58A-5.0182(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities shall offer supervision of or assistance with activities of daily living as needed by each resident. Residents shall be encouraged to be as independent as possible in performing ADLs. This Statute or Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to consistently provided assistance with the Activates of Daily Living (ADLs) for 1 (Resident #5) of 5 residents. The findings include: On [redacted] at 4:43 a.m., Staff A was interviewed. Staff A stated, "I'm what you call an overnight caregiver. I don't work though, it's not usual. I'm not paid I'm only here so I can live in this [redacted] that I can make sure these ladies are safe at night." In a later interview at 6:46 a.m., Staff A said she works from 9:00 p.m., to 7:00 a.m., seven days a week. She denied assisting residents at night with ADLs such as changing them and helping them get to the [redacted] She admitted she does not change Resident #5's brief at night. Staff A stated, "According to [the Administrator the facility] is closed from 9:00 p.m., and 7: 00 a.m.,	A 028		

AHCA Form 3020-0001

TITLE (X6) DATE

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 028	Continued From page 1	A 028		

and that's what I am to tell the residents if they have any other questions."

On [redacted], a tour of the facility was conducted. At approximately 4:49 a.m., Resident #5 was observed sleeping flat on her back in a hospital bed with two half bedrails (one on each side of the bed).

On [redacted] at approximately 5:00 a.m., the administrator was interviewed. When asked about staff A's position the administrator stated, "We call her night guard." The administrator was asked if Staff A works alone at night, she replied, "Every night yes, from nine o'clock [p.m.] to seven [a.m.]."

The administrator was questioned about Resident #5. She admitted it takes two people to change Resident #5's brief.

On [redacted] at 9:15 a.m., observations revealed the administrator and Staff B changing Resident #5's brief for the first time that day. The administrator and Staff B were observed to have a difficult time rolling Resident #5 onto her side to pull the brief from under her. Resident #5 began to cry and scream, "Ouch, ouch. No, no." While Staff B comforted Resident #5 and helped Resident #5 remain rolled to her right side, the administrator wiped feces off of Resident #5's back and [redacted]. When the administrator pulled the brief from under Resident #5 it was observed to be soiled and full of [redacted]. Resident #5 began to cry when laid flat on her back again.

On [redacted] at approximately 10:00 a.m., Staff B was interviewed. Staff B admitted to working alone on most days. When questioned about Resident #5, Staff B stated, "I can't, I don't. I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 028	Continued From page 2	A 028		

don't change her, because I don't want her to hurt myself." She continued and said, "It's hard for me to show up in the morning and she's been sitting in that pee and BMs (bowel movements) forever." Staff B confirmed Staff A does not assist Resident #5 during the night hours and Resident #5 is not changed until the 7:00 a.m. -3:00 p.m. shift arrives.

The administrator was interviewed again at 10:47 a.m. She stated she does not work a set shift at the facility. She stated she comes to help whenever the staff need her. The administrator denies coming to help Staff A during the 9:00 p.m. to 7:00 a.m. shift.

An interview was conducted with one of Resident #5's Private Duty Companion (PDC) on [redacted] at 12:51 p.m. The private duty companion stated, "I'm there[at the facility] anywhere from three to four times a week just in the morning so she has someone to feed her. After they feed her they [the facility] change her. By the time we change her it's usually messy and it's soaking wet. I haven't seen it soak through, but if they were to wait a little longer it probably would. They only other time they change [Resident #5] is between 5 p.m. and 6 p.m."

On [redacted] at 1:32 p.m., Resident #5 was observed being changed (for the second time of the day) by the Hospice nurse and the administrator. The Hospice nurse took a bandage off of Resident #5's left hip. The Hospice nurse described the area as 1.1 cm in width and 1.5 cm in length area with a [redacted] that has popped on the residents left side. Surveyor observed the area. The area was [redacted] red. The Hospice nurse revealed a healed [redacted] on the right side of the resident' s stomach. Resident

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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 028	Continued From page 3	A 028		

thigh area is a deep pink in color. The skin appears raw. The Hospice nurse explained Resident #5 has excoriated skin. The Hospice nurse approximates 75% of Resident #5 has perineum area to be excoriated.

An interview was conducted at at 2:53 p.m., with Staff C. Staff C stated, Resident #5 gets changed twice a day every day." She reports not being able to change Resident #5 on her own, so she has to call the administrator.

