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

(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 CR . . . -REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments . . . . . to . . . . . conducted Assisted Living Facility complaint inspection CCR#2012012072 in conjunction with the biennial relicensure survey at English Estates, 1340 Oxford Road, Maitland, FL 32751. The allegation regarding Quality of Care/treatment was substantiated. There was a deficiency found at the time of the visit.	A 000		
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	A 025		

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A 025	Continued From page 1	A 025		

resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to ensure: 1. adequate supervision was provided and the staff had knowledge or general awareness of whereabouts of 1 of 3 sampled residents (#2) with [redacted] to prevent her eloping from the facility, 2. Physical [redacted] were only used with the consent of the resident or the resident's representative for 1 of 3 sampled residents (#1) and 3. Weights were obtained for 1 of 3 sampled residents (#2) and the physician was notified of her weight loss, and 4. The physician and resident's representative were notified when the resident exhibited a significant change requiring hospitalization for 1 of 3 sampled residents (#3).

Findings:

Interview with Staff A on [redacted] at approximately 10 AM who stated resident #2 eloped from the facility.

1. Review of the adverse incident report dated [redacted] at 16:30 stated, for resident #2, "Received a call from a police officer at around 4:30 PM. Resident had been gone 20 minutes and was 1 [redacted] up the street. Caregiver was in laundry [redacted] I thought (resident's name mentioned) was resting in her [redacted] Resident was unharmed and this is the first time she has wandered outside by herself."
Analysis and Corrective Action
"Caregiver was in the garage doing laundry and

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A 025	Continued From page 2 did not see (resident's name mentioned) leave thru the front door." Corrective or proactive action(s) taken: "Caregiver was directed to leave garage door open if doing laundry. All the doors in the house are locked in the daytime and alarm will beep if they are opened. Caregivers are paying special attention to the whereabouts of (resident's name mentioned) and family member (name mentioned) is looking into getting her an ID bracelot (sic) to where (sic)." Review of Police Report #2012EI000505 dated _____ stated "On _____, 2012 at approximately 16:03 hours, I responded to (address mentioned). I responded in reference to a lost elderly female. Upon arrival, I made contact with the complainant (resident's name mentioned). (Name mentioned) advised she was outside when found an elderly female walking with a walker. The subject identified herself as (resident's name mentioned). (Name mentioned) advised the (resident name mentioned) did not know where her house was and seemed I made contact with (resident's name mentioned) who was inside (name mentioned) residence. I asked (resident's name mentioned) if she knew where she was. She stated she believed she was in Casselberry. I asked if she knew what year it was. She stated it was 1962. I asked if she knew who the President of the United States was. She stated she did not know. It was later determined (resident's name mentioned) came from English Estates Assisted Living Facility located at 1340 Oxford Road in Maitland, Seminole County. (Resident's name mentioned) was transported back to the facility	A 025		

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A 025	Continued From page 3 and turned over to the custody of Staff A. I asked Staff A how (resident's name mentioned) got out. Staff A stated she was originally with (resident's name mentioned) and the other residents inside the garage. Staff A stated she escorted resident #3 (name mentioned) to her she was believed to be watching television. Staff A stated she returned to the garage to do laundry. Moments later, Staff A stated a deputy (name mentioned) came to the residence asking if resident #3 (name mentioned) lived there. Staff A told the deputy (name mentioned) she did and she should be in her Staff A went to resident #3's (name mentioned) discovered she was missing. Staff A advised (name mentioned) resident #2 suffers from Interview with the Staff A on at approximately 10:45 AM who was working during the elopement who stated she was doing laundry and thought the resident was in her , and was not aware she was missing until she was contacted by the police, that they had found the resident. Resident record review for resident #2 revealed an Assisted Living Health Assessment form (1823) with no date that stated diagnoses of , right hip pain, and stated the resident had mild decline, needed precautions and ambulated with a walker. The resident was observed during the inspection ambulating in the facility and was noted to have , was frail and was of advanced age. The facility failed to provide adequate supervision to keep the resident with	A 025		

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A 025	Continued From page 4 safe and prevent her elopement from the facility. Interview with the administrator on 1/15 approximately 2 PM who stated this was the first time the resident had eloped from the facility. 2. Resident record review revealed resident #1 had an Assisted Living Facility health assessment form (1823) dated 9/15 stated see History and Physical for diagnoses, that were stated as hypertension, hyperlipidemia, preglaucoma. resident needed assistance with ambulation, grooming, transferring, toileting, bathing and dressing. Observation at approximately 9:30 AM revealed the resident was in bed with the half side rails up; the resident was not interviewable due to her cognitive The resident was unable to raise and lower the side rails. Record review revealed there was no consent completed by the resident's representative for the use of the half side rails. Phone interview with the administrator on said date at approximately 1:30 PM who stated the resident needed a physician order and consent for the use of the rails. 3. Resident record review for #2 revealed the resident weights were as follows: 8/ - upon admission 3/12 6/12 There was no documentation to review to indicate the resident's weight was taken since June or the healthcare provider was notified of the weight loss.	A 025		

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A 025	Continued From page 5 Interview with the administrator on [redacted] at approximately 12:30 PM who stated the healthcare provider was aware and it was not documented. 4. Review of the Assisted Living Facility health assessment form (1823) dated [redacted] for resident #3 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 [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 a letter dated [redacted] 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	A 025		

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A 025	Continued From page 6 dollar intake fee that is include (sic) on my contract and was not collected up front and 200 dollars per day for double staffing. Review of the facility notes revealed there was no documenation to indicate the physician or the responsible party were notified the resident was exhibiting behavior changes, extra staffing was hired to provide care to her and was sent to the hospital. Confidential interview on [redacted] at approximately 3:30 PM who stated the facility did not call to let the responsible party know there were concerns with the resident's behavior or that they needed to hire a sitter. Further interview with the administrator during the inspection who stated there was no documentation written regarding the notifiying the responsible party of the behavior changes and the need to hire a sitter. Class II	A 025		

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: CCR #2012012072

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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