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 |
|---|---|---|---|
| | AL11911225 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| EMERITUS AT RIVER OAKS | 925 SOUTH RIVER ROAD ENGLEWOOD, FL 34223 |

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| A 000 | Initial Comments<br><br>These are the results of a Biennial with an Extended Congregate Care services survey conducted on , at Emeritus at River Oaks, an Assisted Living Facility. At the time of the survey the census was 167.<br><br>Deficiencies were identified at the time of the survey. | A 000 | | |
| A 025 | 58A-5.0182(1) FAC Resident Care - Supervision<br><br>An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following:<br>(a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C.<br>(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.<br>(c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community.<br>(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.<br>(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, | A 025 | | |

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| A 025 | Continued From page 1 | A 025 | | |

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 observation, record review and interview the facility failed to provide physician ordered care and services to 1 (Resident #15) of 17 residents reviewed.

The findings include:

On ... at 11:40 a.m., three residents were observed to be sharing ...15.

On ... at 11:40 a.m., the Administrator stated on ... Resident #15 had a change of mental status and was moved to E-215 in the Memory Unit for closer supervision.

Nurse's note dated ... document Resident #15 was experiencing a change in mental status and was moved to the Memory Care Unit for supervision. The note stated will contact physician for a ... analysis (UA). A physician's order dated ... document the UA had been ordered. Nurse's note dated ... states unable to get UA. On ... record states "will call Dr, unable to get UA." Most current lab results in residents record was date ...

On ... at 11:20 a.m., the Resident Care Director (RCD) stated no additional labs were available. No documentation of having informed the physician that the UA could not be obtained were available. At 12:20 p.m. The RCD provided a copy of the fax dated ... informing the physician the UA could not be obtained. The

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| A 025 | Continued From page 2<br><br>physician provided new orders for home health to "straight<br><br>Class III | A 025 | | |
| A 030 | 58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures<br><br>(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(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.<br>(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.<br>(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.<br>(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.<br>(e) The facility shall have a written statement of | A 030 | | |

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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 and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s [illegible] 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 [illegible] 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 [illegible]

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429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of 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

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are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at 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 incapacitated, 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 restraint, 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.

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This Statute or Rule is not met as evidenced by:
Based on observation, record review, and interview the facility failed to honor resident's right to share a [redacted] no more than one other resident.

The findings include:

On [redacted] at 11:40 a.m., three residents were observed to be sharing [redacted] 15. Two beds were in the [redacted] would be considered the [redacted] the unit. There was a third bed in what would be considered the living [redacted] of the unit.

Nurse's note dated [redacted] document Resident #15 was experiencing a change in mental status and was moved to the Memory Care Unit for supervision.

On [redacted] at 11:40 the Administrator stated on [redacted] Resident #15 had a change of mental status and was moved to E-215 that was occupied by Resident #16 and Resident #17 in the Memory Unit. The Administrator stated that as the [redacted] sufficient square footage that it was okay to place Resident #15 in the [redacted] Resident #16 and #17.

Class III

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| A 053 | 58A-5.0185(4) FAC Medication - Administration | A 053 | |

(4) MEDICATION ADMINISTRATION.
(a) For facilities which provide medication administration a staff member, who is licensed to

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administer medications, must be available to administer medications in accordance with a health care provider ' s order or prescription label.
(b) Unusual reactions or a significant change in the resident ' s health or behavior shall be documented in the resident ' s record and reported immediately to the resident ' s health care provider. The contact with the health care provider shall also be documented in the resident ' s record.
(c) Medication administration includes the conducting of any examination or testing such as . . . . . glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff.
(d) A facility which performs clinical laboratory tests for residents, including . . . . . glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents ' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109.

This Statute or Rule is not met as evidenced by:

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Based on interview and record review the facility failed to administer medication in accordance with a physician's order for 2 (Residents #2 and #13) of 14 residents reviewed.

The findings include:

1. During a review of Resident #2's Medication Administration Record (MAR) for the month of , it was noted he was being treated for with . He was to receive a sliding scale of based upon his Acucheck glucose monitor) done twice daily. If the resident's Acucheck measured from 151 to 200 the resident was to receive 5 units of .

Review of the Glucose Tracking Record for of 2012 showed before breakfast, on the resident's glucose measured 155, for which he received no coverage.

The same record shows before dinner, on the resident's glucose measured 151 for which he received no coverage.

