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
	AL11910320	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN RETREAT SHELTER CARE CE	4410 MONCRIEF RD. W. JACKSONVILLE, FL 32209

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A 000	Initial Comments Two unannounced complaint surveys, CCR# 2012012280 and CCR# 2012013040 were conducted at Golden Retreat Shelter Care Center in Jacksonville, Florida on , 2013. Licensure deficiencies were identified as a result of the surveys.	A 000		
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 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)9€ or	A 030		

AHCA Form 3020-0001

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 030	Continued From page 1	A 030		

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.
(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 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

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half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical

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 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

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facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [redacted] 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 case of a resident who has been adjudicated mentally [redacted] 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 [redacted] 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

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A 030	Continued From page 4 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 staff and resident interviews and record reviews, the facility failed to ensure residents' right to live in a safe and decent living environment, free from ..... and neglect was protected for 2 of 10 sampled residents. (Residents #1 and #2) The findings include: 1. In an interview with Assistant Administrator (Employee # 3) On ..... at approximately 10:30 am, she stated around ....., residents and staff informed her there was an argument between resident #1 and employee #1 regarding resident # 1 being in the dining ....., and it had something to do with her having a drink. On ..... staff reported a physical altercation between resident #1 and employee #1. She stated employees # 9 and # 12 informed her resident # 1 and employee # 1 had gotten into an altercation over the food served during the dinner meal. She stated they informed her the two were fighting and they broke them up and police were called and took resident # 1 to a crisis stabilization unit (CSU) because of her aggressive behavior. She stated resident # 1 was Baker-acted due to her being aggressive with staff and police. She stated resident # 1 remained in the CSU for evaluation for a week and was returned to the facility. She stated after she investigated the incident, she fired employee # 1 for fighting with resident #1 and violating her	A 030		

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A 030	Continued From page 5 rights. 2. In an interview with Administrator (employee #4) On [redacted] at approximately 10:50 am, she stated two of her employees # 9 and #12 informed her police was called out to facility on [redacted] because of an altercation between resident # 1 and employee #1. She stated she and the assistant administrator investigated the incident and decided to fire employee #1. She stated staff and resident #1 all stated the incident was started over resident #1 making a negative comment about the food that employee # 1 had cooked for dinner. She stated employees #9 and #12 and resident #1 stated the fight began after resident #1 and employee #1 began name calling and resident #1 picked up a chair and threw it at employee #1 and they began [redacted]. Police were called and resident #1 was [redacted] to a CSU for approximately a week to be evaluated. 3. In an interview with resident #1 on [redacted] she stated her rights had been violated by employee #1 and employee #5. She stated she got into a verbal and physical fight with employee #1 sometime in [redacted] of last year. She stated she was unsure of the exact date but it was towards the end of [redacted] 2012. She stated it all started when she did not want to eat her dinner. She stated she was in the facility's dining [redacted] in a chair at the dinner table and did not want to eat the meal she was provided. She stated she mumbled " this food taste like s--- (expletive deleted)" and employee # 1 heard her and got upset and called her a b---- (expletive deleted) and then called her mother a b---- (expletive deleted). She stated they both began calling each other names and then she picked up	A 030		

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a chair to throw at employee #1. She stated employee #1 then pushed her and they started until they were broken up by staff employee #9. She stated she was not hurt, but was very upset. She stated she called the police and they arrived and took her to a crisis stabilization unit for her being upset and throwing the chair at staff. She stated that was not the first time employee #1 called her a name. She stated she reported it to staff, the assistant administrator. She stated she does not recall exact dates of the constant name calling, but she knows it has happened before. She also stated, lately employee #5 has been calling her out of her name. She stated employee #5 has been calling her Lucifer and being rude in how she talks to her. She stated she does not feel threatened or unsafe but wishes to leave the facility because some of the staff are rude and she does not like being called out of her name.

