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
	AL11968190	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDENVILLE MANOR	721 EDENVILLE AVENUE CLEARWATER, FL 33764

(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 Amended An attempt was made to conduct a limited nursing services (LNS) monitoring visit on at Edenville Manor, assisted living facility. The survey was aborted. The residence is a rental and the facility ceased operations. Note that Tag A 0190 was added on	A 000		
A 190	58A-5.033 FAC Administrative Enforcement Administrative Enforcement. Facility staff shall cooperate with Agency personnel during surveys, complaint investigations, monitoring visits, implementation of correction plans, license application and renewal procedures and other activities necessary to ensure compliance with Part I of Chapter 429, F.S., and this rule chapter. (1) INSPECTIONS. (a) Pursuant to Section 429.34, F.S., the agency shall conduct a survey, investigation, or appraisal of a facility: 1. Prior to issuance of a license; 2. Prior to biennial renewal of a license; 3. When there is a change of ownership; 4. To monitor facilities licensed to provide limited nursing or extended congregate care services, or who were cited in the previous year for a Class I or Class II, or 4 or more uncorrected Class III violations; 5. Upon receipt of an oral or written complaint of practices that threaten the health, safety, or welfare of residents; 6. If the agency has reason to believe a facility is	A 190		

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violating a provision of Part III of Chapter 429, F.S., or this rule chapter;
7. To determine if cited deficiencies have been corrected; and
8. To determine if a facility is operating without a license.
(b) The inspection shall consist of full access to and examination of the facility ' s physical premises and facility records and accounts, and staff and resident records.
(c) Agency personnel shall interview facility staff and residents in order to determine whether the facility is respecting resident rights and to determine compliance with resident care standards. Interviews shall be conducted privately.
(d) Agency personnel shall respect the private possessions of residents and staff while conducting facility inspections.
(2) ABBREVIATED SURVEY.
(a) An applicant for license renewal who does not have any class I or class II violations or uncorrected class III violations, confirmed long-term care ombudsman council complaints reported to the agency by the LTCOC, or confirmed licensing complaints within the two licensing periods immediately preceding the current renewal date shall be eligible for an abbreviated biennial survey by the agency. Facilities that do not have two survey reports on file with the agency under current ownership are not eligible for an abbreviated inspection. Upon arrival at the facility, the agency shall inform the facility that it is eligible for and that an abbreviated survey will be conducted.
(b) Compliance with key quality of care standards described in the following statutes and rules will be used by the agency during its abbreviated survey of eligible facilities:
1. Section 429.26, F.S., and Rule 58A-5.0181,

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F.A.C., relating to residency criteria;
2. Section 429.27, F.S., and Rule 58A-5.021, F.A.C., relating to proper management of resident funds and property;
3. Section 429.28, F.S., and Rule 58A-5.0182, F.A.C., relating to respect for resident rights;
4. Section 429.41, F.S., and Rule 58A-5.0182, F.A.C., relating to the provision of supervision, assistance with ADLs, and arrangement for appointments and transportation to appointments;
5. Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., relating to assistance with or administration of medications;
6. Section 429.41, F.S., and Rule 58A-5.019, F.A.C., relating to the provision of sufficient staffing to meet resident needs;
7. Section 429.41, F.S., and Rule 58A-5.0191, F.A.C., relating to minimum dietary requirements and proper food hygiene;
8. Section 429.075,.F.S., and Rule 58A-5.029, F.A.C., relating to mental health residents ' community support living plan;
9. Section 429.07, F.S., and Rule 58A-5.030, F.A.C., relating to meeting the environmental standards and residency criteria in a facility with an extended congregate care license; and
10. Section 429.07, F.S., and Rule 58A-5.031, F.A.C., relating to the provision of care and staffing in a facility with a limited nursing license.
(c) The agency will expand the abbreviated survey or conduct a full survey if violations which threaten or potentially threaten the health, safety, or security of residents are identified during the abbreviated survey. The facility shall be informed that a full survey will be conducted. If one or more of the following serious problems are identified during an abbreviated survey, a full biennial survey will be immediately conducted:
1. Violations of Rule Chapter 69A-40, F.A.C., relating to firesafety, that threaten the life or

