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
	AL11942985	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE TREE MANOR	10476 131ST STREET LARGO, FL 33774

(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 complaint survey, CCR# 2013001690, was conducted on . Pine Tree Manor, assisted living facility, had deficiencies found at the time of the visit.	A 000		
A 008	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and	A 008		

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A 008	Continued From page 1 8. The date of the examination, and the name, signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered	A 008		

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A 008	Continued From page 2	A 008		

or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a do-not- order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency

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A 008	Continued From page 3 basis by the Department of Children and Family Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to insure that one of nine sampled residents (Resident #6) had an accurate complete health assessment (AHCA form 1823) documenting a face-to-face examination by a medical provider every three years. Findings include: During a complaint investigation conducted at the facility on , the surveyor reviewed the record for Resident #6. The surveyor observed the resident's health assessmen AHCA Form 1823 dated . The surveyor noted that in the section asking about assistance with medications, the medical provider had checked "needs medication administration" and handwritten "set up for ." The surveyor interviewed Resident #6 on at 12:25 p.m. The resident's son, who also resides at the facility, was present during the interview. Resident #6 stated that she	A 008		

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A 008	Continued From page 4 manages her own when it's needed or her son manages it for her and checks it. Resident #6's son confirmed that he supervises Resident #6 when she needs to use the and checks it for her, assisting when needed. During an interview with the administrator conducted that same day at 1:05 p.m., the administrator said that Resident #6's health assessment was not correct. The administrator said that the resident received assistance with self-administration of medication and said the resident and her son managed her . Class III	A 008		
A 025	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	A 025		

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A 025	Continued From page 5	A 025		

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 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 appropriate care and supervision for one of nine sampled residents (Resident #1). Specifically, the facility failed to provide staff, able to oversee the health and well-being of the resident and failed to contact emergency personnel and administer upon discovering that the resident was unresponsive. Once emergency personnel arrived at the facility, staff were unable to provide assistance to the emergency personnel, such as providing necessary medical information on the resident. Failure to obtain medical care for the resident in a timely manner delayed the resident receiving emergency medical treatment by several minutes and likely was a factor in the inability of emergency responders to revive the resident.

Findings include:

When interviewed on at 10:10 a.m., the administrator said that on at approximately 6:00 p.m., Employee A had discovered Resident #1 slumped over on the couch in the common are of the facility and said that Resident #1 was unresponsive. The administrator said that Employee A told him

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A 025	Continued From page 6	A 025		

Resident #1 was "already blue" when she was discovered. The administrator said that Employee A did not call 911 but called him because "she calls me in emergencies." The administrator said that Employee A was trained and certified in but "panicked" and again noted that Resident #1 was "already blue" and "not breathing." The administrator said that he was at his home in Tampa and Resident #1 was in Pinellas County so he thinks he called the non-emergency number in Pinellas County because " If I called Tampa 911, they'd have to transfer me anyway." According to the administrator, he called the Pinellas County non-emergency number between 6:05 and 6:10 PM. The administrator said he thinks he advised Employee A to " start compressions " but does not know if she did so since the resident " was already purple. " The administrator also confirmed that Employee A was primarily Spanish-speaking but said she understands English and does not believe that any language barrier impacts the care of the residents. The administrator stated that Employee A likely had language difficulties due to " panicking " regarding the of Resident #1.

Resident #7 was interviewed on at approximately 1:15 p.m. and stated that he saw Resident #1 on the couch with Resident #2 next to her, trying to help her. He stated that Employee A was not near Resident #1 and he believes Employee A was on the telephone with the administrator.

On that same date, the surveyor reviewed the facility's emergency policy, posted for home health agencies and visitors. The policy stated, in part, "if an emergency should arise, please notify our staff. Emergency procedures are in place

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A 025	Continued From page 7 and our staff will call 911." On that same date, during a review of the record for Resident #1, it was noted that the resident did not have a ( ) order in her record. During a review of the employee record for Employee A, it was noted that Employee A was trained in , Emergency Procedures and the facility ' s policies. On , the surveyor interviewed the deputy chief of the local fire/rescue agency. The deputy chief stated that Employee A was the only staff person in the building at the time arrived and Employee A was not with the resident when arrived and there was no evidence or indication that Employee A had attempted to perform on the resident. The deputy chief also stated that Employee A had not called 911 but had reportedly called the administrator and noted that one of the other residents of the facility stated " She didn ' t call 911 " . The administrator, in turn, had reportedly called the local sheriff's office's non-emergency number. The sheriff's office had relayed the call to 911. The deputy chief stated that based on the location of the facility, his emergency ( ) crew could have been at the facility in two minutes. Due to the delay in 911 being called, he believes there was a delay of several minutes in Resident #1 receiving medical treatment. The deputy chief stated that at one point while receiving medical treatment, Resident #1's heartbeat started back up spontaneously but stopped enroute to the hospital. Because her started on its own, the deputy chief stated, " She had a chance. " The deputy chief also noted that after staff arrived, they attempted to locate Employee A to obtain medical information on Resident #1. One of the staff had to leave Resident #1 to locate Employee A. The deputy chief stated that	A 025		

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A 025	Continued From page 8	A 025		

there was a delay in explaining what was needed due to the language barrier and at one point, Employee A gave staff incorrect records. The deputy chief also noted that Employee A was instructed to leave the front door of the facility unlocked for other medical personnel who were arriving but Employee A locked the door. This caused a delay in medical personnel entering the building and providing treatment to Resident #1.

