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
	AL11968333	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRO AT ABACOA, LLC	1031 COMMUNITY DRIVE JUPITER, FL 33458

(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 (ALF) Spot Check/monitoring visit was conducted on . The Allegro at Abacoa ALF was not in compliance with the requirements for ALF's during this visit.	A 000		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered. (c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.	A 054		

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A 054	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not immediately update its medication observation record (MOR) for 1 out of 3 residents (resident #1). The findings are: In an interview with the Department of Health (DOH) pharmacist on [redacted] at 10:35am, he stated that in his official capacity for the State of Florida DOH conducting an inspection of the 2nd floor resident records on [redacted] at approximately 10:30am, he discovered that resident #1's MOR was not properly updated when the resident received 1 [redacted] 500mg tablet on [redacted] at 9:00am. Review of resident #1's MOR indicated that the resident was ordered to receive 1 [redacted] 500mg tablet once every morning and that she received this medication on [redacted] at 10:00am. In an interview with the caregiver on [redacted] at 10:40am, she stated that when the DOH pharmacist reviewed the resident's MOR on [redacted] at approximately 10:30am, she had not yet recorded the resident's administration of the [redacted] on [redacted] and that she recorded this after the pharmacist brought it to her attention. The caregiver also stated at this time, that the MOR represented the time this medication was given to the resident on [redacted] to be at 10:00am, when the resident actually took it at 9:00am. Class III	A 054		
A 152 SS=G	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 2 (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [illegible] sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident [illegible] to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be [illegible]	A 152		

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A 152	Continued From page 3	A 152		

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility did not provide a safe living environment by not limiting its resident access to the swimming pool area. The facility had a census of 33 residents.

The findings are:

In an observation on from 11:35am to 11:45am in the atrium, bistro and dining areas leading to the patio and swimming pool, accompanied by the facility director of nursing (DON), there was unrestricted access to the patio and the swimming pool deck area located in the north end of the facility. During this observation, there were no signs or physical barriers limiting anyone's access to the pool deck and the swimming pool, which was approximately 2/3 filled with murky, discolored water, During this time, it was also noted that the perimeter area of the pool was exposed, presenting to be a falling hazard with shallow areas of the approximate 6-foot deep pool being filled with approximately 2 feet of water to the pool bottom .

In an interview with the DON on at 11:50pm, she stated that the swimming pool was currently being serviced by a contractor to correct its water level and specific chemistry, which required the contractor to lower its water level to 2/3 filled in order to correct the pool's problem. The DON also stated at this time that she was not aware of the pool's current water chemistry values or properties which presented it to be murky and discolored.

Class II

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Allegro At Abacoa, Llc
1031 Community Drive
Jupiter, FL 33458

Re: Monitoring visit

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,

Arlene Mayo-Davis

Arlene Mayo - Davis
Field Office Manager

AMD/dt
Enclosure

XG90

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