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safety of a resident;
2. Violations relating to staffing standards or resident care standards that adversely affect the health or safety of a resident;
3. Violations relating to facility staff rendering services for which the facility is not licensed; or
4. Violations relating to facility medication practices that are a threat to the health or safety of a resident.
(3) SURVEY DEFICIENCY.
(a) Prior to or in conjunction with a notice of violation issued pursuant to Section 429.19 and Chapter 120, F.S., the agency shall issue a statement of deficiency for Class I, II, III, and violations which are observed by Agency personnel during any inspection of the facility. The deficiency statement shall be issued within ten (10) working days of the Agency ' s inspection and shall include:
1. A description of the deficiency;
2. A citation to the statute or rule violated;
3. A time frame for the correction of the deficiency;
4. A request for a plan of correction which shall include time frame for correction of the deficiency; and
5. A description of the administrative sanction that may be imposed if the facility fails to correct the deficiency within the established time frame.
(b) Additional time may be granted to correct specific deficiencies if a written request is received by the agency prior to the time frame included in the agency ' s statement.
(c) The facility ' s plan of correction must be received by the agency within 10 working days of receipt of the deficiency statement and is subject to approval by the agency.
(4) EMPLOYMENT OF A CONSULTANT.
(b) Dietary Deficiencies.
1. If a Class I, Class II, or uncorrected Class III

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deficiency directly related to dietary standards as established in Rule 58A-5.020, F.A.C., is documented by agency personnel pursuant to an inspection of the facility, the agency shall notify the facility in writing that the facility must employ, on staff or by contract, the services of a registered dietitian or licensed dietitian/nutritionist.
2. The initial on site consultant visit shall take place within 7 working days of the identification of a Class I or Class II deficiency and within 14 working days of the identification of an uncorrected Class III deficiency. The facility shall have available for review by the agency a copy of the dietitian ' s license or registration card and a signed and dated dietary consultant ' s recommended corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.
3. The facility shall provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the dietary consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper dietary standards are followed and that such consultant services are no longer required. The agency shall provide the facility with written notification of such determination.
(5) ADMINISTRATIVE SANCTIONS.
Administrative fines shall be imposed for Class I and Class II violations, or Class III or . . ' violations which are not corrected within the time frame set by the Agency, and for repeat Class III violations, as set forth in Section 429.19, F.S.
(a) The Agency shall notify facilities of the imposition of sanctions, their right to appeal the sanctions, the remedies available, and the time limit for requesting such remedies as provided under Chapter 120, F.S., and Part II of Chapter

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A 190	Continued From page 5 59-1, F.A.C. (b) When an administrative fine payment is returned from the applicant ' s bank for whatever reason, the agency shall add to the amount due a service fee of $20 or 5 percent of the face amount of the check, whichever is greater, up to a maximum charge of $200. Proceeds from this fee shall be deposited in the same agency account as the fine. This Statute or Rule is not met as evidenced by: Based on observation, the facility failed to grant access to the physical premises and make available examination of records and staff in order for the Agency to conduct a Limited Nursing Services (LNS) Survey. The facility also failed to notify the Agency in writing that the facility had ceased operations at the address and location in which the Agency had issued a license to operate an assisted living facility. Findings include: On 01 , a surveyor from the Agency attempted to conduct an unannounced Limited Nursing Services (LNS) Survey. The surveyor determined that the occupants of the building licensed by the Agency as an Assisted Living Facility on that date were in fact residential rental tenants with no knowledge of what happened to the assisted living facility. The survey was aborted by the surveyor. Unclassed	A 190		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Edenville Manor
721 Edenville Avenue
Clearwater, FL 33764

Dear Administrator:

This letter reports the findings of an attempt to conduct a limited nursing services (LNS) monitoring visit on , 2013, by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 deficiency 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,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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