On , the reports and notes from were reviewed. The report indicated that the call to 911 came from the local sheriff's office at 6:11 PM and a crew was dispatched at 6:12 PM. This surveyor also noted that was listed as "on scene" at 6:15 PM and " with patient/working a code " at 6:17 p.m.

A review of the notes from staff who responded to the scene indicated that upon arriving at the facility, a resident opened the door and " no obvious member of the staff to be found. " After patient care was initiated, Employee A came into the area. When asked what happened, they " did not receive a reply. " When asked for information on Resident #1, Employee A " motioned that she did not understand English. " staff indicated they instructed Employee A several times not to lock the front door but realized the door was locked when an additional unit arrived and personnel could not gain access. Notes from another member of the staff indicated that it took multiple attempts to obtain medical information due to Employee A " not speaking English and not knowing the location of the patient files."

The surveyor reviewed the Patient Care Report on and noted that was

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A 025	Continued From page 9 initiated at 6:17 p.m. initially planned to " terminate efforts " at 6:38 p.m. but located a pulse. Resident #1 was transported to the hospital at 6:51 p.m. and her pulse stopped enroute at approximately 6:52 p.m. Resident #1 arrived at the hospital at 6:57 p.m. and was pronounced at the hospital. Class I	A 025		
A 165	429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report Internal risk management and quality assurance program; adverse incidents and reporting requirements.- (1) Every facility licensed under this part may, as part of its administrative functions, voluntarily establish a risk management and quality assurance program, the purpose of which is to assess resident care practices, facility incident reports, deficiencies cited by the agency, adverse incident reports, and resident grievances and develop plans of action to correct and respond quickly to identify quality differences. (2) Every facility licensed under this part is required to maintain adverse incident reports. For purposes of this section, the term, " adverse incident " means: (a) An event over which facility personnel could exercise control rather than as a result of the resident ' s condition and results in: 1. ; 2. or spinal damage; 3. Permanent ; 4. or of bones or joints; 5. Any condition that required medical attention to which the resident has not given his or her consent, including failure to honor advanced directives;	A 165		

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A 165	Continued From page 10 6. Any condition that requires the transfer of the resident from the facility to a unit providing more acute care due to the incident rather than the resident ' s condition before the incident; or 7. An event that is reported to law enforcement or its personnel for investigation; or (b) Resident elopement, if the elopement places the resident at risk of harm or injury. (3) Licensed facilities shall provide within 1 business day after the occurrence of an adverse incident, by electronic mail, facsimile, or United States mail, a preliminary report to the agency on all adverse incidents specified under this section. The report must include information regarding the identity of the affected resident, the type of adverse incident, and the status of the facility ' s investigation of the incident. (4) Licensed facilities shall provide within 15 days, by electronic mail, facsimile, or United States mail, a full report to the agency on all adverse incidents specified in this section. The report must include the results of the facility ' s investigation into the adverse incident. (6) , neglect, or . must be reported to the Department of Children and Family Services as required under chapter 415. (7) The information reported to the agency pursuant to subsection (3) which relates to persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct	A 165		

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by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.
(8) If the agency, through its receipt of the adverse incident reports prescribed in this part or through any investigation, has reasonable belief that conduct by a staff member or employee of a licensed facility is grounds for disciplinary action by the appropriate board, the agency shall report this fact to such regulatory board.
(9) The adverse incident reports and preliminary adverse incident reports required under this section are confidential as provided by law and are not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or appropriate regulatory board.
(10) The Department of Elderly Affairs may adopt rules necessary to administer this section.

Adverse Incident Report.
(1) INITIAL ADVERSE INCIDENT REPORT. The preliminary adverse incident report required by Section 429.23(3), F.S., must be submitted within one (1) business day after the incident on AHCA Form 3180-1024, Assisted Living Facility Initial Adverse Incident Report-1 Day, 2006, and incorporated by reference. The form shall be submitted via electronic mail to riskmgmtps@ahca.myflorida.com; on-line at http://ahca.myflorida.com/reporting/index.shtml; by facsimile to (850)922-2217; or by U.S. Mail to AHCA, Florida Center for Health Information and Policy Analysis, 2727 Mahan Drive, Mail Stop 16, Tallahassee, Florida 32308-5403, telephone (850)412-3731. AHCA Form 3180-1024 is available from the Florida Center for Health Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other

