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
	AL11964318	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLACE AT STUART, THE	860 S.E. CENTRAL PARKWAY STUART, FL 34994

(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 000		

An assisted living facility biennial standard licensure survey was conducted on [redacted] and [redacted]. The Place at Stuart had licensure deficiencies found at the time of the visit.

A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency	A 010		

(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 [redacted] pressure [redacted] 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

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A 010	Continued From page 1	A 010		

health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

This Statute or Rule is not met as evidenced by:

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A 010	Continued From page 2	A 010		

Based on observations, interviews and record review, the facility failed to ensure interdisciplinary care plans were provided for 2 out of 21 sampled residents (Resident # 3 and #21), and proof of certification of need for 1 out of 21 sampled residents (Resident #3), as evidenced by a lack of documentation.

The findings include:

During the [redacted] survey, observations were made of Resident #3 and #21 receiving hospice care. Review of their records revealed they were currently receiving hospice services. Both resident records contained initial integrated plans of care. Neither record contained current written interdisciplinary care plans that were created and implemented by the hospice nurse, and agreed to/signed off by the facility administrator or a designee.

Further investigation revealed facility staff was not able to provide documentation showing Resident #3 was certified to receive hospice services by a health care provider.

These concerns were discussed with and acknowledged by the facility's resident care director on [redacted] at 2:00 PM.

Class III

A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision	A 025		

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:

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A 025	Continued From page 3	A 025		

(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.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility failed to provide care and services appropriate to each resident's needs and diagnosis, for 2 out of 21 sampled residents (Residents #3 and #11).

The findings include:

1. Review of Resident #11's file revealed an admission date of . . . Resident #11's health assessment dated . . . . documented a medical diagnosis of . . . .

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A 025	Continued From page 4	A 025		

, chronic kidney and
and behavioral status
documented as alert, , forgetful and
pleasant. service
requirements documented as 3 times a
week.
During an interview with the DON at 1 PM on
, she confirmed Resident #11's condition
as documented on the health assessment and
that the resident is currently receiving
treatment 3 times a week. Upon request of the
facility's policy and procedure regarding
monitoring and overseeing a resident on
it was revealed the facility had no policy. Further
interview with the DON revealed the facility had
not established a plan of care or protocol for
monitoring and overseeing Resident #11 during
treatment.
Further record review failed to indicate any
documentation regarding the facility monitoring
and overseeing the resident with respect to
treatment. According to the DON, the
resident has a private duty caregiver for 12 hours
a day. It was revealed the private duty aid
oversees the resident upon return and that the
facility monitors the resident. Upon request of
documentation reflecting the monitoring patterns
and care and services (plan of care) provided to
the resident with respect to treatment, it
was revealed no documentation was available.
2. Observations and an interview conducted
11 at 9:15 AM with Resident #3's private
duty aide, revealed no equipment or
supplies in resident #3's . Review of records
documented Resident #3 was placed on hospice
services on . Her current prescribed
medications included an "as needed" order for
two liters per minute for
. Her medication administration records for
and 2012

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A 025	Continued From page 5	A 025		

documented the same order. In an interview conducted [redacted] at 10:48 AM, the facility's resident care director and Employee #20, a licensed nurse, stated they were aware of this order, and acknowledged they had no [redacted] equipment in-house that was provided specifically for this resident.

Class III

A 081 SS=D 58A-5.0191(2) FAC Training - Staff In-Service A 081

(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 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

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A 081	Continued From page 6	A 081		

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.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, it was determined the facility failed to ensure all direct care staff members received the required in-service training to perform his/her job duties as a Resident Care Aid, for 4 out of 4 sampled

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A 081	Continued From page 7	A 081		

employees. (Employee #1, #2, #3 & #4).

The findings include:

An interview with the Human Resources Director at 12 PM on , revealed Employee #1, #2, #3 & #4 have been employed with the facility more than 30 days and all provide direct care to residents. Review of Employee #1, #2, #3 & #4's personnel files revealed the records lacked documentation indicating the employees received the following required in-service training, prior to performing their duties:

a) Incident report training (reporting major incidents.)
b)

Class III

A 092 SS=D 58A-5.020(1) FAC Food Service - General Responsibilities — A 092

Food Service Standards.
(1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall:
(a) Be responsible for total food services and the day to day supervision of food services staff.
(b) Perform his/her duties in a safe and sanitary manner.
(c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets.
(d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C.

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A 092	Continued From page 8	A 092		

This Statute or Rule is not met as evidenced by:
Based on observations, interviews and record review, the facility failed to ensure proper identification of a resident's therapeutic diet for 1 out of 21 sampled residents (Resident #3) and failed to ensure dietary practices were performed in a safe and sanitary manner, as evidenced by omitting a resident's special diet on their therapeutic diet lists, and inadequate food preparation and storage practices. This has the potential to affect all 75 residents currently living at the facility.

The findings include:

I. Review of Resident #3's records revealed a hospice nurse assessment dated [redacted] and [redacted] that documented she needs finely chopped foods with thickened liquids. A facility nurse's note dated [redacted] documented same. During review of the facility's kitchen food service operations [redacted] beginning at 9:55 AM, multiple lists of residents' therapeutic diets were reviewed and none of the lists included Resident #3. This was discussed with and acknowledged by the facility's resident care director on [redacted] at 11:10 AM and the facility's chef on [redacted] at 11:15 AM.

II. Review of the facility's kitchen food service operations on [redacted] beginning at 9:55 AM with the facility's chef present, revealed the following concerns:

1. While observing food temperatures being taken at 11:13 AM, the chef was asked for their

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A 092	Continued From page 9	A 092		

temperature logs. The chef reported they did not maintain any logs. No temperature logs were presented to show staff was measuring and recording food temperatures at each meal.

2. While observing the dishwashing operations at 10:20 AM, the staff member performing the task was asked for the facility's preferred level of sanitizer for each load of dishes. He stated, he did not know. The chef was asked the same question at that time and stated 10 (parts per million or PPM). Review of the sanitizer container instructions documented the preferred level of sanitizer per load was up to 100 PPM with a minimum of 50 PPM's. This was discussed with and acknowledged by the chef at that time.

3. While observing food storage practices, the following was noted:

a. In an interview conducted at 10:05 AM, the chef stated it was facility policy to dispose of prepared foods after three days. Tuna salad in the walk-in cooler was dated , butterscotch pudding in the reach-in cooler was dated , tapioca pudding in the reach-in cooler was dated ; tuna, chicken and egg salads in the sandwich cooler had no dates on the containers.

b. Three plastic containers used to store breakfast cereals were not properly sealed, one was cracked on the side.

4. The top of the convection oven and the exterior surface of the soup kettle were excessively soiled.

These concerns were discussed with and acknowledged by the facility's administrator on 11 at 1:20 PM.

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A 092	Continued From page 10 Class III	A 092		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
The Place At Stuart
860 S.E. Central Parkway
Stuart, FL 34994

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 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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