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
	AL11966240	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABIGAIL (THE)	320 SOUTH DELAWARE TAMPA, FL 33606

(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# 2013000141, was conducted on ..... The Abigail, assisted living facility, had deficiencies found at the time of the visit.	A 000		
A 010	58A-5.0181(4) FAC Admissions - Continued Residency (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 pressure ... 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	A 010		

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A 010	Continued From page 1 record; and 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed 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.	A 010		

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A 010	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on observations, interview and a record review the facility failed to provide the appropriate services for two of 11 sampled residents, Resident #1 and Resident #4. Resident #1 is bedridden and unable to assist with any activities of daily living, including feeding herself, talking medications and repositioning. Resident #4 has a pressure [illegible] that has worsened beyond what the facility can adequately provide care for. Findings include: Observations of Resident #1 on [illegible] found the resident lying in a specialty bed with an air mattress. The resident was non-verbal and unable to reposition on their own. Staff interviews revealed that the resident takes 2 people to transfer and the resident is not able to position or transfer on their own. A record review revealed the resident has been in the facility since 2007. The resident per physician note resident was discharged from hospice on [illegible] Notes in the chart in the chart date back to 2007. Medication observation records in the chart from 2008 and 2009 only. The resident is a " total care " per hospice notes since at least [illegible] Per the physician note on [illegible] the resident was discharge from hospice. Resident #4 currently receives home health services from a local home health agency. Record review of the home health records revealed that Resident #4 has an unstageable [illegible] to " [illegible] ". The registered nurse (RN) for the local home health agency has the start of care date for the resident as [illegible] The [illegible] is noted in the home health agency records as noted as a [illegible] and [illegible] unstageable". The note for the home health agency dated [illegible] the	A 010		

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A 010	Continued From page 3 is noted to have a "black brown" appearance. Observation of the by the surveyor at approximately 10:45 am on , while the dressing was being changed by home health, the was noted to have a yellow-green and was about the size of a half-dollar. The would be classified as a per the guidelines of Consultants, Inc. The National Advisory Panel guidelines for an " unstageable/unclassified " state that until the and/or eschar are removed the true depth of the cannot be determined, " but it will either be a categor or " ". A record review of the home health notes shows that the has increased in size from to . The was listed as a on . The RN notes state on that there is a "blackish brown 2.5 cm" on the notes. care notes on are the size is 3.5 cm x 2.2 cm x 0.2 cm.	A 010		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (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. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident	A 030		

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A 030	Continued From page 4	A 030		

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.
(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.
(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.
(e) The facility shall have a written statement of 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 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.

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A 030	Continued From page 5 (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 [redacted] 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 [redacted] 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 [redacted] 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.	A 030		

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A 030	Continued From page 6 (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 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	A 030		

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A 030	Continued From page 7 case of a resident who has been adjudicated mentally , the 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 interference, 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. This Statute or Rule is not met as evidenced by: Based on observation and interviews the facility failed to ensure that the residents had an individual supply of personal hygiene products, such as body wash, shampoo, conditioner, mouthwash, and peri-wash available to them. The residents' brushes were stored in a manner that allowed the toothbrushes to touch one another, which places the residents at an increased risk for . The shared showering liquids also place the residents at risk for contracting and spreading . Findings include: Observation of the facility during the tour revealed, one of the three resident had a yellow substance spilled on the floor near	A 030		

