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
	AL11911223	A. BUILDING _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICK STREET MANOR	22332 VICK STREET PORT CHARLOTTE, FL 33980

(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 These are the results of an unannounced revisit to Compliant survey, CCR# 2012012241 and 2012011878, conducted on , at Vick Street Manor, an Assisted Living Facility. The deficiency was recited during this survey visit.	{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	{A 030}		

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{A 030}	Continued From page 1	{A 030}		

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.
(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

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{A 030}	Continued From page 2	{A 030}		

resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall 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

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{A 030}	Continued From page 3	{A 030}		

attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(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

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{A 030}	Continued From page 4	{A 030}		

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 special interest groups.

This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to honor the right of 1 (Resident #5) of 5 residents sampled to manage his/her own financial affairs. The facility also failed to honor the rights of 1 (Resident #6) of 5 residents sampled to live in an environment free from as well as the right of privacy to written correspondence.

The findings include:

1. On at 12:17 p.m. an interview was conducted with Resident #5. Resident #5 complained the Administrator has her personal checkbook and credit card locked up in an office. Resident #5 reported having to go to the Administrator's office every time she needed to access her funds. Resident #5 stated, "I would like to have my own credit card and my checks." She added, "It doesn't make me feel very good [not be able to manage her own money] and it can be an embarrassment." Resident #5 denied agreeing to have her personal checks or credit card locked up by the facility.

An interview with the Administrator was conducted on at approximately 3:30 p.m. The Administrator stated Resident #5 does not have a Power of Attorney and is in charge of her own finances. The Administrator also confirmed she keeps Resident #5's checkbook in

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{A 030}	Continued From page 5	{A 030}		

her possession. The Administrator stated, "No, [Resident #5's] checkbook is locked up in my office in the safe. She comes to my office every month to pay her rent then she takes a few blank checks; one for her to help pay for her pharmacy bill and one for her mad money." The Administrator stated Resident #5 would spend all her money on [a home shopping network] and would not be able to pay her rent. The Administrator added Resident #5 agreed to have her checkbook locked away.

2. A review of Resident #5's facility record revealed a handwritten note on a 45 day Notice of Termination for Non-Payment letter addressed to Resident #5. The note reads: "Spoke to [Resident #5's cousin], he is paying $1750 owed [on her rent], provided she agrees to lock up all checks and debit cards in the lock box. We have done so on this day." The note also lists an unopened box of checks, a debit card, and an opened box of checks as being held for Resident #5. This note is not signed by Resident #5.

3. On _____ an interview was conducted with Resident #6. Resident #6 complained the Administrator is verbally _____ to her and has also invaded her privacy by opening her personal mail on more than one occasion. Resident #6 described the Administrator as being "antagonistic" towards her and states the Administrator has threatened to evict her from the facility. Resident #6 stated, "Do you understand how angry you can get when someone invades your privacy? I don't mean to be so dramatic, but she just stepped over the line so many times."

An interview was conducted Resident #5 on 01_____ Resident #5 stated, "I haven't had the problem that [Resident #6] has had with [the

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{A 030}	Continued From page 6	{A 030}		

administrator]. I mean it's been terrible. [The administrator] waits to say something to [Resident #6] in front of everybody like in the lunch [The administrator] doesn't wait to talk to her [Resident #6] in private. [The Administrator] comes down on [Resident #6] very hard in front of everybody."

On at approximately 2:20 p.m. an interview was conducted with an anonymous staff member. The anonymous staff member confirmed the Administrator opens Resident #6's mail. The staff member stated, "[The Administrator] always opens Resident #6's mail."

4. A review of the facility's Grievance Log revealed a complaint dated regarding Resident #6's mail being opened on one occasion. The log describes one incident where a letter with the Resident #6's name on it was opened by facility staff. The resolution to the complaint suggested Resident #6 have the sender add her to the complaint.

Class III.

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Vick Street Manor
22332 Vick Street
Port Charlotte, Florida 33980

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2013 by representatives of this office. Enclosed is the provider's copy of the State Form 3020, which references the uncorrected deficiency identified during the revisit.

You are directed to provide a plan of correction to the Fort Myers Field Office for the identified deficiencies within ten calendar days of receipt of this faxed report. The plan should be directed to the attention of Mr. Harold Williams, Field Office Manager and mailed to:

Agency for Health Care Administration
Health Quality Assurance, Fort Myers Field Office
2295 Victoria Avenue, Suite 340
Fort Myers, FL 323901
Phone: (239) 335-1315
Fax: (239) 338-2372

The survey resulted in findings of noncompliance with the following area:

1) A 030 – Resident Care – Rights & Facility Procedures - Uncorrected Class III
Your Assisted Living Facility failed to honor the rights of a resident to manage his/her own financial affairs. The facility also failed to honor the rights of a resident to live in an environment free from as well as the right of privacy to written correspondence. This noncompliance possesses a potential threat to the health and welfare of residents living in your facility.

Your plan of correction must include the following:

1) In service training for **all** staff on resident rights, including the right for residents to manage their own financial affairs, the right of privacy to written correspondence, and the right to live in an

staff who attended the training. Make this documentation available to surveyors upon request.

2) Conduct discussions with all residents and their decision makers regarding resident rights. Maintain documentation of the discussions with residents and their decision makers. Make this documentation available to surveyors upon request.

You will not receive a copy of this report in the mail; you will only receive this faxed report. The deficiency shall be corrected no later than , 2013.

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 (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW: ss
Enclosure: State Form

AGENCY FOR HEALTH CARE ADMINISTRATION
Licensure Only Survey Checklist
Information in the attached documents are confidential and are subject to HIPAA regulations

FACILITY NAME: Vick Street Manor	TYPE OF SURVEY: (check all that apply)
TYPE OF FACILITY: ALF	ANNUAL: _____
LICENSE NUMBER:	BIENNIAL: _____
	COMPLAINT: (please include CCR) 20120122411 + 20120118778
ASPEN EVENT ID: SIV012	OTHER (please explain)
DATE OF SURVEY: 1.28.13	

DATE / √	ITEM
✓	COVER LETTER TO FACILITY
	3020 FORM
✓	CIF (if applicable)
✓	LETTER TO COMPLAINANT (if applicable)
✓	RECAP OF COMPLAINT (complaint summary)
n/a	RFS (if applicable)