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
	AL11922290	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATEAU PALMS INC	1679 TAMPA ROAD 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# 2012013738, was completed on [redacted] in conjunction with a limited nursing services (LNS) monitoring visit, see Aspen Event YIOV11). Chateau Palms Inc., assisted living facility, had deficiencies found at the time of the visit.	A 000		
A 026	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests. (b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at	A 026		

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A 026	Continued From page 1	A 026		

adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to have a current activities calendar posted and also failed to provide an ongoing activities program as required which could cause 5 (Residents #1, #2, #3, #4 and #5) of 5 sampled residents to become bored and dissatisfied at the facility.

Findings include:

Observation of the common bulletin board in the dining [redacted] an activities calendar posted that was dated [redacted] 2012.

Resident interviews (about the facility's activities) on [redacted] beginning at approximately 9:45 a.m. revealed there were no activities provided at the facility for the residents:
An interview with Resident #1 on [redacted] at approximately 11:00 a.m. revealed there were puzzles, games and books but that he preferred to take walks.
An interview with Resident #2 on 01[redacted] at approximately 10:15 a.m. revealed there had been no activities offered at the facility for quite some time but was not specific. Additionally, she said that although she might not participate even

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A 026	Continued From page 2 if they had activities, she felt the other residents could use some activities because they usually just go outside and smoke or watch television. Interview with Resident #4 on [redacted] at approximately 9:45 a.m. revealed there were no activities at the facility and that she likes to go out on to the porch. She was observed to go to the porch several times during the survey to smoke. Observations of the residents and staff during the survey on [redacted] between the hours of 9:00 a.m. and 3:00 p.m. revealed no activities were offered at the facility. The residents were observed to go out to the screened smoking porch and otherwise pretty much stayed in their [redacted] An interview with the administrators on [redacted] at approximately 12:45 p.m. and then with one of the administrator's again at 2:00 p.m. revealed he had been hospitalized recently and between that and doing ongoing renovations to the facility, he, "let the ball drop". He acknowledged the residents needed to have an ongoing activities program. Class III Pattern	A 026		
A 028	58A-5.0182(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities shall offer supervision of or assistance with activities of daily living as needed by each resident. Residents shall be encouraged to be as independent as possible in performing ADLs. This Statute or Rule is not met as evidenced by: Based on observation, record review and	A 028		

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A 028	Continued From page 3	A 028		

interview, the facility failed to ensure 1 (Resident #2) of 5 sampled residents received the needed assistance in activities of daily living relating to showers which caused the resident to suffer from poor hygiene.

Findings include:

A record review revealed Resident #2 was admitted to the facility in . The most recent health assessment (Form 1823) dated included diagnoses of , A-fib and . The activities of daily living (ADL) included: needs assistance with toileting and bathing.

An interview with Resident #2 on 01 at approximately 10:15 a.m. revealed she needed assistance with showers but could use the toileting independently. She went on to say that she never knew when she was going to receive assistance with her showers and said she was at the mercy of when staff came to offer her the needed assistance. She went on to say that not knowing when staff would assist her was the only concern she had at the facility. She additionally said she had discussed this with the administrator in the past and it got better, then it got worse again.

Observation of the resident on at approximately 10:15 a.m. revealed a small framed elderly female, well in appearance and appropriately dressed for the day. There was no malodor detected near the resident or in her . She was observed to ambulate with the use of her walker during the interview and then again before and after lunch in the dining .

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A 028	Continued From page 4 Observation of the common bulletin board in the dining area bulletin board had a laundry schedule posted for the residents but no shower schedule. A review of the monthly staffing schedule revised by the administrator during the survey revealed 1 male live in caregiver was available daily (except Tuesdays when he was off); during the hours of 8:00am-8:00 p.m. At 8:00 p.m.-8:00 a.m., a female caregiver (also a live in) relieved Staff A. Interviews with the other residents' (Residents #1, #3, #4 and #5) revealed they needed no assistance in their adls except for medication assistance. None of the residents verbalized concerns in the quality of care given to them by staff. An interview with the administrator on . . . . . at approximately 12:15 p.m. revealed she is at the facility 3-4 hours daily and that she does provide shower assistance at least weekly or 2 x week and as necessary to Resident #2, however she acknowledged there was no shower schedule made up which could make it difficult for the resident to anticipate when the next shower assistance would be offered. Class III	A 028		
A 079	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents Staff Hours/Week 0-5 168	A 079		

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A 079	Continued From page 5	A 079		

6-15 212
16-25 253
26-35 294
36-45 335
46-55 375
56-65 416
66-75 457
76-85 498
86-95 539

For every 20 residents over 95 add 42 staff hours per week.

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 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

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A 079	Continued From page 6 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 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	A 079		

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A 079	Continued From page 7 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 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 interviews and a review of the staff schedule, the facility failed to provide a current staff schedule, making it impossible to determine if the facility had a staff member present within the facility at all times and met the minimum number of staff hours per week required for a	A 079		

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A 079	Continued From page 8 census of 5 (168hours/week). Findings include: An interview with the administrator and Staff A on [redacted] at approximately 10:45am revealed that Staff A was scheduled to work 8am to 8pm, 6 days a week, and off on Tuesdays. Staff B was scheduled to work 8pm to 8am on call, every day of the week. The administrator was scheduled to work at the facility 8am to 8pm on Tuesdays, plus 3 to 4 hours extra a week, and as needed. The administrator acknowledged that the staff work schedule she provided was not current or accurate. A review of the staff work schedule that was first provided by the administrator on [redacted] revealed that Staff A was scheduled to work 8am to 8pm, 6 days a week and Staff B was scheduled to work 8pm to 8 am, also 6 days a week. Both Staff A and Staff B were scheduled to be off on Fridays. The administrator was scheduled to work from 1pm to 3pm on Mondays and Tuesdays, 8am to 4pm on Thurdays, and 8am to 8pm on Fridays. The co-administrator was scheduled to work from 8am to 12pm on Mondays and 12pm to 4pm on Thursdays. This staff work schedule indicated that the facility would be or had previously been left unattended by staff on Fridays from 8pm to 8am which would place the residents at risk of lack of care and supervision although residents did not tell the surveyors that they had ever been left alone and 2 of the staff live at the facility. A review of the new staff work schedule provided by the administrator during the survey on [redacted] revealed that Staff A was scheduled to work 8am to 8pm, 6 days a week and off on Fridays. Staff B was scheduled to work 8pm to 8am, every day of	A 079		

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A 079	Continued From page 9 the week. The administrator was scheduled to work 1pm to 3pm on Mondays and Tuesdays, and 8am to 8pm on Fridays. The co-administrator was scheduled to work 8am to 4pm on Mondays, Tuesdays, Thursdays, and Fridays. Class III Pattern	A 079		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Chateau Palms Inc.
1679 Tampa Road
Palm Harbor, FL 34683

Dear Administrator:

Re: **CCR# 2012013738 & LNS Monitoring Visit**

This letter reports the findings of a complaint survey and a limited nursing services (LNS) monitoring visit 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 relative to the complaint survey. 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

Enclosures: State Forms 3020

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