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
	AL11953614	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN ACRES	15820 ARCHER STREET HUDSON, FL 34667

(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# 2013001208, was conducted on _____ in conjunction with a revisit survey, see (Aspen Event 5O8G12). The Green Acres, assisted living facility, 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	A 008		

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A 008	Continued From page 1	A 008		

in an assisted living facility; and
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

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A 008	Continued From page 2	A 008		

complete Section 3 of the form, Services Offered 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 [illegible] order for residents who do not wish [illegible] to be administered in the case of [illegible] or [illegible]

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A 008	Continued From page 3	A 008		

(g) A resident placed on a temporary emergency 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 record review and interview the facility failed to ensure that 2(#1,#2) of 3 sampled residents' Agency for Health Care Administration Health Assessments form 1823, 2010 were properly filled out by licensed health care provider.

On , a record review was conducted on resident's #1 health assessment. The resident's health assessment was filled out and signed by a licensed health care provider on . The form used was dated AHCA form 1823, 2010.

On , a record review on resident's #2 health assessment was conducted. The form failed to to have the box marked yes or no for status of "A communicable , which could be transmitted to other residents or staff?" The box that indicates if the resident "Require 24-hour nursing or care?" was not marked yes or no.

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A 008	Continued From page 4 On _____ at approximately 11:00 a.m., an interview was conducted with the administrator. She acknowledged that the forms were not filled out correctly. She also acknowledged that it is her responsibility as the administrator to ensure that the correct form is used and that it is filled out correctly. Class III	A 008		
A 152	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident ... sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested.	A 152		

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A 152	Continued From page 5	A 152		

(c) The facility must maintain master or duplicate keys to resident to be used in the event of an emergency.
(d) Residents who use portable bedside commodes must be provided with privacy during use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order for 1 (#1) out of 5 sampled residents.

Findings include:

On , an interview was conducted with resident #1 concerning her living conditions at the facility. Resident #1 resides in at he facility. She complained that bathtub her not drain properly. She stated that when you take a shower you end up standing in dirty water that has not drained. She stated she does not use it because of this and has to use hallway. She said it has been this way since she moved in on . She has informed the owner about this but nothing has been done.

Observed bathtub. It was clean, free of rust stains and no visible signs of biogrowth. I turned on the hot water ½ way for 30 seconds. Water became warm to the touch. The water was backing up in

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A 152	Continued From page 6	A 152		

the tub and not draining in a timely manner. I turned off the water. The water still did not start draining in a timely manner. I looked at the time on my watch and it was 9:55a.m. I rechecked the bathtub at 10:00am and the water still had not drained out completely. I would estimate about half of the water was still in the tub. I then rechecked the tub at 10:10 a.m. and all the water had drained out.

While observing the bathtub and talking with resident #1. I noticed that the toilet was turning on to refill with water and then it would turn off. I was able to hear this in her [redacted] Resident #1 stated that the toilet has been doing this since she moved and it wakes her up at night. She stated she has tried shutting the door and she can still here it when she tries to sleep. She said she had informed the owner about this but nothing has been done. I flushed the toilet and it drained and refilled in a timely manner. Then afterwards within 3 minutes of the toilet refilling it began to refill with water inside the tank. I timed it form the time it started and finished and it was 20 seconds. Then within 5 minutes the toilet started to refill again. I timed it again and this time it was 40 seconds before it stopped.

10:20 a.m. - Toured [redacted] hallway next to staff ' s
clean. Turned on water in bathtub and it drained in timely manner. I did observe a hole on the wall in the bathtub that would allow water to get in-between the wall and the bathtub. It looked as if a bounding agent was used to repair the hole but had reopened. This hole would allow water to get in-between the wall and provide an environment that would promote biogrowth. Two pictures of this whole were taken with staff #2 witnessing the pictures being taken. She also

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A 152	Continued From page 7 gave permission to take the pictures. 10:45 a.m. - Interviewed owner about this. She stated she was aware of the plumbing and structural issues. She also stated that a " maintenance man" coming over on to fix these issues. Class III	A 152		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Green Acres
15820 Archer Street
Hudson, FL 34667

Dear Administrator:

Re: Revisit & **CCR# 2013001208**

This letter reports the findings of a revisit and a complaint survey that were conducted on 1, 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: Revisit Report & State Form 3020

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