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A 030	Continued From page 8 the toilet. A second resident closest to the common area, had only one body wash, one prescription hair shampoo, two conditioners, and one sponge. There was peri-wash on a table near the sink, with no label for an individual resident. On the sink there was a toothbrush holder with eight toothbrushes in the holder on the sink and a bottle of mouthwash, also located on the The toothbrushes were all housed together in the same holder, with the resident names written in black marker. The toothbrushes in the holder were touching one another. The mouth wash was not labeled for a resident. There was hand sanitizer on the sink, but no soap for hand washing. An interview with Staff A on 01 at approximately 3:25 p.m. revealed the shampoos, conditioners, body wash, and peri-wash are used for all the residents, and not for any one individual resident. An interview with Staff B on at approximately 3:30 p.m. revealed that the residents share the personal hygiene products. Staff B ' s primary language was Spanish, but was able to communicate in English. When Staff B was asked which residents use the body wash, shampoo, and conditioner she said that " all the residents use. " She also stated " all the residents use " for the peri-wash. There were eight resident toothbrushes observed in a single toothbrush holder. When Staff B was asked, " Which resident? ", she picked up the toothbrush holder and showed the names written in black on the toothbrushes. The toothbrushes were all touching one another in the single holder. Widespread	A 030		
A 077	58A-5.019(1) FAC Staffing Standards - Administrators	A 077		

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A 077	Continued From page 9	A 077		

Staffing Standards.
(1) ADMINISTRATORS. Every facility shall be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of adequate care to all residents as required by Part I of Chapter 429, F.S., and this rule chapter.
(a) The administrators shall:
1. Be at least
2. If employed on or after 1990, have a high school diploma or general equivalency diploma (G.E.D.), or have been an operator or administrator of a licensed assisted living facility in the State of Florida for at least one of the past 3 years in which the facility has met minimum standards. Administrators employed on or after , 1995, must have a high school diploma or G.E.D.;
3. Be in compliance with Level 2 background screening standards pursuant to Section 429.174, F.S.; and
4. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(b) Administrators may supervise a maximum of either three assisted living facilities or a combination of housing and health care facilities or agencies on a single campus. However, administrators who supervise more than one facility shall appoint in writing a separate " manager " for each facility who must:
1. Be at least and
2. Complete the core training requirement pursuant to Rule 58A-5.0191, F.A.C.
(c) Pursuant to Section 429.176, F.S., facility owners shall notify both the Agency Field Office and Agency Central Office within ten (10) days of a change in a facility administrator on the Notification of Change of Administrator, AHCA Form 3180-1006, 2006, which is

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A 077	Continued From page 10 incorporated by reference and may be obtained from the Agency Central Office. The Agency Central Office shall conduct a background screening on the new administrator in accordance with Section 429.174, F.S., and Rule 58A-5.014, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to appoint an administrator for the facility who had completed core training and maintained the continuing education. This places the residents at risk for inadequate care and services. Findings include: An interview with the facility's owner, also identified as Resident #2, on [redacted] it was revealed that the facility has not had an administrator for approximately the past 4 months. Owner/Resident #2 said that she hired an administrator for the facility when she became sick and could no longer do the work. Owner/Resident #2 was admitted to the facility on [redacted] per the facility " standard admission " form. Owner/Resident #2 stated the previous administrator handled the job for 4 years and quit approximately 4 months ago, name unknown and there no staff list that was maintained with the previous employee names. There was no other administrator listed on the Agency for Health Care Administration records. Owner/Resident #2 said that she currently has an administrator that just completed core training and plans to send Staff A to the core training. The owner/Resident #2 stated that after Staff A completes core training, another person on staff will then be sent to	A 077		

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A 077	Continued From page 11 complete the core training also. Owner/Resident #2 stated that the current administrator for this facility is currently overseeing one of the other assisted living facilities she owns. Staff A is currently in charge of the facility, but she is not core trained. The owner/Resident #2 stated that the administrator's employee record had to be faxed over to this facility. Owner/Resident #2 was unaware that someone on staff for this facility needed to be core trained. Owner/Resident #2 said she will probably put all 3 of the assisted living facilities she owns under this one administrator, but nothing has been filed with the Agency for Health Care Administration. The owner/Resident #2 stated that she is a resident because she needs home health services. A record review revealed the staff that was said to be the administrator was core trained, but this administrator was not available to be interview. Staff A was stated to be in charge and she has no core training completed to be reviewed by the surveyors. Not having an appointed administrator places the residents at risk for inadequate care and services. Widespread	A 077		
A 078	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (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 [illegible] including [illegible] Freedom from [illegible] must be documented on an annual basis. A person with a positive [illegible] test must submit a health care provider ' s statement that the person does not constitute a risk of	A 078		

