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
	AL11922290	A. BUILDING: _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHATEAU PALMS INC	1679 TAMPA ROAD PALM HARBOR, FL 34683

(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 Assisted Living Facility A revisit to the complaint survey, CCR# 2012013738, of was conducted on The Chateau Palms, Inc., assisted living facility, had uncorrected deficiencies found at the time of the visit.	{A 000}		
{A 026}	58A-5.0182(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility shall provide an ongoing activities program. The program shall provide diversified individual and group activities in keeping with each resident ' s needs, abilities, and interests. (b) The facility shall consult with the residents in selecting, planning, and scheduling activities. The facility shall demonstrate residents ' participation through one or more of the following methods: resident meetings, committees, a resident council, suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities shall be available at least six (6) days a week for a total of not less than twelve (12) hours per week. Watching television shall not be considered an activity for the purpose of meeting the twelve (12) hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at	{A 026}		

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{A 026}	Continued From page 1	{A 026}		

adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required twelve (12) hours per week of scheduled activities. An activities calendar shall be posted in common areas where residents normally congregate.
(d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to three (3) hours may be counted toward the required activity time.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility still failed to have an ongoing activities program with respect to four of four residents sampled (#1-4).

Findings include:

During the tour of the facility conducted between approximately 9:40 a.m. to 11:15 a.m. on no activities calendar could be found anywhere on the premises. In an interview with Resident #1 at approximately 9:40 a.m., he/she stated that he/she did not notice any increase in the number of activities offered by the facility since (date of the AHCA complaint). This resident also indicated that he/she had not seen any activities calendar posted. Resident #2 stated that the same thing in an interview conducted at approximately 10:05 a.m., while Resident #3 explained at about 10:20 a.m. that "the assistant administrator occasionally coordinated karaoke singing, but that this only happened once every 1-2 weeks or so." Finally, an interview with Resident #4 at approximately 10:45 a.m. revealed that he/she had noticed no increase in the number/frequency of activities provided/offered by the facility/staff since the complaint

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{A 026}	Continued From page 2 visit. (Please Note: This is an uncorrected deficiency from the investigation). Class III	{A 026}		
{A 028}	58A-5.0182(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities shall offer supervision of or assistance with activities of daily living as needed by each resident. Residents shall be encouraged to be as independent as possible in performing ADLs. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility still did not ensure that one of four residents sampled (#2) received assistance with activities of daily living relating to showers on a regular/weekly basis. Findings include: An interview with Resident #2 at approximately 10 a.m. on indicated that this individual required assistance from staff with his/her showers. Further interview revealed that "he/she had only received assistance with one (1) shower per week since the investigation from the administrator, and that he/she had to rely on self body baths the rest of the time." According to staff in an interview at approximately 11:25 a.m. on no formal shower schedule had been developed, and the administrator "was the only staff person who was supposed to be providing this ADL assistance to Resident #2." When asked why he couldn't assist the resident, the caregiver responded that "he was scheduled alone, didn't	{A 028}		

Agency for Health Care Administration

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{A 028}	Continued From page 3	{A 028}		

have the time needed, and usually the administrator had the time necessary when she was at the facility. However, she wasn't at the facility enough to provide the resident with more than 1 shower per week."

(Please Note: This is an uncorrected deficiency from the [redacted] investigation).

Class III

{A 079} 58A-5.019(4) FAC Staffing Standards - Levels {A 079}

(4) STAFFING STANDARDS.
(a) Minimum staffing:
1. Facilities shall maintain the following minimum staff hours per week:

Number of Residents	Staff Hours/Week
0-5	168
6-15	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 residents over 95 add 42 staff hours per week.
2. At least one staff member who has access to facility and resident records in case of an emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all

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{A 079}	Continued From page 4	{A 079}		

hours of the day and night.
4. At least one staff member who is trained in First Aid and , as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or

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{A 079}	Continued From page 5	{A 079}		

representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing

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{A 079}	Continued From page 6	{A 079}		

home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility's weekly staffing schedule did not reflect sufficient hours to meet the needs of its resident census.

Findings include:

A review of the facility's monthly staffing schedule during the [redacted] revisit found a document from [redacted]. Interview with the caregiver/designee at approximately 11:30 a.m. on [redacted] revealed that this reflected the staffing configuration for 2013. Although the schedule indicated that the assistant administrator was at the facility on Monday, Tuesday, Thursday and Friday from 8 a.m.- 4 p.m. (32 hrs.), this individual was not present anytime during the visit. In addition, the administrator was scheduled to be at the facility from 1-3 p.m. Monday and Tuesday and 8am - 8pm on Friday. According to the designee, these individuals came by the facility approximately 2-3 times a week for a combined 16-20+ hours or so. In addition, the assistant administrator's hours conflicted with hours he was spending at two (2) other facilities he was running/assisting with running. Thus, the total number of hours worked at this facility did not meet the minimum of 212 for

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{A 079}	Continued From page 7 a census eight (8) residents. (Please Note: This is an uncorrected deficiency from the investigation). Class III	{A 079}		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Chateau Palms Inc.
1679 Tampa Road
Palm Harbor, FL 34683

Dear Administrator:

This letter reports the findings of a state licensure revisit 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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review 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 surveyor. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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