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
	AL11964461	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLAKE GLENN	3933 ERNE STREET PALM HARBOR, FL 34683

(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 Assisted Living Facility A complaint survey, CCR# 2012013882, was completed on . The Blake Glenn, assisted living facility, had deficiencies found at the time of the visit.	A 000		
A 008	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 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 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	A 008		

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A 008	Continued From page 1 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care 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	A 008		

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A 008	Continued From page 2 or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not 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	A 008		

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A 008	Continued From page 3 basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the 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 observation, record review, and interviews, the facility failed to ensure that the Resident Health Assessment (Form 1823) was filled out completely, for 2 of 2 residents sampled (Residents #1 and #2) which could hinder the facility's ability to determine the needs of the residents. Findings include: A review of Resident #1's file revealed an admission date of [redacted]. A review of the resident's current health assessment (Form 1823) completed on [redacted] revealed the following required information was missing: Section 1: Resident's height and weight, the resident's name and date on pages 2, 3 and 4, and under Section 3, missing the services offered or arranged for by the facility for the resident (page 5). A review of Resident #2's health assessment (Form 1823) completed on [redacted] was missing the following required information: activities of daily living (section was left blank), height and weight were also missing. The current health	A 008		

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A 008	Continued From page 4 assessment dated [redacted] was missing the following: p.1. Section 1- facility name address, contact person name and phone number; known [redacted], height and weight, any physical or sensory limitations, [redacted] or behavioral status, any need for nursing/treatment or [redacted] service requirements; p2. Section 1.A. Activities of daily living- blank; Section B Special diet instructions- blank; p.3. name missing; Section 2.A. Ability to perform self-care tasks: blank; B. General Oversight- blank; p. 5- missing resident name; Section 2. A. current medications prescribed- blank; B. Does the individual need help with taking his or her medications and what type of help was needed- assistance or administration was left blank. A further record review revealed no documentation from facility staff that any attempts to obtain the missing information had been made. Interview with the administrator on [redacted] at approximately 11:30 a.m. revealed she had not realized the required information was missing but acknowledged all the missing components. She also said that the physician or his nurse practitioner visit the facility on a routine- usually monthly basis to see the residents but their visit notes are not kept at the facility. Pattern	A 008		
A 025	58A-5.0182(1) FAC Resident Care - Supervision 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: (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	A 025		

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A 025	Continued From page 5 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 interviews, the facility failed to assure the written records were updated as needed to reflect the general health and wellbeing and failed to document contact/notification of residents responsible parties and health care providers when significant changes occurred for 2 (Residents #1 and #2) of 2 resident's whose resident files were reviewed could lead to [redacted] as to whether the appropriate care and services were received by the residents. Findings include: Observation of Resident #1 revealed a well	A 025		

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A 025	Continued From page 6 nourished elderly petite female sitting in a chair in her [redacted]. Stitches were observed to the left side of her forehead. There was no drainage noted at the site. An interview with the resident on 01[redacted] at approximately 10:50am revealed she thought she was dreaming while sitting in her chair, that she went to stand up and lost her balance, hitting her head on a bar on her walker. She said staff assisted her right away and an ambulance transported her to the emergency [redacted] stitches were placed. She was not kept overnight at the hospital and said the stitches would be removed soon. A review of Resident #1's resident file revealed emergency [redacted] that she had gone to the emergency [redacted] after a [redacted] Home health notes revealed services were started on [redacted] however there were no notes written by facility staff to indicate that the resident had whether the responsible party and health care provider had been contacted and what care and services were received at the time of the [redacted] Record review revealed no documentation about what the general status of Resident #2 was prior to her hospitalization on [redacted] There were flow sheets from a home health agency that revealed they had been providing [redacted] care from [redacted] and again from [redacted] on [redacted] An interview with the administrator on [redacted] at approximately 10:20 a.m. revealed Resident #1 was transported to the hospital where she received stitches and returned to the facility the same day. She acknowledged that there were no	A 025		

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A 025	Continued From page 7 notes written to describe the incident, communication made to the responsible party or the physician although she said all were contacted. She further stated that Resident #2 was transported to the hospital on [redacted] due to having a [redacted] and questionable [redacted] following a [redacted] on [redacted]. She said the doctor, the family and her diversion case worker were all notified but she acknowledged that she did not document that she had called them with the change in condition. Phone calls on [redacted] to the nursing supervisor of a home health agency providing nurses to care for the [redacted] as well as the resident primary physician both confirmed that they had been notified of the resident's [redacted] and [redacted]. Additionally, they confirmed notification when the resident's 2 [redacted] had reopened on [redacted]. The administrator acknowledged the lack of documentation and the importance of having it. Pattern	A 025		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Blake Glenn
3933 Erne Street
Palm Harbor, FL 34683

Dear Administrator:

Re: **CCR# 2012013882**

This letter reports the findings of a complaint survey that was conducted on , 2013, by a representative 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 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. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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