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A 078	Continued From page 12 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 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 interview and record review the facility	A 078		

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A 078	Continued From page 13	A 078		

has unlicensed staff that provides [redacted] sugar testing for two of the 11 sampled residents, Resident #3 and Resident #5. This places the residents at risk for inappropriate care and follow-up care related to potentially inaccurate [redacted] sugar readings.

Findings include:

An interview with Resident #3 revealed that she was not performing her own [redacted] sugar testing. Resident #3 stated that Staff A or another staff member does her finger stick to check her [redacted] sugar. Resident #5 was not interviewed related to limited speech.

An interview with Staff A on 01[redacted] at approximately 3:25 p.m., revealed that she does the finger sticks daily for Resident #3 and Resident #5 to check their [redacted] sugars. Staff A stated the residents are not able to perform this task on their own.

An interview with Staff B on [redacted] at approximately 3:30 p.m., revealed that she was aware that two of the residents, Residents #3 and Resident #5, get their " sugar " checked. She pointed to her own finger with a finger on her other hand when she said that the two residents get " sugar " checked, due to English being her non-primary language. Staff B stated that Staff A does check the residents ' [redacted] sugar. Staff B then pointed at herself and stated she (Staff B) " checks sugar " .

Staff A and Staff B both stated that they are certified nursing assistants (C.N.A.'s). Therefore, they are not licensed staff and are not able to perform testing for [redacted] sugar monitoring.

A record review of Resident #3's facility chart revealed a form labeled " Addendum to 1823 - Clarification of Orders " that lists " Accu-check - check [redacted] sugar twice daily " under the medication orders section. Resident #3 also has a [redacted] glucose record maintained by the facility

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966240	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABIGAIL (THE)	320 SOUTH DELAWARE TAMPA, FL 33606

(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 078	Continued From page 14 that lists her daily glucose levels under the breakfast column. A record Review of Resident #5's medication observation record indicated that she had a medication order for " Contour test strips " to be " used to test sugar up to 3 times daily". Resident #5 also has a glucose record maintained by the facility that lists her daily glucose levels under the breakfast column. By not having the task of sugar monitoring done by licensed staff, the residents are placed at risk for inappropriate care related to potentially inaccurate sugar readings.	A 078		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (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 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;	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966240	A. BUILDING _____ B. WING _____	

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A 152	Continued From page 15 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 [redacted] 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 [redacted] This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the building's structure was free of potential hazards related to water damaged walls and ceiling, which place the residents at risk of potential injury and health hazards. Findings include: Observations of the common area/great [redacted] water damage and peeling paint to the ceiling above the staircase that leads to the facility owner's apartment and the adjacent wall. The materials on the wall and the ceiling had separated and the paint was peeling. There were stains on the wall and the ceiling around the separated materials and peeling paint. An interview with the facility owner/Resident #2 on [redacted] she acknowledged the damage to the ceiling and wall. Owner/Resident #2 stated that it occurred during the storm and she was	A 152		

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
	AL11966240	A. BUILDING _____ B. WING _____	

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A 152	Continued From page 16 waiting to have it repaired, until the leak from the roof was fixed. It was stated that the roof was fixed three times, but the water is still leaking through the roof. By not repairing the leak, there is the potential to have the loose materials off the wall and ceiling, which could cause an injury to the residents. The water leaking has the potential to cause mold growth and lead to health concerns for the residents.	A 152		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Abigail (The)
320 South Delaware
Tampa, FL 33606

Dear Administrator:

Re: **CCR# 2013000150**

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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