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
	AL11965625	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACTIVE SENIOR LIVING RESIDENCE	9057 NW 57TH STREET TAMARAC, FL 33321

(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 in conjunction with an initial Limited Nursing Services licensure survey on Active Senior Living Residence, had licensure deficiencies found at the time of the visit.	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		

AHCA Form 3020-0001

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A 010	Continued From page 1	A 010		

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.

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A 010	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, it was determined the facility failed to discharge a resident that no longer met the criteria for continued residency, for 1 out of 3 sampled residents (Resident #1). The findings include: Review of Resident #1's health assessment (AHCA form 1823) dated : noted the resident has a medical history of dementia, , seizures. form also indicated the resident has memory loss, ambulates with a wheelchair and requires assistance with ADL (activities of daily living) care. The health assessment documented the resident as having stage : her buttocks left hip. Further record review reveled the resident was admitted to hospice services on 07/03 was being treated 3 x per week for the pressure her left hip and buttocks. of nurses notes dated 09/14. that the wounds have "worsened" and hospice wound was increased from 3 x a week to daily and antibiotic implemented. The nurses notes also indicated the residents family was notified of the decline in skin condition. Review of the hospice care plan dated 09/14. the resident has urinary , an indwelling urinary inserted to help with wound . The nurses note dated 12/05/ the resident's wounds are now stage : improving) and that the resident required total care with all ADLs. Resident #1's observation notes documented the facility's staff are feeding	A 010		

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A 010	Continued From page 3 the resident and she eats only 40-60 % of her meals over a 30- 45 minute timeframe. The resident is documented as having difficulty swallowing and is placed on a pureed diet with thickened liquids. She is unable to move in her bed and therefore is requiring staff to reposition her every 2-3 hours for treatment. Observation of the resident on at approximately 10:15 AM and 12 PM, revealed she was very frail and weak (resident opens her eyes when called by her name but does not speak), no further movement observed. On at approximately 1:00 PM during an interview with the Administrator, she stated that the resident is a long term resident at the facility and had declined in health the past few months, including requiring 24 hour care and total care with all ADLs. The Administrator stated, the staff repositions the resident frequently, but they also have other residents that need care and that the facility could no longer met the needs of Resident #1. Therefore, the facility issued a 45 day discharge notice to Resident #1's legal guardian on However, she confirmed that the facility as of the date of the survey had not discharged the resident. Class III	A 010		
A 030 SS=D	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	A 030		

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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 the Florida Hotline " 1(800)96 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

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A 030	Continued From page 5	A 030		

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 [redacted] 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 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 [redacted] 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

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A 030	Continued From page 6	A 030		

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 attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [redacted] 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

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A 030	Continued From page 7	A 030		

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 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 observation and interview, it was determined the facility failed to comply with the Resident's Bill of Rights, to ensure residents live in a safe, clean living environment as evidenced by the facility failure to follow proper hand washing control practices during medication administration for 1 out of 10 sampled residents (R#2) and for wound for 2 out of 3 sampled residents

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A 030	Continued From page 8 (Resident #2 and #3). The findings include: a) On [redacted] at approximately 10:00 AM the facility's Registered Nurse (RN) was observed dispensing prescribed medications for Resident #2 in the dining [redacted] Prior to medication administration, the RN washed her hands at the kitchen sink. She turned off the dirty faucet with her clean washed hands. She was not observed using hand sanitizer before medication administration. b) On [redacted] at 11:00 AM during a [redacted] observation for Resident #2 with the RN, she was observed placing on gloves, and removing the resident's left second toe dressing for surveyor observation. The RN replaced the dressing and removed her soiled gloves. She did not wash or sanitize her hands after glove removal. The RN was observed touching her eye/face after she removed her soiled gloves. c) On [redacted] at approximately 10:45 AM during [redacted] observation for Resident #3 with the RN, she was observed placing on gloves and then removing the dressing covering a [redacted] on the resident's back. The RN replaced the dressing and removed her gloves. The RN was observed discharging her gloves but she did not wash or sanitize her hands after glove removal. On [redacted] at approximately 4:00 PM during an interview with the Administrator, she confirmed surveyor's findings.	A 030		
A 080 SS=D	58A-5.0191(1) FAC Training - Core & Competency Test	A 080		

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A 080	Continued From page 9	A 080		

