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
	AL11966524	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROVISION LIVING AT PANAMA CITY	6012 MAGNOLIA BEACH ROAD PANAMA CITY, FL 32408

(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 On 12 through , 2013 an unannounced biennial relicensure survey was conducted in conjunction with complaint survey for CCR's 2012013306 + 2013001528 at Provion Living Assisted Living Facility in Panama City, FL. At the time of the survey deficiencies were found.	A 000		
A 010 SS=D	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a ' pressure may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and	A 010		

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A 010	Continued From page 1 3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility. (c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed; 2. Continued residency is agreeable to the resident and the facility; 3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and 4. Documentation of the requirements of this paragraph is maintained in the resident ' s file. (d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility. (e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.	A 010		

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A 010	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on observations, staff interviews and record reviews, the facility failed to obtain a revised AHCA Form 1823 assessment based upon significant change for Resident #1. The findings include: On at approximately 11:30 am an observation of Resident #1 in his him to be in his hospital bed sleeping. An aid was providing care, changing the resident and repositioning him. During this care, the resident was not responsive and continued to sleep. On at approximately 1:24 pm an interview was conducted with the Wellness Director in the presence of the Executive Director regarding why there is no updated AHCA Form 1823 on Resident #1. She stated the last AHCA Form 1823 was done on and stated when the resident was admitted he was not bed ridden. However, he was placed on hospice on and has been bedridden since. She stated she thought that since this resident was on hospice that they did not need an updated 1823. On at approximately 230 pm an interview was conducted with the Hospice RN who stated they order medications, ensure his bowels are moving, and she will change him to assess for . They order/stock his briefs and underpads and the Hospice Aid provides baths for him 3 times a week and feeds him 2 meals a week. She stated the resident now sleeps 22 hours a day most days, does not speak and just stares off. Occasionally he will say one word. On at approximately 8:50 am an interview was conducted with the Wellness Director who advised the Hospice physician would complete an updated AHCA Form 1823 for Resident #1.	A 010		

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A 010	Continued From page 3 Record review of Resident #1's AHCA Form 1823 revealed a date of examination as . It also states "Resident is alert and oriented x 3 and requires moderate to minimal assistance with ADL's." Under the status of Bedridden, "NO" is answered, and was assessed by the physician as appropriate for an Assisted Living Facility. Record review of a Level of Care Evaluation dated signed by the Wellness Director revealed the resident scored as a Level for level of care. Hospice provides showers on Monday, Wednesday, and Friday. It also states the resident requires total assistance with personal hygiene, eating, toileting (of Bowel &), and is bed ridden, total care and turn every two hours. Record review of a Level of Care Evaluation dated signed by the Executive Director, revealed the resident scored as a Level VI for level of care. He is alert but disoriented and at times; shows signs of agitation, , fear and/or frustration and needs total assistance with personal hygiene, bathing, dressing, eating and is of bowel and and requires total assistance with toileting/incontinence care, does not participate in activities, and receives Hospice pharmacy medications. Review of the resident's chart revealed no additional 1823 since his admission. Review of nursing evaluation dated revealed the resident is unable to stand (hospice bedridden resident). Resident is bedridden . Parkinson's. Resident receives bed bath per hospice and facility staff total dependence. Food intake is usually poor to fair. Resident is and is noncommunicative due to process. Review of nurses notes revealed he has been on hospice since .	A 010		

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A 010	Continued From page 4 Class III	A 010		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. [illegible]; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance [illegible]; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an emergency, and relationship to resident; and 9. Name, address, and phone number of health care provider, and case manager if applicable. (b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C. (c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order. (d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C. (e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.	A 162		

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A 162	Continued From page 5 (g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract. (h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required under Section 429.27, F.S. (k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S. (l) A copy of Alternate Care Certification for ( ) Form, CF-ES 1006, ... 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services. (m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule	A 162		

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A 162	Continued From page 6 58A-5.0181, F.A.C. (o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required under this subsection; 3. The medical examination described in Rule 58A-5.0181, F.A.C.; 4. The resident ' s contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by:	A 162		

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A 162	Continued From page 7 Based on record review and staff interviews, the facility failed to ensure that residents receiving assistance with the activities of daily living have their weights recorded semi-annually. The findings include: Record review of the weight book for all the residents revealed there were no weights available for the following residents 1, 2, 5, 11, 12, 13, 14 and 15. Review of the medical charts for these same residents also revealed no weights recorded. On at approximately 850am an interview with the Executive Director and the Wellness director revealed the facility does not have a sit down scale. The Executive Director stated that all these residents are unable to stand without assistance; therefore, they are not weighed on the facilities stand up scale. She stated the facility relies on the physicians offices to take weights on residents when they go in for office visits. The Executive Director stated they will begin to weigh these residents on a monthly basis. She also stated they will look into the purchase of a sit-down scale for residents who are unable to stand at all and admitted that the facility should be able to weigh residents who are unable to stand in order to track their weights. Class III	A 162		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Provision Living At Panama City
6012 Magnolia Beach Road
Panama City, FL 32408

Dear Administrator:

Re: CCR #2012013306, 2013001528

This letter reports the findings of a state relicensure and complaint survey that was conducted on , 2013 by representatives 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 surveyors. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McIntire, RNC

Dinah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Tallahassee Field Office
2727 Mahan Drive, Mail Stop #46
Tallahassee, FL 32308
Phone 850-412-4540; Fax (850) 922-9162