On a review of Resident #5's chart revealed a request faxed to her physician on which describes her decline in health. The request states, "She can hardly stand up to transfer, her legs can't support her, she has no feeling in her feet. Can she be put with [Hospice]. A review of Resident #5's Hospice Team Care Plan created on shows Resident #5 was admitted to Hospice on The Team Care Plan list Resident #5's functional limitations as: Bowel/I (incontinences), endurance, ambulation, speech, with minimal exertion. Resident #5's mental status was described as depressed and disoriented. A review of the Hospice Team Care Plan (dated was conducted. Resident #5 is described as "non-ambulatory and wheelchair bound" in the intervention section (found on page 2).

A review of Resident #5's contract with the facility (signed on on revealed the facility agreed to provide personal care services to Resident #5. The contract states, "Under general conditions, the contract states, ALF to provide to Resident , board, personal services, for a monthly fee of US $_3,000__.... " Class II

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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 028	Continued From page 4 Correction Date:	A 028		
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)96 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	A 030		

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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 030	Continued From page 5	A 030		

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 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

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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 030	Continued From page 6	A 030		

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 [illegible] 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 provided in s. 429.27.
(g) Share a [illegible] 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

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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 030	Continued From page 7	A 030		

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 active in, and to associate with advocacy or special interest groups.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 030	Continued From page 8	A 030		

This Statute or Rule is not met as evidenced by:
Based on record review, observation and interview, the facility failed to honor the rights of 1 (Resident #5) of 5 residents by not providing adequate staffing levels to meet her needs and allowing her to sit in her own bodily waste for a minimum of 10 hours each night.

The findings include:

A review of the facility's schedule on _____ for the week of _____ revealed three shifts with one employee assigned to work each shift.

On _____ at 4:45 a.m., Staff A was interviewed. She stated, "I can't lift [Resident #5], because she is kind of bed ridden." At 6:46 a.m., of the same day Staff A was asked how she would evacuate Resident #5 in the event of an emergency. Staff A replied, "I don't know." Staff A also admitted that she does not check or change Resident #5's adult briefs at night. Staff A states this resident is changed by the 3:00 p.m. to 8:00 p.m. shift right before she starts her sift at 9:00 p.m.

At approximately 5:00 a.m., on _____ the administrator was interviewed. The administrator confirmed Staff A is the only resident working between the hours of 9:00 p.m., and 7:00 a.m. At 9:13 a.m., of the same day the administrator admitted Resident #5 takes two persons to provide assistance to Resident #5.

On _____ observation at 9:15 a.m. revealed the administrator and Staff A having a difficult time rolling Resident #5 on her side to change her. Resident #5's brief was observed to soiled with _____ and feces. This was the first time Resident 5 was changed that day.

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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 030	Continued From page 9 The Administrator was interviewed again at 1:49 a.m., on [redacted]. When questioned about what times Resident #5's briefs were changed she replied, "8:00 p.m., and again around 8:00 a.m." In an interview conducted on [redacted] at 2:53 p.m., with Staff C, Staff C stated, "[Resident #5] gets changed twice a day every day." The facility does not have enough staff to assist Resident #5 with routine care (causing her to sit in her own bodily waste for a minimum of 10 hours a day) or to evacuate her in the event of an emergency. Class II Correction Date: [redacted]	A 030		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [redacted] control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [redacted] borne [redacted] may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers	A 081		

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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 081	Continued From page 10	A 081		

the following subjects:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident neglect, and
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 081	Continued From page 11	A 081		

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to ensure 1 (Staff D) employee completed training as on recognizing and reporting resident , neglect, and within 30 days of employment.

The findings include:

On a record review of Staff D's employee record was conducted. The record revealed Staff D was hired and started working at this facility on Further review of Staff D's employee record did not reveal a documentation of Staff D completing training on recognizing and reporting resident , neglect, and

The Administrator was interviewed on at approximately 6:34 a.m. She stated this course was covered as part of Staff D's certification as a Certified Nursing Assistant (CNA). The administrator presented an "official course transcript" Staff D's 75 hr CNA prep course (dated 2011). The transcript does not reference training in recognizing and reporting resident , neglect and

Class
Correction Date:

A 082	58A-5.0191(3) FAC Training -	A 082		

(3)

Pursuant to Section 381.0035, F.S., all facility employees, with the

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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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 082	Continued From page 12	A 082		

exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on ... and ... including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure 1 (Staff D) employee completed training for ... within 30 days of hire.

