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
	AL11932376	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT, THE	10949 PARNU STREET NAPLES, FL 34109

(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 Complaint survey, CCR# 2012013352, 2012012732, and 2013000422, conducted on . . through , at The Aristocrat, an Assisted Living Facility. CCR# 2012013352 contained two allegation which were not substantiated. CCR# 2012012732 contained one allegation which was not substantiated. CCR# 2013000422 contained six allegations of which one was substantiated with a deficiency cited.	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	A 030		

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A 030	Continued From page 1	A 030		

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)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

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A 030	Continued From page 2	A 030		

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 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.

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(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 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.

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(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, interview and record review, the facility failed to honor the rights of 1 (Resident #8) resident to remain in an environment free of hazards.

The findings include:

On , Resident #8 was out in the courtyard, as she often is. She stood up from her chair, got lightheaded, and l back down on the chair. No injuries were identified. Her physician and daughter were notified and the daughter came immediately. The resident has been encouraged to take more fluids and there were no laboratory issues. She goes out to the garden several times a day and enjoys being in the garden. She indicated at the time she had gotten up too fast and she would know to take it more slowly when getting up the next time.

A tour and an interview were held with the Maintenance Director in the Butterfly Garden at approximately 3:30 p.m. on . While walking through the yard with the maintenance

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person, the right side of the sidewalk was observed to be supported with wooden borders. He indicated the current wooden borders had been placed during the week when the upset of the two wheelchairs took place.

Observed also there was some support of cement types of blocks, but only for a short distance around the return, right side of the sidewalk. The remaining sidewalks around the Butterfly Garden were observed not to be protected against drop off from the sidewalk to the dirt, allowing a potential hazardous drop-off area with no flat surface. The rim around the left side of the walkway had an opening in some places of approximately three (3) inches.

During the garden tour, two wheel barrows were observed away from the pathways, situated close to the back of the wooden fence lining the courtyard. The maintenance person indicated the two wheel barrels are used during the times when some of the residents go out in the garden to plant and to work with the flowers, under the attention of the Executive Director, the activities personnel, and the maintenance staff person. The wheel barrels were both filled with dirt that is used when the staff and residents are gardening and appeared to be heavy to move.

There was a shovel that was propped up behind the wheel barrels, and against the wooden fence, out of the pathway areas. The maintenance person said he would remove the shovel into the locked area in the other part of the garden, which he did right away. The gardening tools used for when the residents and the staff persons have a gardening activity are plastic. There was one that was not plastic and one that was also taken with the shovel by the maintenance person.

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During an interview with Administrator and the Executive Director, at 5:00 p.m., the director indicated maintenance was notified when the two wheelchairs went off the curb and turned over, and that week the maintenance director cut the border all the way around and now the wheelchair will just roll against the side of the wooden boarder and prevent the wheelchair from going off the side into the dirt. The Executive Director said, "Anywhere there is a sidewalk and a drop-off, a border exists."

There were no protective drop off boarders observed for all the way around the Butterfly Garden walkways. There were drop-offs on the left side of the sidewalk (facing away from the dining , and on the right side, (facing toward the dining , past the circle and around the back of the garden.

The Administrator acknowledged there were drop off areas and said, "We have no problem putting a border on the other side of the walkway. When we did this before it only took a couple of hours for the maintenance person to do that. We can do that."

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Aristocrat, The
10949 Parnu Street
Naples, Florida 34109

Dear Administrator:

Re: CCR #2012012732, 2012013352, and 2013000422

This letter reports the findings of a 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 deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency 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 this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

HW:ss
Enclosure
XG90

Headquarters
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Tallahassee, FL 32308
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