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A 165	Continued From page 12 reporting requirements specified in Florida Statutes. (2) FULL ADVERSE INCIDENT REPORT. For each adverse incident reported under subsection (1) above, the facility shall submit a full report within fifteen (15) days of the incident. The full report shall be submitted on AHCA Form 3180-1025, Assisted Living Facility Full Adverse Incident Report-15 Day, dated 2006, and incorporated by reference. The methods for obtaining and submitting the form are set forth in subsection (1) of this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to submit an adverse incident report following an incident which, per policy, required an adverse incident for notification of the Central Office. Specifically, the facility did not file a 1-day adverse incident report after the of one of one resident (Resident #1) over which the facility could exercise control. Findings include: During an interview with the administrator conducted on at approximately 9:50 a.m., the administrator stated that on , Employee A discovered Resident #1 slumped over and unresponsive. The administrator stated that Employee A called him and he called the local sheriff's office to send an ambulance. After responded and treated Resident #1 and transported her to the hospital, Resident #1 was pronounced . An interview was conducted with the local deputy	A 165		

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PINE TREE MANOR	10476 131ST STREET LARGO, FL 33774

(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 165	Continued From page 13 chief of the emergency personnel on , at approximately 8:15 a.m. and he stated that neither Employee A nor the administrator called 911 and the administrator called the non-emergency number. The deputy chief stated that no one performed on Resident #1. The deputy chief stated that at one point during treatment, Resident #1 had a heartbeat. The deputy chief stated that he believed that Resident #1's treatment was delayed by several minutes due to not performing and not calling 911 and that the of Resident #1 may have been preventable. During a review of the record of Resident #1 conducted on , no ( ) was found. During an interview with AHCA's Central Office conducted on at approximately 11:45 a.m., it was determined that the facility had not filed an adverse incident report for the of Resident #1. Class III	A 165		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Pine Tree Manor
10476 131st Street
Largo, FL 33774

Re: CCR# 2013001690

Dear Administrator:

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.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within fourteen calendar days of receipt of this mailed report. All deficiencies shall be corrected no later than , 2013.**

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,

Patricia Reid Caufman
for Field Office Manager

PRC/kpr
Enclosures: State Form 3020 & Instructions

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Pine Tree Manor
10476 131st Street North
Largo, FL 33774

Re: CCR# 2013001690

Dear Mr. Brent Sparks,

This letter reports finding of a complaint investigation completed on by a representative of the Agency for Health Care Administration. Attached is the provider's copy of the State (3020) Form, which indicates there were deficiencies noted during the investigation.

You are directed to provide a plan of correction to the St. Petersburg Field Office for the identified deficiencies within **14 calendar days** of receipt of this report. The plan should be directed to the attention of Cauffman, Field Office Manager and mailed to:

Agency for Health Care Administration
Health Quality Assurance, St. Petersburg Field Office
525 Mirror Lake Drive, Suite 410
St. Petersburg, FL 33701
Phone: (727) 552-2000
Fax: (727) 552-1161

The complaint investigation completed on , 2013 resulted in findings of non-compliance in the following areas:

1) A 25 Resident Care and Supervision – Class I

Your Assisted Living Facility failed to provide the necessary care and services to insure the safety and well-being of the residents. The facility failed to follow emergency procedures and administer ( ) to a resident. The non-compliance posed a direct threat to the resident and delayed necessary medical treatment. All current residents are at risk of harm or until this deficient practice has been corrected.

2) A 08 Admissions – Health Assessment – Class III

Your Assisted Living Facility failed to insure that all residents had complete documentation of a face-to-face health assessment with a medical provider, reflecting all required components of the assessment, including diet, required assistance of medication and a statement indicating the individual resident's needs can be met in an assisted living facility. This non-compliance possesses a direct threat to the health and welfare of residents living in your facility by not

providing appropriate documentation of the level of care and treatment the residents require.

3) A 165 Risk Management – Adverse Incident Reports – Class III
Your Assisted Living Facility failed to submit an initial (1-Day) adverse incident report after an event that met the criteria for an adverse incident and failed to notify the Agency for Health Care Administration of the adverse incident or the results of your facility's investigation of the incident. This non-compliance possesses a direct threat to the health and welfare of residents living in your facility by not insuring adverse incidents are appropriately documented and investigated.

Your plan of correction must include the following:

1) All employees in your facility must take or retake a valid course, offered by an accredited college, university or vocational school, a licensed hospital, the American Red Cross, American Association, or National Safety Council or a provider approved by the Department of Health, even if they are currently certified in . A staff member who holds a valid card documenting completion of an approved course must be in the facility at all times. This must be completed 14 days from the date of this letter.

2) Your facility must have a written policy on steps to take in emergency situations, including sudden illness of a resident. This policy must include a plan for making all resident records (including medical records and medication records) available to emergency personnel. This must be completed 14 days from the date of this letter.

3) All facility employees must be retrained on the facility's emergency policy and procedures (including the items listed in #2). This must be completed 14 days from the date of this letter. A roster of these employees and written verification will be requested on the follow up visit.

4) All facility employees must be retrained on the facility's policy for (). This must be completed 14 days from the date of this letter. A roster of these employees and written verification will be requested on the follow up visit.

5) Documentation of the above training must be on file for each employee and available for review within 14 days of the date of this letter.

6) All residents of the facility must have an updated health assessment completed by a medical provider within 14 days from the date of this letter.

Should you have any questions, please call Mr. **Paul Brown**, ALF Supervisor, at (727) 552-2000.

Regards,

Paul Brown
ALF Supervisor