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
	AL11966840	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENGLISH ESTATES ALF	1340 OXFORD RD MAITLAND, FL 32751

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A 000	Initial Comments ; to conducted Assisted Living Facility Biennial re-licensure survey was done in conjunction with CCR#2012012072 at English Estates, 1340 Oxford Road, Maitland, FL 32751. There were deficiencies found at the time of the visit. See PGE811 ASPEN for deficiency cited.	A 000		
A 076	58A-5.0186 FAC (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules relative to . The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a . The ALF must provide the following to each resident, or resident ' s representative, at the time of admission: 1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir .pdf; and 2. Written information concerning the ALF ' s policies regarding ; and 3. Information about how to obtain DH Form 1896, Florida Form,	A 076		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATE FORM 6899 PG4811 If continuation sheet 1 of 9

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A 076	Continued From page 1 incorporated by reference in Rule 64J-2.018, F.A.C. (b) There must be documentation in the resident ' s record indicating whether or not he or she has executed a _____. If a _____ has been executed, a copy of that document must be made a part of the resident ' s record. If the ALF does not receive a copy of a resident ' s executed _____, the ALF must document in the resident ' s record that it has requested a copy. (2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a _____. (3) _____ PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed _____ as follows: (a) In the event a resident experiences _____ staff trained in _____ or a licensed health care provider present in the facility, may withhold _____. (b) In the event a resident is receiving hospice services and experiences _____, facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. (4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing _____ pursuant to a _____ and rules adopted by the department.	A 076		

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A 076	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a statement of the facility's policy concerning ..... pursuant to Section 429.255, F.S. and Rule 58A-5.0186, F.A.C., Findings: Review of the facility's ..... Policy and Procedure revealed the policy did not include the required documentation to the residents or their representatives at the time of admission. The policy and procedure did not include the following: In the event a resident is receiving hospice services and experiences facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. Phone interview with the administrator on ....., at approximately 1 PM who stated the ..... policy needed to be revised. Class III	A 076		
A 167	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and	A 167		

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A 167	Continued From page 3	A 167		

accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services.
(b) The daily, weekly, or monthly rate.
(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract.
(d) A provision giving at least 30 days written notice prior to any rate increase.
(e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S.
(f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments.
(g) A refund policy which shall conform to Section 429.24(3), F.S.
(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the

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A 167	Continued From page 4 resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed _ This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure: 1. charges for services to be provided were included in the contract or a reference to a separate fee schedule was attached to the contract, 2. the resident received their refund in 45 days after vacating the and 3. the contract did not state that the resident would be charged for extra utilities for 1 of 3 sampled residents (#3).	A 167		

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A 167	Continued From page 5 Findings: Resident record review and review of the contract revealed resident #3 was admitted on [redacted] and discharged on [redacted]. Phone interview with the family member on [redacted] at approximately 2 PM who stated the [redacted] on [redacted] (5 days). The administrator later confirmed the move out date, as the day the [redacted] not occupied. Review of the Assisted Living Facility health assessment form (1823) dated [redacted] stated diagnoses of [redacted], and [redacted]. The 1823 stated the resident was [redacted] had evidence of [redacted] and required close supervision. Review of facility notes/admission discharge log revealed: [redacted] the resident was admitted to the facility [redacted] Resident did not sleep well. Resident tore up the kitchen, [redacted] on the floor of the living [redacted], woke up other residents and went back to sleep around 5:30 AM [redacted] At 2:30 PM resident packed her clothes to leave. She became very combative and argumentative. She tried to leave repeatedly through doors and tried to break windows. She screamed and through (sic) her self on the floor at least three times. This went on for about 4 hours. Resident refused medications. Resident did run out front door towards road. She was directed to the garage. We at that time called 911. Paramedics and Seminole County Sheriff arrived and it was determined she needed to go to the hospital. Review of the facility contract signed on [redacted] stated the daily rate for respite care was $100.00. There was a one time move in fee of $500.00	A 167		

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A 167	Continued From page 6	A 167		

Services provided in the basic rate included 24 hour supervision.
Assistance with transportation arrangements (See Medical Appointment and transportation Policies and procedures).
Additional Services:
Transportation is $35.00 per trip per resident.
Any damages to facility or extra utilities due to resident or private caregivers are to be paid by resident.
Review of a letter dated . to family member stated:
"Dear (name mentioned),
I regret to inform you that no refund is outstanding. Due to the dishonesty in not telling me (resident's name mentioned) condition the expenses of double staffing, taking her to the doctor, getting medicine and supplies the balance on the account is 1456.00. This includes a 500 dollar intake fee that is include (sic) on my contract and was not collected up front and 200 dollars per day for double staffing.

I am glad she is getting the help she needs now and wish you the best.

$ 500.00 intake
900.00 for 5 days . . .
35.00 for trip to the doctor
23.26 medicines
$1,458.26
Sincerely,
Signed by the administrator".

Review of further information received by email from the administrator revealed a canceled check to (staff name mentioned) dated for $120.00. Statement from the administrator revealed, "This was for 2 - 8 hours nights with (resident's name mentioned) @ 7.50 per hour. My

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A 167	Continued From page 7 2 days at 14 hrs. per day for $10 dollars per hour is $280. $400 is exactly what I charged for extra help. This also covers the 24 hours except from 7-9 AM because I could not get there earlier." There was no documentation to review to indicate the administrator advised the family member that a private sitter would be hired to provide care to the resident. Billing to family should have been: $ 500.00 intake fee noted in contract (move-in fee) 500.00 for 5 days 000.00 Private Sitter 35.00 for trip to the doctor 23.26 medications $1,058.26 Review of canceled check dated revealed the facility was paid $1,400 on that date for the resident and stated it was for 14 days at $100 a day. They did not pay the non-refundable move-in fee at the time and did not receive a refund in 45 days. They also stated they were not informed of the private sitter that was hired for the resident. Refund to resident's representative should be: $1,458.26 1,058.26 $ 400.00 Interview with the administrator during the inspection who stated she had to hire extra help to take care of the resident due to her behaviors. She also stated that she worked at the facility to	A 167		

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A 167	Continued From page 8 provide care to the resident. She further stated she tried to contact the family but they were out of town and did not document it. Phone interview with the responsible party on at approximately 3:30 PM who stated the facility did not call to let them know there were concerns with the resident's behavior or that they needed to hire a sitter. They stated the administrator told her she would be spending extra time at the facility while her family member was there. They did not pay the non-refundable move-in fee at the time and did not receive a refund in 45 days. They also stated they were not informed of the private sitter that was hired for the resident. Class III	A 167		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
English Estates Alf
1340 Oxford Rd
Maitland, FL 32751

Dear Administrator:

Re: Biennial relicensure

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) 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(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

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2727 Mahan Drive
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