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
	AL11963902	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICARE ASSISTED LIVING	2992 DAY ROAD DELTONA, FL 32738

(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 An unannounced licensure complaint survey, CCR #2012013644, was conducted on 10, 2013. Americare Assisted Living had deficiencies found at the time of the visit unrelated to the complaint allegations.	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)96 or 1(800)962-2873 " shall be posted in full view in a	A 030		

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A 030	Continued From page 1	A 030		

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 [illegible] 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 [illegible] 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

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A 030	Continued From page 2 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 facility to provide safekeeping for funds as	A 030		

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A 030	Continued From page 3 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 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	A 030		

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A 030	Continued From page 4 active in, and to associate with advocacy or special interest groups. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to obtain physician orders for full bedrails in 3 out of 6 sampled residents (Residents #1, #2 & #3) The findings include: 1) A tour of the facility on , 2013 at 5:08 AM revealed Resident #1 lying in bed with full bedrails on both sides of the bed, in the raised position. A review of Resident #1 record revealed an admission date of , 2011. AHCA form 1823 was completed on , 2012 and updated on , 2012 with a diagnosis of , and Chronic Kidney . AHCA form 1823 reported that resident requires assistance with bathing, dressing, self-care and toileting. She was coded as independent for eating. AHCA form 1823 also states that an assisted living facility (ALF) can meet the needs of the resident. Resident record shows she was admitted to Hospice Services on , 2012 for . A signed doctor ' s order for full bedrails was not available in Resident #1 ' s record. An interview with the administrator on 2013 at 7:16 AM confirmed that Resident #1 did not have a signed doctor's order for full bedrails. She reported that the bedrails are for the resident's safety. The administrator also	A 030		

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A 030	Continued From page 5 confirmed that Resident #1 requires assistance to remove bedrails and is unable to remove them herself 2) A tour of the facility on , 2013 at 5:09 AM found Resident #3 lying in bed with full bedrails on both sides of the bed, in the raised position. A review of Resident #3 record revealed an admission date of , 2013 with a diagnosis of Parkinson's, , and . . . . . The AHCA Form 1823 dated 2, 2013 revealed resident needs assistance with ambulation, bathing, dressing, self-care/gr toileting , and transferring. He requires supervision with eating. Resident is currently receiving hospice services. Hospice assessment was dated , 2012 and revealed resident was receiving hospice services prior to admission. A signed doctor's order for full bedrails was not available in Resident #3's record. An interview with the administrator on 2013 at 7:16 AM confirmed that Resident #3 did not have a signed doctor's order for full bedrails. She reported that the bedrails were for the resident's safety. The administrator also confirmed that Resident #3 required assistance to remove bedrails and was unable to remove them himself. 3) A tour of the facility on , 2013 at 5:11 AM found Resident #2 lying in bed with full bedrails on both sides of the bed in the raised position. A review of Resident #2 record revealed an admission date of , 2007. AHCA	A 030		

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A 030	Continued From page 6 form 1823 dated 2012 revealed diagnosis of and high She was coded as being alert with She was coded as needing assistance with ambulation; bathing; dressing; self- care; toileting and transferring. She was coded as eating independently. States needs can be met at an ALF. Further record review found she was admitted to hospice services on 2012 for A signed doctor's order for full bedrails was not available in Resident #2's record. An interview with the administrator on 2013 at 7:16 AM confirmed that Resident #2 did not have a signed doctor's order for full bedrails. She reported that the bedrails were for the resident's safety and Resident #2 was a risk. The administrator also confirmed that Resident #2 required assistance to remove bedrails and is unable to remove them herself. Class III	A 030		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Americare Assisted Living
2992 Day Road
Deltona, FL 32738

Re: CCR #2012013644

Dear Administrator:

This letter reports the findings of a complaint survey completed on . 2013 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies and Plan of Correction, State (3020) Form, indicating no deficiencies were identified during this 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 contact this office at (904) 798-4201.

Sincerely,

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

JM/NH/KW/sm
Enclosure

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