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
	AL11942717	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEERWOOD PLACE	8700 A C SKINNER PARKWAY JACKSONVILLE, FL 32256

(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 complaint survey was conducted on 2013 at Deerwood Place in Jacksonville Florida. Deficiences were found.	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 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.	A 030		

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A 030	Continued From page 1 (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 half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall	A 030		

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A 030	Continued From page 2 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 provided in s. 429.27.	A 030		

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A 030	Continued From page 3 (g) Share a 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 active in, and to associate with advocacy or	A 030		

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A 030	Continued From page 4 special interest groups. This Statute or Rule is not met as evidenced by: Based on record review and staff interviews the facility failed to implement the grievance procedures for receiving and responding to complaints for 1 of 3 sampled residents. (Resident #1). The findings include: On [redacted] at 3:00 pm, the grievance log for the past 4 months was requested. Review of the log revealed entries for [redacted] 2012. An interview was conducted with the Administrator (ADM) on [redacted] at 3:30 pm. When asked if there were any grievances prior to [redacted] 2012, she stated none could be located. She stated she had been hired in [redacted] 2012 and initiated the log in [redacted]. None of the issues identified were care issues. The ADM was asked what was the procedure for reporting grievances. She stated residents and/or families could report verbally or in writing. When asked who was responsible to follow-up and provide response, she stated the ADM. An interview conducted with Resident #1's daughter on [redacted] at 2:25 pm revealed she had voiced numerous care concerns including [redacted] of unknown origin with no explanation or resolutions. Review of the log revealed no entries regarding Resident #1. Class III	A 030		

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A 165	Continued From page 5	A 165		
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 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	A 165		

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A 165	Continued From page 6	A 165		

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) neglect, or 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 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.

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A 165	Continued From page 7	A 165		

(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 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

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A 165	Continued From page 8 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 investigate ... resulting in ... to determine if the events were adverse and develop a plan of action for 3 of 3 sampled residents. (Residents # 1, 2, 3) Findings include: Resident #1 was admitted on ... with diagnosis including ... without behaviors, ... and ... Review of the most recent Health Assessment dated ... revealed she required assistance with ambulation, bathing, dressing, self care ... toileting and transfers. She also required oversight and assistance with medications. Record review revealed Resident #1 used a walker for mobility and needed staff reminders to use the walker. She was ... of bowel and required staff assistance. The notes indicated that Resident #1 was experiencing a mental decline. A progress note dated ... revealed the resident was pulling down her pants in the lobby as well as yelling and kicking at the staff. On ... the progress notes revealed the resident's daughter reported new ... to both lower ... There was no follow-up or investigation regarding the ... of unknown origin.	A 165		

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A 165	Continued From page 9 An interview was conducted with Resident #1's daughter on ... at 2:25pm. When asked if the facility had responded to her concern about the ..., she stated she reported it to the administrator who was there at the time, but never received an explanation. On ... Resident #1 was found on the floor beside the bed. She complained of knee pain. X-rays were ordered and showed no ... The progress note dated ... revealed Res #1 had been biting and kicking at the Med Tech (MT). There was documentation that the physician had been notified of the increase in behaviors. On ...: Resident #1 was found on the floor. She complained of pain and was observed ... from the forehead. The MT reported the incident to a nurse from the nursing home who was at the ALF providing treatment to another resident. The nurse assessed the resident and transferred the resident to the hospital. During an interview with the residents daughter on ..., at 2:55 pm, she reported that her mother suffered a concussion and ... neck as a result of the ... Also, she added that her mother had remained at the rehabilitation center since the accident and was still wearing a neck brace. When asked if she had been provided an information regarding the incident she stated "no". An interview was conducted with the Risk Manager ... on ... at 10:00 am. When asked if an investigation had been conducted regarding the ... of Resident #1 on ... she	A 165		

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A 165	Continued From page 10	A 165		

stated it was determined not be adverse. The ... asked how that had been determined, she stated she reviewed the incident report with the Wellness Director. The ... requested to provide the findings of the investigation, she stated there was no specific documentation, she puts a check mark on the incident report that the incident had been reviewed.

Resident #2 was admitted on ... with diagnosis including ... and prostrate ... Review of the Health Assessment (1823) dated ... revealed he required a walker for ambulation. He was independent with activities of daily living and needed supervision with showers. He also required assistance with medications.

Resident #2 had documented ... on ... and ... There were no injuries documented from the ... on ... The progress note dated ... revealed the resident was found on the floor in the ... He complained that he could not move his left leg or shoulder. Resident #2 was transferred to the hospital and was admitted with a ... hip and shoulder.

On ... at 10:00am the ... interviewed regarding the ... of Resident #2 that had occurred on ... When asked if an investigation had been conducted regarding the ... of Resident #1 on 11 ..., she stated it was determined not be adverse. The ... asked how that had been determined, she stated she reviewed the incident report with the Wellness Director. The ... requested to provide the findings of the investigation, she stated there was no specific documentation, she puts a check mark on the incident report that the incident had

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A 165	Continued From page 11 been reviewed. The : asked what was the process regarding investigating ... cidents. She stated she reviewed the incident report with the nurse completing the form and then determined if the incident was adverse. Also if the facility determined there were issues identified a plan of action would be initiated. 3. Resident #3 was admitted on ... with diagnosis including: ... and ... with left sided ... The Health Assessment dated ... revealed she was alert and oriented, independent with activities of daily living and required supervision with bathing. She also required assistance with medications. On ... at 6:30 am, Resident #3 was found lying on the floor next to her wheelchair. The Med Tech documented in the progress that that Resident #3 complained of hip pain and was transferred to the hospital via non-emergency transport. Resident #3 was admitted to the hospital with a ... hip. An interview was conducted with the Wellness Director (WD) on ... at 3:15 pm. When asked what was the facility policy regarding transferring a resident to the hospital after a ... with complaint of pain. She stated she was not aware of any written policy. When asked what had the staff been instructed to do if a resident had a ... with complaints of pain or suspected injury and there was no nurse on duty. The WD stated that there was a nurse on duty during the day and sometimes for a few hours on 3-11 shift. There were no nurses on the 11-7 shift, only Med Techs. When there was no nurse on duty, the Med Tech was to call next door to the nursing	A 165		

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A 165	Continued From page 12 home and request a nurse to come and assess the resident. When asked if a nurse had assessed Resident #3 after the ...l on , she stated she would have to review the record. After reviewing the record the WD stated that only the MT had made an entry regarding the ..... The WD was asked how did the MT determine Resident #3 could be sent by non-emergency transport to the hospital, she stated she did not know. An interview was conducted with the ....l ..... at 1:36 pm. When asked if she had investigated the ...l for Resident #3 that had occurred on , she stated"no" she was not aware of the ..... An interview was conducted with the Administrator on at 1:40 pm. She was asked if she had investigated the ...l regarding Resident #3 on ..... She stated "no" the ...l .....- responsible for investigating incidents. Class III	A 165		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Deerwood Place
8700 A C Skinner Parkway
Jacksonville, FL 32256

Re: CCR #2012012709

Dear Administrator:

This letter reports the findings of a state licensure 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 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 surveyor. Should you have any questions please call this office at

Sincerely,

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

KJ/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