Review of the nursing progress notes do not show documentation on and on that coverage had been held by physician's order.

An interview was conducted with the Assistant Resident Care Director at 2:20 p.m., on . During the interview she stated Resident #2 should have had coverage of 5 units of on both and .

2. Review of the physician's orders for Resident #13 shows the resident had an order, dated , to have coverage with R

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| A 053 | Continued From page 9<br><br>) before meals and at bedtime. Another order dated reads, "no coverage to be given at HS (hour of sleep)."<br><br>Review of the Glucose Monitoring Record shows no were conducted on and There would have been no way to cover the resident's needs on these dates without an acucheck. The physician's order was not followed on these dates.<br><br>During an interview with the Assistant Resident Care Director, on at 2:00 p.m., was unable to say why the resident had not had acucheck monitors on the dates left blank on the glucose monitoring record. She stated, "I'll check it out and get back with you."<br><br>At 6:00 p.m., on the Assistant DON was still unable to say why Resident #13 was not covered with on the dates specified until 12/1 confirmed there was no order to not cover the resident until 12/1<br><br>III | A 053 | | |
| A 056 | 58A-5.0185(7) FAC Medication - Labeling and Orders<br><br>(7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be | A 056 | | |

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recorded on each individual container:
1. The resident ' s name; and
2. Identification of each medicinal drug product in the container.
(b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another.
(c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a

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written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Based on observation, interview, and record review the facility failed to make a reasonable effort to obtain a physician's order for a prescription medication for one (Resident #2) resident. The facility failed to follow physician's orders for 2 (Resident #1 and #13) residents. The facility also failed to ensure the proper

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labeling of a medication for 1 (Resident #13) resident of 14 residents reviewed.

The findings include:

1. During the initial tour of the facility with the Director of Nursing (DON) at 9:40 a.m., on , Resident #2 was observed sitting in a reclining chair. Sitting beside the resident, on a small table, was a box with a labeled prescription medication. The medication was the nasal spray 0.6 %.

An interview was conducted with Resident #2 at that time. He was asked if he took the medication on his own. He stated that he did. He was asked how often he took the medication? He stated, "twice a day." The label was observed at that time to read, "use 2 sprays in each nostril four times daily." The box and medication was then handed to the DON to read the label of the medication.

Review of Resident #2's Form 1823 assessment and orders showed that he was to receive assistance with all his medications. Review of the resident physician's orders showed no order for the medication.

A second interview was conducted later the same day with Resident #2 on at 2:00 p.m. During the interview the medication was observed still sitting beside the resident as he reclined in his chair. The resident was asked when he took the medication. He stated, "I take it when I go to bed at night and if I wake up in the night I will take it again if I'm He stated he never took the medication during the day. He stated he had been using the medication for

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| EMERITUS AT RIVER OAKS | 925 SOUTH RIVER ROAD ENGLEWOOD, FL 34223 |

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| A 056 | Continued From page 13 | A 056 | | |

about three months and he always keeps it next to his chair.

On 12/2[illegible]: 8:20 a.m. Staff D was observed assisting Resident #2 with his morning medications. During the medication assist the nasal spray observed on 12/2[illegible] observed still sitting on the table next to the resident. Staff D never addressed the medication during her time with the resident.

An interview was conducted with her outside the resident's room 30 a.m., on 12/2[illegible] stated she didn't know anything about the medication.

An interview was conducted with the Assistant Director of Nursing (ADON) at 9:10 a.m., on 12/2[illegible] was asked why the medication was still in the room. stated she didn't know why, but she would find out.

At 10:05 a.m., on 12/2[illegible] interview was conducted with the Resident Care Director. She stated she told an aide to remove the medication yesterday (12/ I she thought this was a another bottle. She stated she had checked the medication and found the resident didn't have an order on file for the medication. She was asked if she had ever contacted the doctor to verify if he wanted the resident to have the medication. She stated she had not. She stated she had spoken to the aide caring for the resident and she had told her that she had never seen that medication until yesterday.

2. On 12/2[illegible]: 9:00 a.m., Staff E was observed assisting Resident #1 with her 10:00 a.m., medications. Before Staff E assisted the resident with her medications she stated, "She

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| A 056 | Continued From page 14 | A 056 | | |

(Resident #1) is supposed to get three pills but one has been discontinued so she only gets two." Review of the MOR (Medication Observation Record) showed the resident had three medications scheduled for 10:00 a.m.

