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
	AL11911225	A. BUILDING: _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT RIVER OAKS	925 SOUTH RIVER ROAD ENGLEWOOD, FL 34223

(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 This is to report the results of an unannounced revisit to the Biennial survey on for Emeritus at River Oaks, an Assisted Living Facility (ALF) in Englewood Florida. The census at the time of the survey was 162 residents. The prior citations were cleared with 1 additional deficiency cited during this survey. The findings are as follows:	{A 000}		
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 interviews, the facility failed to provide assistance with activities of daily living as needed by each resident. The findings include: Interview on at 5:30 a.m. with Staff B, who asked to remain anonymous, who stated that there is usually 1 RCA on each floor in the memory care unit at night, one RCA is assigned to pass meds for both floors. There are not many meds because we don't use PRN orders that is why we have to send so many residents to the hospital, if they and c/o pain we have to send them out. Staff B stated safety checks are done every hour and Incontinence rounds every 2	A 028		

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A 028	Continued From page 1	A 028		

hours. The residents in the memory care building do not have a call bell system so it is hard to know if someone has fallen unless you hear a scream, especially when you are changing another resident. It is hard to get all my work done. Recently we have had an extra aide in the Memory Care Building to float between the floors. I think that happened because the Department of Children and Families was doing an investigation of a fall.....

Interview on 12/19/12 at 6:15 a.m. with Staff A, who asked to remain anonymous, stated she loves the residents but does not think there is enough staff to take care of the residents. Staff A stated she thinks that when the day shift comes on duty just before 6:00 a.m. they turn on all the hall lights, she thinks it confuses the residents and they think it is time to get up and try to get up without assistance. She thinks that is why so many residents fall.....

In an interview on 12/19/12 at 11:30 a.m., with the daughter of Resident #19 she stated she arrived at approxmitly10:30 a.m. Stated her mother was in her wheelchair in front of the nurses station (her mother is not able to propel herself in wheelchair) when she arrived. Resident was on portable O2 and was not wearing her call button. Daughter stated she found the call button (necklace type) on the kitchen table in the resident's room..... She pushed the button for assistance at approx. 10:35 a.m. The daughter stated she waited until 11:00 a.m. and left residents room in search of someone to assist her mother in the bathroom..... Was told that the aide who was assigned to her mother was at lunch, another aide came to answer call asset and came to move resident onto commode, resident is a 2 person lift. Daughter states she is taking her mother to a

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A 028	Continued From page 2	A 028		

nursing home because the facility can no longer meet her needs. She stated that the [redacted] on her mother's legs are just from rubbing surfaces, her mother [redacted] easily. The resident's daughter also stated that the resident did not get a shower 3 out of 5 Sundays that she had a shower scheduled for. She was unable to tell me the dates of the missing showers, says it was a while ago and stated she did not report the missing showers to any of the facility staff or file a complaint.

An interview on [redacted] at 3:30 p.m. with Executive Director (ED) and Director of Nursing (DON) revealed that the management staff has identified [redacted] in the facility as a problem. DON states they have done a tracking and trending analysis to determine when the [redacted] occurred and where the [redacted] occurred. They determined that they needed additional staff to float in the facility during the night shift. They state they currently have 1 float RCA in the memory care building and are hiring for an additional float RCA to float throughout the facility during the night shift to assist. They did state that the managers are assisting current staff to adjust workload management so all residents get the care they need. ED stated that they have not had a 5th RCA on the night shift for a few nights because a staff quit without notice and they are hiring more staff. They are currently adjusting the schedule to insure there is coverage on the night shift. Review of [redacted] on incident log has documentation of residents with [redacted]. The ED and DON stated they are continuing to make changes to decrease the number of [redacted] in the facility, stated all residents at risk for [redacted] have [redacted] precautions in place and new precautions are if additional [redacted] occur.

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A 028	Continued From page 3 In an interview , at 8:00 p.m., the DON and the ED verified they have identified the need for additional staff to provide care to residents and to help decrease the number of in the facility, especially on the night shift. ED stated additional staff are in the process of being hired. Class III	A 028		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11911225	A. Building B. Wing	2/27/2013

Name of Facility	Street Address, City, State, Zip Code
EMERITUS AT RIVER OAKS	925 SOUTH RIVER ROAD ENGLEWOOD, FL 34223

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0025 Reg. # 58A-5.0182(1) FAC LSC	Correction Completed	ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed	ID Prefix A0053 Reg. # 58A-5.0185(4) FAC LSC	Correction Completed
ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed	ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC	Correction Completed	ID Prefix A0079 Reg. # 58A-5.019(4) FAC LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date: 3/8/17	Signature of Surveyor: Cynthia Brandt, RN	Date: 3-8-17	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:	
Followup to Survey Completed on:		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?		YES	NO

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Emeritus At River Oaks
925 South River Road
Englewood, FL 34223

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 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 this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosures: State Form and Revisit Report

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

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372