The findings include:

On ... a review of Staff D's employee record revealed Staff D was hired on ... Further review revealed Staff D did not have a certificate for ... training included in her record.

The Administrator was in interviewed on ... at 6:34 a.m. She stated this training was provided as part of Staff D's (Certified Nursing Assistant) CNA certification and should be covered under her CNA certification. The administrator was told CNAs were not excluded from taking the ... training according to Florida statue 456.033.

Class ...
Correction Date: ...

AZ827 408.812, FS Unlicensed Activity — AZ827

(1) A person or entity may not offer or advertise

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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
AZ827	Continued From page 13	AZ827		

services that require licensure as defined by this part, authorizing statutes, or applicable rules to the public without obtaining a valid license from the agency. A licenseholder may not advertise or hold out to the public that he or she holds a license for other than that for which he or she actually holds the license.

(2) The operation or maintenance of an unlicensed provider or the performance of any services that require licensure without proper licensure is a violation of this part and authorizing statutes. Unlicensed activity constitutes harm that materially affects the health, safety, and welfare of clients. The agency or any state attorney may, in addition to other remedies provided in this part, bring an action for an injunction to restrain such violation, or to enjoin the future operation or maintenance of the unlicensed provider or the performance of any services in violation of this part and authorizing statutes, until compliance with this part, authorizing statutes, and agency rules has been demonstrated to the satisfaction of the agency.

(3) It is unlawful for any person or entity to own, operate, or maintain an unlicensed provider. If after receiving notification from the agency, such person or entity fails to cease operation and apply for a license under this part and authorizing statutes, the person or entity shall be subject to penalties as prescribed by authorizing statutes and applicable rules. Each day of continued operation is a separate offense.

(4) Any person or entity that fails to cease operation after agency notification may be fined $1,000 for each day of noncompliance.

(5) When a controlling interest or licensee has an

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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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
AZ827	Continued From page 14	AZ827		

interest in more than one provider and fails to license a provider rendering services that require licensure, the agency may revoke all licenses and impose actions under s. 408.814 and a fine of $1,000 per day, unless otherwise specified by authorizing statutes, against each licensee until such time as the appropriate license is obtained for the unlicensed operation.

(6) In addition to granting injunctive relief pursuant to subsection (2), if the agency determines that a person or entity is operating or maintaining a provider without obtaining a license and determines that a condition exists that poses a threat to the health, safety, or welfare of a client of the provider, the person or entity is subject to the same actions and fines imposed against a licensee as specified in this part, authorizing statutes, and agency rules.

(7) Any person aware of the operation of an unlicensed provider must report that provider to the agency.

This Statute or Rule is not met as evidenced by: Based on observations and interview the facility failed to obtain a specialty license before assisting 1 (Resident #1) resident with an concentrator.

The findings include:

On at approximately 4:49 a.m., a tour of the facility was conducted. During the tour Resident #1 was observed sleeping on her back with a nasal cannula in her nose. The nasal cannula was observed to be connected to an concentrator.

An interview was conducted on at 2:53

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
	AL11953211	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FRENCH BLOSSOMS TWO, INC	1782 COCONUT DRIVE VENICE, FL 34293

(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
AZ827	Continued From page 15	AZ827		

p.m., with Staff C. Staff C admitted assisting with the [Resident #1] concentrator. Staff C stated, "I let it get to a certain point then I fill it back up, cause the cup is marked up. I think in all honesty it would be hard for her to do it because you really have to screw the cap off and for her to try to stand there and do that, I think that would be impossible for her."

Resident #1 was interviewed on at approximately 9:32 a.m. When questioned about her concentrator she stated, "whoever is on duty fills the concentrator with water." Resident #1 denies adjusting the level of her own concentrator. She states the reading always stays the same.

An interview was conducted with Staff C on at 2:48 p.m. Staff C, (an unlicensed staff member) admitted to assisting with Resident#1's concentrator. Staff C stated, "I let it [the water] get to a certain point then I fill it back up, cause the cup is marked up. I think in all honest it would be hard for her to do it, because you really have to screw the cap off and for her to try to stand there and do that, I think that would be impossible for her." Staff C reported using distilled water for the concentrator.

Class III
Correction Date:

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
French Blossoms Two, Inc
1782 Coconut Drive
Venice, Florida 34293

Dear Administrator:

Re: CCR #2012012649

This letter reports the findings of a complaint 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 , 2013 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 this office at 239-335*-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure: State Form

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

Fort Myers Field Office
2295 Victoria Avenue, [illegible]
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372