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
	AL11922280	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGES OF PORT RICHEY (THE)	5905 PINEHILL ROAD PORT RICHEY, FL 34668

(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# 2013003037, was conducted on [redacted]. The Cottages of Port Richey, assisted living facility, had a deficiency found at the time of the visit.	A 000		
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 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,	A 025		

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A 025	Continued From page 1	A 025		

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 interview and record review the facility failed to maintain an awareness of the general health, and physical well-being of 1 (#1) of 3 sampled residents. The failure of the facility to maintain an awareness of Resident's #1 general health resulted in a decline in health, specifically a , that required the resident to be hospitalized.

Findings include:

A review of the facility nursing notes on indicate that on , Resident #1 suffered a at the facility. Due to injuries suffered in the the resident was transported to a local hospital for treatment. The resident returned to the facility the same day. A review of a fax sent to the doctor from the facility dated indicated that Resident #1 had been sleeping in a recliner since the that occurred on . On , while providing morning care to Resident #1, staff # E noticed that resident #1 had a red area on the and notified Staff # D of the findings. Staff #D contacted the home health agency (HHA), who had previously been providing care to Resident #1. On a nurse from the HHA visited the resident and started to provide care to the affected area.

A note from the HHA nurse, dated , and reviewed by the surveyor on stated "breakdown of area - III?"

A review of a "suplemental order" on

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A 025	Continued From page 2 indicated that skilled nursing was to monitor and assess skin integrity. The order was dated On , at 12:55 p.m., Resident #1 had a physical evaluation done at the facility. The physical who conducted the evaluation noted that she found the resident lying in a supine position in She also wrote that she cleaned the resident and placed a clean gown on the resident. The notes from, staff #D, Resident care assistants(RCA) and HHA nurse from to state that Resident #1 was being turned and the on the was improving. On , the RCA from the 7a.m. -3p.m. shift noted in their care notes that Resident #1 had a foul odor coming from the resident's bottom. The RCA care note from the 3p-11pm shift noted that resident's #1 bottom was "still bad" and had "bad odor." A review of the resident's record failed to show that anyone was notified of this or that any care was provided to address the issue. On , staff #E was providing morning care to resident #1 and noticed her had gotten worse and notified staff #D. Staff #D observed the and determined that it had gotten to the point where the resident needed higher care than the facility could provide. She notified the resident's family and provider. She then had resident transported to a local hospital for treatment. On at 11:50 a.m., an interview was conducted with staff #D. She stated that staff #E notified her of the on Resident #1 on She then contacted the HHA and	A 025		

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A 025	Continued From page 3 the resident's provider. She also requested a hospital bed for the resident, which was delivered on . . . . . She stated she did instruct staff #E to keep resident off her backside and to keep her dry. She also instructed him to turn the resident every 2 hours. She reviewed her notes on the resident from . . . . to . . . . . Her notes stated that was getting better. She denied knowing that the HHA nurse staged the . . . . as II or possible III. She stated that the facility did not get any orders from the provider on . . . . care for the resident. She also stated that the HHA is responsible for that. She also was unaware of the physical note dated . . . or the RCAs notes dated . . She did state that on after seeing the . . . . . she knew that the resident needed higher care and had her transported to the local hospital. On , at 12:55 p.m., an interview with staff #E was conducted. According to staff #E on . . . . he was instructed by staff #D to keep resident off back side and keep resident dry. He also stated that the HHA nurse instructed him to apply a cream to the affected area each time after resident uses the . . . . . is cleaned. Also, to keep the resident off back side and keep resident dry and clean. He passed this information on to the next shift verbally and also in Resident's #1 care notes. On his care note dated , staff #E wrote Resident #1 " backside is broken down and we all know why. Make sure you toilet and keep resident dry. " On , at 1:45 p.m., staff #E was asked to clarify what he meant about the above statement. He stated he wrote it because staff was not turning resident or keeping resident dry as they	A 025		

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A 025	Continued From page 4 should have. Class II	A 025		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Cottages of Port Richey (The)
5905 Pinehill Road
Port Richey, FL 34668

Dear Administrator:

Re: **CCR# 2013003037**

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 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 to verify that the necessary corrections are in place to correct the deficiency 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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