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
	AL11967240	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TORIA'S ASSISTED LIVING FACILITY II	613 FOREST HILLS BRANDON, FL 33510

(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# 2013000704, was conducted on . Toria's Assisted Living Facility II had deficiencies found at the time of the visit.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and	A 008		

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A 008	Continued From page 1 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered	A 008		

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A 008	Continued From page 2	A 008		

or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a do-not- order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency

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A 008	Continued From page 3 basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to insure that the required documentation of a face-to-face medical examination/health assessment (AHCA form 1823) for one of two sampled residents (Resident #1) contained all of the required information. Findings include: During a review of the record for Resident #1 conducted on , the surveyor noted that AHCA form 1823 was completed on . In reviewing the 1823, the surveyor noted that in the section of the 1823 asking if the resident needed assistance with medication, no response was filled in and the entire section was blank. The manager of the facility was interviewed on at approximately 11:55 a.m. The manager said she was unaware that the 1823 was incomplete and said that Resident #1 does receive assistance with self-administration of medication.	A 008		

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A 008	Continued From page 4 Class III	A 008		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 5 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to keep an updated written record of significant changes, illnesses requiring medical attention and major incidents for four of six sampled residents (Residents #1, 2, 3 and 4). Findings include: The manager of the facility was interviewed on at approximately 10:25 AM. The manager said that Resident #1 was not at the facility and had gone to the hospital on and then to a rehab facility. Employee A was interviewed on at approximately 12:25 PM. Employee A stated that on , she arrived at the facility at approximately 9:00 AM. When she arrived, she attempted to get Resident #1 to get out of bed. Employee A said that Resident #1 was but would not respond verbally, did not get out of bed and appeared . Employee A said that the facility's home health nurse and doctor were both called and recommended calling 911. 911 was called and Resident #1 was taken to the hospital and eventually diagnosed with a . The surveyor reviewed the record for Resident #1 on . The record did not contain any documentation of Resident #1's illness or hospitalization. The facility's log of "Resident Observations" had no entries after 2011 and no entries for Resident #1. On , the surveyor reviewed the facility's admission/discharge log. The surveyor noted that Resident #2 had left the facility in 2012 for the hospital and returned to the facility later the same month. The surveyor	A 025		

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A 025	Continued From page 6 reviewed the record for Resident #2. The resident's record did not contain any documentation reflecting the hospitalization. The facility's log of "Resident Observations" also had no entries for Resident #2. The administrator was interviewed by telephone on at approximately 11:00 a.m. and stated that Resident #2 had been hospitalized for ongoing issues and was now receiving home health nursing three times per week. On at approximately 11:10 a.m., the surveyor interviewed Resident #3. Resident #3 said that she and Resident #4 did not get along. Resident #3 was observed to have a bandage on her right arm and said that she sustained a approximately two weeks earlier during an altercation with Resident #4. Resident #3 said that she and Resident #4 were arguing verbally and Resident #4 tried to push Resident #3 (and her wheelchair) out of the way and Resident #3 then out of her wheelchair and sustained the . Resident #3 said that 911 was called and the police and arrived and took Resident #3 to the hospital for treatment. The facility manager was interviewed that same date at approximately 12:05 p.m. and said that Residents #3 and #4 do not get along and had an argument approximately two weeks ago. The manager said that Resident #3 tried to hit Resident #4 with a hairbrush and out of her wheelchair. 911 was called and the police and responded. The surveyor reviewed the record for Resident #3 and there was no documentation reflecting the incident and the injury. The facility's log of "Resident Observations" had no documentation for either resident and no documentation of any observations after .	A 025		

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A 025	Continued From page 7 Class III Widespread	A 025		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Toria's Assisted Living Facility II
613 Forest Hills
Brandon, FL 33510

Dear Administrator:

Re: **CCR# 2013000704**

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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