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
	AL11965667	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR OAKS AT GREENACRES	3400 JOG RD GREENACRES, FL 33467

(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] Arbor Oaks at Greenacres, had licensure deficiencies found at the time of the visit.	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or [redacted] services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable [redacted] which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care	A 008		

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A 008	Continued From page 1	A 008		

provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not

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A 008	Continued From page 2	A 008		

apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the

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A 008	Continued From page 3 examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interviews it was determined the facility failed to ensure that each resident's Health Assessment (1823 form) was completed. Specifically: 1) If the resident's needs can be met at the facility and 2). Special diet instructions for 2 of 4 sampled residents (Resident #3 and Resident #4). The findings include: 1) During record review and interview with the Administrator, conducted on [redacted] beginning at approximately 11:20 AM, Resident #3's most recent Health Assessment (1823 form) did not indicate in the professional opinion of the physician if her individual needs can be met in an assisted living facility. This section was not completed on this document that was signed by the physician on [redacted] and signed by the Administrator on [redacted] The Administrator acknowledged that this section should have been completed and she could not provide an explanation as to why it was not completed. 2) During review of Resident #4's most recent	A 008		

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A 008	Continued From page 4 Health Assessment (1823 form), dated the Special Diet Instructions section was not completed. The type of diet the resident requires was not indicated on this document. During record review and interview with the Administrator, conducted on : at approximately 3:45 PM, she was provided the opportunity to review this document and acknowledged that this section was not completed. She could not provide an explanation as to why it was not completed or why this was not identified when the Health Assessment was reviewed upon Resident #4's admission to the facility. Class III	A 008		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities 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.	A 092		

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A 092	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on observation and interview it was determine the Food Service Director did not ensure that the facility's kitchen was operated in a safe and sanitary manner specifically related to food storage and the condition of food preparation equipment. The findings include: During observation of the facility ' s kitchen with the Food Service Director and the Administrator, conducted on _____ beginning at approximately 11:00 AM, the following concerns were identified: a) Inside the walk-in freezer there was a case of white roll dough and a case of meatballs that was stored directly on the freezer floor. The Food Service Director acknowledged that cases of food should not be stored on the floor of the freezer and she proceeded to state that these items must have been there since the delivery, yesterday. b) Inside the walk-in refrigerator there was an item that was not labeled or dated and was wrapped in _____ foil. The Food Service Director proceeded to open this item and identified it as cookie dough. She acknowledged it should have been dated and labeled and she was not sure when this item was placed in the refrigerator. A white plastic container of cooked ground beef was loosely covered with _____ foil and dated _____ The Food Service Director stated this item was just placed in the refrigerator (from the freezer) yesterday. This item was not frozen or partially frozen. There was a case of leaf lettuce that contained a large plastic bag that was not sealed. This practice exposes the leaf lettuce to air and potentially damages appearance and taste. A partial case of pangasius was noted to contain 4 pieces that was freezer _____ This pangasius case contained a	A 092		

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A 092	Continued From page 6 plastic bag that was not sealed/closed in order to protect the food product contents. There was an open case of celery noted in this walk-in refrigerator. There was an open bag inside a case of sausage links that exposed the sausage links to the air in the walk-in refrigerator. This item was not dated and the Food Service Director could not identify when this item was placed in the walk-in refrigerator. c) The reach-in cooler contained what the Food Service Director identified as an employee ' s lunch and an opened single serve bottle of Powerade beverage. d) The toaster was observed to be unclean and full of crumbs. e) The interior of the microwave was observed to have food debris on the ceiling and the walls. Class III	A 092		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.	A 162		

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A 162	Continued From page 7	A 162		

(c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, , or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.
(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.
(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.
(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.
(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.
(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S.
(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the

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A 162	Continued From page 8	A 162		

quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and
5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility.

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A 162	Continued From page 9 (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review it was determined the facility did not maintain a current therapeutic diet order for 1 of 4 sampled residents (Resident #4). The findings include: During review of Resident #4's most recent Health Assessment (1823 form), dated the Special Diet Instructions section was not completed. The type of diet was not indicated on this document. Review of physician's telephone orders indicated on [redacted] to discontinue regular diet and start patient on soft diet with nectar thickened liquids. Dining observation of Resident #4, conducted on [redacted] beginning at approximately 12:30 PM, revealed this resident was served a soft diet with thin liquids. Upon interview with this resident's daughter, at the time of this observation, she stated that Resident #4 no longer receives thickened liquids. She stated that was discontinued about the time that hospice	A 162		

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A 162	Continued From page 10 discontinued services on , because Resident #4 had improved. During record review and interview with the Director of Wellness, conducted on beginning at approximately 1:00 PM, she was provided the opportunity to locate a physician's order that discontinued the use of thickened liquids. She was not able to locate this documentation. She stated that hospice might have that order. She stated that Resident #4 was discharged from hospice services on She acknowledged that if hospice wrote an order it should be on the chart. She proceeded to place a call to hospice and hospice then faxed a "clarification order", dated to "resume previous diet". During subsequent interview with the Administrator, conducted on beginning at approximately 3:45 PM, the "clarification order" from hospice to "resume previous diet" was reviewed. She was asked which previous diet did hospice intend for the facility to resume. She could not provide an answer. She acknowledged that this order needed to actually clarify what the type of diet and consistency of liquids that Resident #4 is to currently receive. Class III	A 162		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Arbor Oaks At Greenacres
3400 Jog Rd
Greenacres, FL 33467

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by representatives 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 **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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
AHCA form 3020

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
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