4. In an interview with resident #2 on at approximately 12:55 pm, she stated she felt her rights had been violated because staff employee #5 had called her a bitch and other names before and she was rude and favored other residents and did not treat residents equally. She stated employee #5 did not let her get needed clothing from the storage locker and lets others get them from the clothes storage locker. She stated she felt safe, but not treated fairly. She stated she feels staff abuses the residents by yelling and cursing. She stated they do not do it in front of the administrators. She stated Employees # 1 and employee # 5 were known to call residents out of their names.

5. In an interview with employee #9 on at

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A 030	Continued From page 7 approximately 1:00 pm, she stated she witnessed resident # 1 and employee #1 get into a physical altercation over name calling and regarding comments made about the food. She stated resident #1 threw a chair at employee #1 and the employee and the resident began and she broke them up. She stated police were called and resident #1 went to a crisis stabilization unit due to her being aggressive and would not calm down. She stated they informed their supervisor. She stated she did not know of any or name calling at the facility except from this incident. 6. In an interview with employee # 12 on at approximately 1:13 pm, she stated she witnessed a physical altercation between employee # 1 and resident # 1 on She stated it was around dinner time about 6:30 pm. She stated she was helping serve residents when she saw resident # 1 throw a chair at employee # 1. She stated they then locked up and was grabbing and pulling each other and resident # 1 on the floor. She stated she and employee # 9 broke them up and employee # 1 headed to the kitchen area. She then stated resident # 1 opened the kitchen door and scratched employee # 1 in the face and then she picked up another chair to throw at employee # 1. She stated police had been called and they arrived in minutes and escorted resident #1 to a crisis stabilization unit on 20th Street in Jacksonville. She stated she had not heard or seen staff mistreating any residents or abusing anyone during the 2nd shift 3:00 pm to 11:00 pm during which she worked. 7. During record review on it was revealed that past employee # 1 had been fired	A 030		

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A 030	Continued From page 8 due to [redacted] towards resident # 1. Surveyor observed employee had a notice of employee separation in her file. Remarks in the notice stated she had been fired due to getting into a physical altercation with resident # 1 on [redacted] and was terminated the next day after facility's investigation of the incident revealed staff members witnessed her in name calling and fighting match with resident #1. Class III	A 030		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in [redacted] control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [redacted] borne [redacted], may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who	A 081		

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A 081	Continued From page 9 have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on observation, personnel record reviews and staff interview, it was determined that the facility failed to provide or arrange for staff	A 081		

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A 081	Continued From page 10 in-service training to facility staff in control, universal precautions, facility sanitation, reporting major incidents, reporting adverse incidents, facility emergency procedures, residents rights, recognizing and reporting resident neglect and resident behavior and needs, providing assistance with the activities of daily living, safe food handling practices, and resident elopement response policies and procedures for 7 of 12 reviewed personnel records. (employees #1, #3, #5, #9, #10, #11, and #12) The findings include: 1. During personnel record review on it was revealed facility had no in- service training documentation available in employees #1, # 3, # 5, # 9, #10, # 11, and #12 rpersonnel files at time review. There was no documentation available that the employees had received training in control, universal precautions, facility sanitation, reporting major incidents, reporting adverse incidents, facility emergency procedures, residents rights, recognizing and reporting resident neglect and resident behavior and needs, providing assistance with the activities of daily living, safe food handling practices, and resident elopement response policies and procedures 2. In an interview with assistant administrator on at approximately 1:45 pm, she acknowledged there were no training or updated documentation available in personnel file records for selected employees. She stated she and the administrator had set up their renewal training for the weekend of	A 081		

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A 081	Continued From page 11 Class III	A 081		
A 082	58A-5.0191(3) FAC Training - (3) Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure that 2 of 5 sampled employee personnel files had completed a one-time education course on and (Employees #10 and # 12) The findings include: 1. During personnel record review on it was revealed facility personnel files for employees #10 and #12 had no required and training documentation. 2. In an interview with assistant administrator on at approximately 1:45 pm, she acknowledged there was no training documentation available in the personnel records	A 082		

