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
	AL11943030	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREEMONT ON THE PARK	3881 NE 3RD AVENUE OAKLAND PARK, FL 33334

(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 An Assisted Living Facility standard biennial licensure survey was conducted on [redacted] Treemont on the Park, had licensure deficiencies at the time of the visit. Note: The complaint inspection surveys (CCR #2012013058, #2012013275 and #2012013623) and a complaint revisit (#CCR 201208158) survey were conducted in conjunction with the standard relicensure survey. Refer to the separate reports.	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 [redacted] pressure [redacted] 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	A 010		

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A 010	Continued From page 1	A 010		

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
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

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A 010	Continued From page 2 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure a Health Assessment form was completed upon significant change and reflective of the resident's current health status and care needs, for 1 out of 10 sampled residents (Resident #2). The findings include: Review of Resident #2's current health assessment dated , noted a medical diagnosis of , agitation, , of ankle, and . The health assessment noted the resident requires supervision with all ADL's (activities of daily living) and requires "assistance" with toileting and ambulation. During an interview with the Administrator at approximately 2:30 PM on it was reported that Resident #2 had a significant decline in health after her admission and was sent to the hospital for evaluation of altered mental status, insufficiency, low pressure and anorexia. The resident was readmitted to the facility on under Hospice services and she was placed on 24 hour Crisis Care to monitor her status and extensive from . Record review of the Hospice Admission Evaluation documents the resident requires total assistance with all ADL care. Further interview with the Administrator, revealed the facility did not have a current health assessment reflective of the resident's current level of care needs and	A 010		

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A 010	Continued From page 3 Hospice services that are being provided. Class III	A 010		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable [illegible] including [illegible] Freedom from [illegible] must be documented on an annual basis. A person with a positive [illegible] test must submit a health care provider ' s statement that the person does not constitute a risk of communicating [illegible]. Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable disease, [illegible] she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to	A 078		

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A 078	Continued From page 4 provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure all staff had documentation of freedom from ... on file, for 4 out of 4 sampled employee files (Staff #1, #2, #3 and #4) as evidenced by lack of documentation of freedom from ... The findings include: Review of the personnel records for Employee #1, #2, #3 and #4, revealed the files lacked documentation of freedom of ... by a health care provider on an annual basis, as required. These findings were discussed with the facility's Administrator on ... at 3:30 PM, he confirmed the facility did not have the noted documentation. Class III	A 078		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 5 (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. (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	A 152		

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A 152	Continued From page 6 This Statute or Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide a safe living environment free from hazards. The findings include: During a tour of the facility with the Administrator on at 10:00 AM, the following was noted. a) Unit 2: one resident observed with dresser drawers in disrepair. b) Unit 2: The air conditioner closet located in the hallway was observed to be dirty. The sink cabinet in the in the same hallway was in disrepair. c) The main dining (located in unit 2) and the dining tables had not been thoroughly cleaned and were found to be greasy and dirty. The dining were noted extremely dirty with numerous unknown particles. d) Unit 2: The chest shelves and walls were observed to be rusted. e) There was a stain on the ceiling and there were metal brackets protruding from the wall above the window. The a/c closet door was very dusty and the chest had rusted shelves. There was also a soiled glove in the medicine chest. f) Resident #10's was a broken table on the floor with a large televion on the floor next to the table. There was a lamp on the dresser that had no shade, just a bare bulb. g) Unit 6: a moldy shower chair, a ripped shower curtain, and the floor was wet and dirty. h) Unit 3: there were several stacked pink basins under the In the there was a bottle of rinse sitting on top of the paper towel dispenser (no name on the bottle). The medicine chest was	A 152		

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A 152	Continued From page 7 rusted. The linen closet was full of linens very tightly packed, including directly on the floor. The a/c unit closet door was dusty. The [redacted] by the [redacted]. Resident 4 contained personal hygiene items that were not labeled, an electric scooter and an open container of disposable wipes. i) In the main TV [redacted] couch cushions were torn. The door jamb was in a deteriorating condition along the bottom. j) In the kitchen there was a large reach-in refrigerator that was in disrepair and was not working. The shelves were rusty. The Administrator was interviewed on [redacted] at 3:30 PM and confirmed the findings. 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
Treemont On The Park
3881 N.E. 3rd Avenue
Oakland Park, FL 33334

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2013 by representatives from 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 (30) 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State Form 2567
XG90

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