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
	AL11967572	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOUCH OF KLASS ALF	560 SW 60TH AVENUE PLANTATION, FL 33317

(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 complaint inspection survey (CCR #2012012205) was conducted on _____. The Touch of Klass Assisted Living Facility, had no licensure deficiencies identified related to the allegation at the time of the visit. Note: Standard ALF licensure deficiencies were found at the time of the visit on unrelated to the allegation (as noted in CCR #2012012205).	A 000		
A 025 SS=D	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	A 025		

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A 025	Continued From page 1	A 025		

58A-5.0131(33), F.A.C., any illnesses which 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 observation, interview and record review, the facility failed to provide the care and services appropriate for the needs of the residents as evidenced by the failure to complete a written record of the significant change in the resident's health which resulted in the transfer to a higher level of care and failure to document the notification of the residents physician and family after the significant change in health, for 2 out of 4 sampled residents (Resident #1 and #4).

The findings include:

a) Resident #1 was admitted to the facility on [redacted] from home with the medical history of [redacted] with [redacted], ataxia from a [redacted] accident, history of [redacted], and agitation. The resident was assessed on upon admission and documented on the 1823 to require assistance with her ADL care and observations to protect her from [redacted] as she is at risk of falling. Further record review, revealed that the resident was found on the floor, in her [redacted] It was documented the resident was transferred to the hospital for evaluation and was admitted for 2 days for observation. However, the resident's file filed to indicate (no documentation) that the resident's physician or family was notified of the [redacted] and transfer to the hospital.

On [redacted] at approximately 11:00 AM during

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A 025	Continued From page 2	A 025		

an interview with the Administrator, she stated that the resident was found on the floor in her . did not appear to have any injuries. She stated 911 was called and had the resident transferred to the hospital. The Administrator stated she did not call the physician or family until after the resident was in the hospital. It was also revealed no further documentation was available for review.

b) Resident #4 was admitted to the facility on . from home with medical history of . and was legally . The resident was assessed on admission to require assistance with her ADL care. Record review of Hospice notes dated . revealed the resident had been admitted to the hospital on . for and difficulty swallowing food; diagnosed at the hospital with and intubated due to failure. Further record review, revealed the resident was readmitted to the facility on . and continued on Hospice services with a diagnosis of debility, agitation, pain and . Hospice notes dated , documented the resident was placed on 24 hour Crisis Care. Physician Orders dated , documented the resident was not able to swallow or take anything by mouth, medications were given under her tongue, she required oral suctioning for secretions, and had and treatments ordered for . along with pain medications. Record review of the facility's progress notes revealed no documentation of the resident's condition at the time of the transfer or at her readmission to the facility, to ensure the resident received the appropriate level of care with respect to her current care needs at admission and upon readmission.

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A 025	Continued From page 3 On [redacted] at approximately 11:15 AM during an interview with the Administrator, she reviewed the file and could not provide any documentation of the significant change in the resident condition resulting in her transfer to the hospital. The Administrator stated she called 911 after the resident was coughing and having difficulty swallowing her meals. The Administrator provided the surveyor with a hand written note on a note [redacted] Review of the note revealed on [redacted] the resident didn't eat her meals and was coughing a lot." A note dated [redacted] documented the "resident experienced increase coughing periods and was transferred to the hospital via ambulance for evaluation". There were no notes documenting that the resident's physician or family were notified of the significant change or transfer. On [redacted] at 11:35 AM, an interview with the Administrator revealed she called 911, but did not document that she notified the physician or the resident's power of attorney. It was also revealed no further documentation was available for review. Class III	A 025		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Touch Of Klass ALF
560 SW 60th Avenue
Plantation, FL 33317

Dear Administrator:

Re: CCR #2012012205

This letter reports the findings of a complaint survey that was conducted on , 2013 by a representative 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 (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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene o-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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