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 |
|---|---|---|---|
| | AL11964605 | A. BUILDING _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HAPPY ACRES | 700 ANDERSON DRIVE BONIFAY, FL 32425 |

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| A 000 | Initial Comments<br><br>On , 2013 at Happy Acres Assisted Living Facility, an unannounced complaint investigation(CCR 2013000841) was conducted. There were deficiencies found at the time of the visit. | A 000 | | |
| A 030 SS=D | 58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures<br><br>(6) RESIDENT RIGHTS AND FACILITY PROCEDURES.<br>(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.<br>(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.<br>(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.<br>(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 | A 030 | | |

AHCA Form 3020-0001 TITLE (X6) DATE

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

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| A 030 | Continued From page 1 | A 030 | | |

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 [redacted] 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 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

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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.
(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

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| A 030 | Continued From page 3 | A 030 | | |

provided in s. 429.27.
(g) Share a [illegible] 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 [illegible] 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 [illegible] 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

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| A 030 | Continued From page 4 | A 030 | | |

active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on observations, record reviews and interviews the Assisted Living Facility failed to honor 5 of 15 resident's civil rights by withholding resident's personal need allowance as a condition for bathing and withholding personal belongings in a barn (#2, #7, #12, #13, and #15).
Findings include:
Personal Needs Allowance
1) On _____ about 12:02 PM a large black box was observed which consisted of resident #15's Ziploc bag with black writing revealed: $1 a day if bathed. There was no written balance amount in the zip lock bag. A review of resident #15's accounting log revealed the office manager handwrote "resident #15 gets $1 a day for bathing starting _____ 2013".
2) On _____ about 12:16 PM an interview was conducted with the Administrator. She stated resident #15 agreed to $1 a day of his own $54 he received each month. She stated, " This was an agreement that he and myself came up with so he don't wet on himself. " She stated, "Resident #15 bathes every day and if he don't he will still get his money but he will have to buy his own _____ supplies. "
3) On _____ about 12:25 PM an interview was conducted with the office manager. The office manager reported resident #15 signed and agreed to receiving $1 a day if he bathes but she could not locate the signed agreement.
4) On _____ about 1:12 PM an interview was conducted with resident#15. Resident #15 stated he gets $1 a day if he takes a bath. Resident #15

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stated he did not sign an agreement to receive $1 a day. He stated, " I was presented with the $1 a day but the Administrator stipulated the bathing part". He reported if he did not bathe he would not receive his $1 a day.
Personal Belongings
5) On ... about 9:05 AM an interview was conducted with resident #2. She reported the facility keep her clothes in the barn.
6) On ... about 10:18 AM an interview was conducted with resident#7. He reported the facility cleaned out his ... put some of his clothes, socks, and shoes in the barn.
7) On ... about 11:30 AM an interview was conducted with the Administrator. The Administrator stated the facility does not have policies and procedures for safekeeping of resident's personal property. She stated "the facility has a barn full of junk." She stated residents bring children's bicycles, strollers, and other items that don't fit them from the Thrift shop. She stated resident #15 has items in the barn because he had so much stuff from the Thrift Shop. The Administrator confirmed there was not an itemized list of the resident's personal properties that are held in the barn. The barn keys are controlled by the Administrator.
8) Observation on ... about 1:05 PM revealed resident #12, #13, and #15's personal property in the barn. Resident #12 and resident #13's belongings dated ... were in a large black garbage bag consisted of clothing items. Resident#15's personal property was in two large black garbage bags which consisted of clothes.
9) On ... about 1: 09 PM an interview with the office manager. The office manager stated she took resident # 7's clothes to the barn in the two large black garbage bags. The office manager confirmed she does not have an itemized list of residents #7, 12, and #13's

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| A 030 | Continued From page 6<br>personal property.<br>10) On about 1:27PM an interview was conducted with resident #12 and #13 (Mother and Daughter). Resident#13 reported her and resident #12's spring clothes are in the barn.<br>Class III | A 030 | | |

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Happy Acres
700 Anderson Drive
Bonifay, FL 32425

Dear Administrator:

Re: CCR #2013000841

This letter reports the findings of a state licensure 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 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McGuire, RN

for Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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