Staff Training Requirements and Competency Test.
(1) ASSISTED LIVING FACILITY CORE TRAINING REQUIREMENTS AND COMPETENCY TEST.
(a) The assisted living facility core training requirements established by the department pursuant to Section 429.52, F.S., shall consist of a minimum of 26 hours of training plus a competency test.
(b) Administrators and managers must successfully complete the assisted living facility core training requirements within 3 months from the date of becoming a facility administrator or manager. Successful completion of the core training requirements includes passing the competency test. The minimum passing score for the competency test is 75%. Administrators who have attended core training prior to 1997, and managers who attended the core training program prior to 1998, shall not be required to take the competency test. Administrators licensed as nursing home administrators in accordance with Part II of Chapter 468, F.S., are exempt from this requirement.
(c) Administrators and managers shall participate in 12 hours of continuing education in topics related to assisted living every 2 years as provided under Section 429.52, F.S.
(d) A newly hired administrator or manager who has successfully completed the assisted living facility core training and continuing education requirements, shall not be required to retake the core training. An administrator or manager who has successfully completed the core training but has not maintained the continuing education requirements will be considered a new administrator or manager for the purposes of the core training requirements and must:

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A 080	Continued From page 10 1. Retake the assisted living facility core training; and 2. Retake and pass the competency test. (e) The fees for the competency test shall not exceed $200. The payment for the competency test fee shall be remitted to the entity administering the test. A new fee is due each time the test is taken. This Statute or Rule is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure that the Manager had completed all ALF Core training requirements. The findings include: During an interview with the Administrator at 10:30 AM on , it was revealed Employee #4 and Employee #6 are Managers of the facility. She also confirmed this designation since 2001 for Employee #4 and 2006 for Employee #6 (confirmed by review of noted employees' personnel files). Review of Employee #4 and #6's personnel file revealed both lacked documentation indicating the employees had completed ALF Core training and the competency test. Further interview with Employee #6, confirmed she had been the Manager since 2006. Upon request of noted training from the Administrator, she revealed Employee #4 and #6 had not completed the requirements and that no further documentation was available for review. Class III	A 080		

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A 092	Continued From page 11	A 092		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations and interviews, it was determined that the facility failed to perform food service duties/tasks in a safe and sanitary manner. The findings include: During observations of the lunch meal preparation in the kitchen between the hours of 11:10 AM and 1 PM on , the following was noted. a) The cook was observed at 12 PM on using her gloved hand to dip in plates of soup which she then placed in her month as a means to gage the temperature of each plate. The cook	A 092		

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A 092	Continued From page 12	A 092		

was preparing to serve the soup to residents until surveyor questioned her regarding this observation. An interview with Employee #6 and the cook at 12:08 PM on 12/1: this was not appropriate or sanitary.

b) The inside of the reach-in refrigerator was observed dirty with numerous unknown food particles encrusted on the shelves and walls. The outer seal was observed to have numerous cracks and separating from the refrigerator door causing air leakage and buildup of a black unknown substance.

c) The noted temperatures for the lunch meal items (10 out of 20 sampled plates) on the tray line was observed and noted to be in the process of being served at unsafe palatable temperatures.
Hot dogs - 102 degree
Beans - 80 degrees
Soup - 133 degrees

d) The surveyor observed 8 plates of food (lunch meal) being transported from the kitchen to the secured unit at approximately 12:15 PM on 12/1 : was observed that the plates were improperly covered. The meals were observed transported in a method that failed to preserve the safe and sanitary conditions of the meals, including maintaining palatable temperatures. Additionally, the cart used to transport food from the kitchen to the secured unit was observed to have numerous unknown dried on food particles, dirt and hair.

e) The ice machine was observed to have brown residue on the interior. The scoop used in the ice machine was observed stored in a dirty container located on a sink next to the ice machine.

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ACTIVE SENIOR LIVING RESIDENCE	9057 NW 57TH STREET TAMARAC, FL 33321

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A 092	Continued From page 13 f) The temperature on the sanitizing machine was observed to be 130 degrees. During an interview with the Cook and Employee #6, it was revealed the temperature was not at the appropriate level and that it should be at 180 degrees to effective sanitizes kitchenware. It was revealed the machine was improperly set by the technician resulting in the temperature at a lower level than the standard required. g) 4 pots and 1 baking sheet was observed to be severely blackened and extremely [illegible] h) Fire apparatus observed above the food prep area was observed to have a large accumulation of dust which was observed falling in noted area. i) Observation of the lunch meal conducted on , revealed residents in the secured unit were not served or offered desert as specified on the menu. An interview was conducted with the Cook on she stated that she had forgotten to prepare and serve desert for residents in the secure unit. During an interview with the Administrator, Employee #6 and the Cook at 1:50 PM on , the aforementioned was confirmed. Class III Class III	A 092		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Active Senior Living Residence
9057 NW 57th Street
Tamarac, FL 33321

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2012 by a representative 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 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 Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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