Resident #1 was observed taking [redacted] 10 MEQs and Ditazem XR 180 MG. Staff E was then observed walking back to the medication cart. She was then asked to see the medication Caltrate 600 mg. She was observed to become nervous and start frantically looking through the medication chart. She stated, "It must be on order." She was then asked to clarify that she had stated the medication had been discontinued before she assisted the resident. She was observed to become irritated and stated, "I don't normally work on this cart. I do my best but everybody makes mistakes."

3. On [redacted] at 8:40 a.m., Staff E was observed assisting Resident #13 with her medications. The resident had the medication Neurotin ordered for her morning medication. The medication label on the prescription bottle was observed to read [redacted] 300 mg 3 capsules three times daily. The MOR was observed to read [redacted] 300 mg take two tablets three times daily. Staff E was observed to assist the resident in taking only one capsule of [redacted] She was then observed to walk back to the medication chart and sign off that she had given 2 capsules of the medication. Staff E was then asked to show the surveyor the bottle of [redacted] There was no alert notice on the bottle stating there had been a medication change.

An interview was conducted with Staff E at 8:47 a.m., on [redacted] She confirmed the label of the

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| A 056 | Continued From page 15<br><br>medication did not match the MOR. She confirmed there was no alert on the on the bottle. She was asked how many capsules of ..... the resident received? She stated, "one."<br><br>An interview was conducted with the Assistant Resident Care Director, who was present at the cart, and observing the medication observation pass at 8:47 a.m., on . She also confirmed there was a discrepancy between the MOR and the label. She stated, " I'm going to go and check the medication order right now."<br><br>Review of the resident's record shows the resident had an order for ..... 300 mg 2 capsules twice daily. A medication alert sticker was then placed on the prescription bottle.<br><br>Class III | A 056 | | |
| A 078 | 58A-5.019(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable ..... including . Freedom from .... must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating . Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable , he/she shall be removed from duties | A 078 | | |

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| A 078 | Continued From page 16 | A 078 | | |

until the administrator determines that such condition no longer exists.
(b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter.
(c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C.
(d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents.
(e) For facilities with a licensed capacity of 17 or more residents, the facility shall:
1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and
2. Maintain time sheets for all staff.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure 1 (Staff A) of 3 staff who provide care to residents with and related receive all required training.

The findings include:

Record review for staff A found he was hired on

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| A 078 | Continued From page 17<br>Staff A's employee file had no verification that he had received the required initial training.<br><br>A review of the facility's promotional material found they provide special care to residents who have<br><br>On at 3:05 p.m., the Administrator stated Staff A has not received the required initial training.<br><br>Class III | A 078 | | |
| A 079 | 58A-5.019(4) FAC Staffing Standards - Levels<br><br>(4) STAFFING STANDARDS.<br>(a) Minimum staffing:<br>1. Facilities shall maintain the following minimum staff hours per week:<br>Number of Residents — Staff Hours/Week<br>0-5 — 168<br>6-15 — 212<br>16-25 — 253<br>26-35 — 294<br>36-45 — 335<br>46-55 — 375<br>56-65 — 416<br>66-75 — 457<br>76-85 — 498<br>86-95 — 539<br>For every 20 residents over 95 add 42 staff hours per week.<br>2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the | A 079 | | |

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| A 079 | Continued From page 18 | A 079 | | |

facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least , must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work

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| A 079 | Continued From page 19 | A 079 | | |

schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such

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| A 079 | Continued From page 20 | A 079 | | |

time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure at least 1 staff who is trained in First Aid was in the facility during the 10:00 p.m., to 6:00 a.m., shift.

The findings include:

Record review for Staff B found that she works the 10:00 p.m., to 6:00 a.m. shift. Her employee file had no documentation of having a current certification of training in First Aid. The employee staffing schedule documents Staff B is scheduled to work on the 10:00 p.m., to 6:00 a.m., shift.

On _____ at 3:05 p.m., the Administrator stated there are no staff working on the 10:00 p.m., to 6:00 a.m., shift that have a current certification of First Aid training.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus at River Oaks
925 South River Road
Englewood, Florida 34223

Dear Administrator:

Re: Biennial with Extended Congregate Care services survey

This letter reports the findings of a Biennial with Extended Congregate Care services licensure 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

HWE:ss
Enclosures: State Form

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