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A 082	Continued From page 12 for selected employees. She stated she and the administrator had scheduled staff in-service training for all employees with missing trainings and required renewal training for the weekend of . . . . . Class III	A 082		
A 083	58A-5.0191(4) FAC Training - First Aid and . . . . (4) FIRST AID AND . . . . . A staff member who has completed courses in First Aid and . . . . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation of attendance at First Aid or . . . course offered by an accredited college, university or vocational school; a licensed hospital; the American Red Cross, American . . . . Association, or National Safety Council; or a provider approved by the Department of Health, shall satisfy this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under Part III of Chapter 401, F.S., shall be considered as having met the training requirements for both First Aid and . . . . . This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure it had a staff member who had completed renewal courses in First Aid and . . . . in the facility at all times for 7 of 12 sampled employees. (#1, #3, #5, #9, #10, #11, and #12). The findings include:	A 083		

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A 083	Continued From page 13 1. During personnel record review on . it was revealed facility personnel files for sampled employees #1, #3, #5, #9, #10, #11, and #12 had no required . and First Aide certification documentation. 2. In an interview with assistant administrator on . at approximately 1:45 pm, she acknowledged there was no renewal . and First Aide training certification documentation available in personnel file records for selected employees. She stated her and the administrator has scheduled staff in-service training for all employees with missing trainings and requiring renewal training for the weekend of . Class III	A 083		
A 165	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means: (a) An event over which facility personnel could	A 165		

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
	AL11910320	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN RETREAT SHELTER CARE CE	4410 MONCRIEF RD. W. JACKSONVILLE, FL 32209

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A 165	Continued From page 14 exercise control rather than as a result of the resident ' s condition and results in: 1. [illegible] 2. [illegible] or spinal damage; 3. Permanent [illegible] 4. [illegible] or [illegible] of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives; 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident. (6) [illegible], neglect, or [illegible] must be reported to the Department of Children and Family Services as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be	A 165		

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A 165	Continued From page 15	A 165		

reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.

(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.

(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.

(10) The Department of Elderly Affairs may adopt rules necessary to administer this section.

Adverse Incident Report.

(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at

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A 165	Continued From page 16	A 165		

http://ahca.myflorida.com/reporting/index.shtml; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other reporting requirements specified in Florida Statutes.
(2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated : 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule.

This Statute or Rule is not met as evidenced by:
Based on record review and staff interview, the facility failed to submit initial adverse incident report to the agency and maintain required reports.

The findings include:

During record review on : it was revealed facility had an incident that required the transfer of its resident (resident # 1) from the facility to a unit providing more acute care due to the incident rather than the resident's condition before the incident. On : during a record review of

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A 165	Continued From page 17 employee # 1, it was revealed that during a physical altercation between resident # 1 and employee #1, police was called and resident # 1 was [redacted] to a local crisis stabilization unit (CSU) by police on [redacted] Facility failed to submit an adverse incident report to the agency within the required 1 business day after the occurrence. No observance of any adverse incident regarding resident # 1 being [redacted] was observed during facility's incident log review. In an interview with assistant administrator on [redacted] at approximately 1:45 pm, she acknowledged the facility did not submit the required initial adverse incident report on [redacted] when resident # 1 was removed from the facility by police and was transported to a CSU for evaluation. She stated she did not realize a report had to be submitted. Class III	A 165		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Golden Retreat Shelter Care Center
4410 Moncrief Road West
Jacksonville, FL 32209

Re: CCR #2012012280 and CCR 32012013040

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on . 2013 by representatives 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 surveyors. Should you have any questions please call this office at

Sincerely,

Keisha Woods

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JV/JL/KW/sm
Enclosure

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

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone (904) 798-4201; Fax (904) 359-6054