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
	AL11967447	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIZCAYA BY THE SEA	1621 NORTH OCEAN BLVD POMPANO BEACH, FL 33062

(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 An Assisted Living Facility Standard Biennial Licensure survey with Limited Nursing Services was conducted on _____ Vizcaya By The Sea, Inc., had licensure deficiencies found at the time of the visit. Please Note: This survey was conducted in conjunction with the CCR #2012013422, #2013000503 and #2012013604. Please refer to the separate report.	A 000		
A 025 SS=D	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. Faciilities 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	A 025		

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A 025	Continued From page 1	A 025		

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 the care and services appropriate to the needs of residents, as evidenced by: 1). worsening of a , lack of documentation of the assessment and responses to treatment interventions provided; and lack of physician progress notes regarding the condition of the for 1 out of 2 sampled residents receiving home health services (Resident #1); and 2) failure to ensure a resident received as prescribed by the physician for 1 out of 2 sampled residents receiving home health services (Resident # 2).

The findings include:

1. Resident #1 was admitted to the facility on . Review of the Health Assessment-AHCA form 1823 dated revealed the resident has a medical history of kidney lower extremity , lymphedema, and . The health assessment documented the resident as independent for eating and toileting and requires supervision for bathing, dressing, and . He is alert and oriented and uses a wheelchair or rolling walker for locomotion.

During an interview on at approximately 1:15 PM, Resident #1 stated that

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A 025	Continued From page 2	A 025		

he has , lymphedema and in both lower extremities. He stated that both of his legs are wrapped with wrap from toes to thigh, to control the . He stated that he has developed a on his right heel for which the Home Health LPN (Licensed Practical Nurse) performs care daily. He stated that the started as a and now it is an open . He stated the Podiatrist physician visits occasionally, but doesn't always take dressing off to look at the .

Record review of the Podiatrist Physician Orders dated , documents to apply cream as directed; anticipated use only for 2 weeks, at which time will debride and write new orders. Physician notes dated , documented to discontinue cream; clean right heel with Normal ; apply and bandage every day and continue until resolved. Orders dated , documented another revision to the care, cleanse right heel with Normal apply ointment and cover with nonstick . Further record review reveals no Physician Progress Notes that documents/reflects any assessment and the response to the prescribed treatments by the Podiatrist.

Record review of the Medication Administration Record (MAR) for 2013 and 2013 reveals physicians orders for treatment to control ; apply lower extremity una wrap, along with wrap from toe to thigh daily. Apply cream to right heel . The cream was discontinued on due to the resident expressing he had pain at the site. Further record review reveals the resident was ordered cream to the on . The 2013 MAR reveals no

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A 025	Continued From page 3 documentation of care treatment or wraps applied on or During an interview on at approximately 1:00 PM, the Home Health Licensed Practice Nurse (LPN) who states she has been performing the care treatment. She stated that she has been working with the resident since applying the leg wraps. She stated the resident has and lymphadema in his lower extremities, she applies una gauze and wraps to diminish the dependent and unna boots to protect the heels. She stated that the resident developed a right heel in 2013. She stated the treatment has been changed several times due to an reaction to the cream and poor healing with Silvadene cream. She stated that she has been measuring the leg circumferences of both legs weekly. She stated that she submits her nursing notes via electronic record to her Home Health Agency and no documentation is left at the facility. She reports verbally to the staff. When questioned where she documents her daily assessment/observation of the she could not provide any documentation. The LPN provided a hand written paper with weekly measurements of the residents legs and heel she stated she did not document any specific observation of the When questioned if there were changes in the she stated it had improved. Record review of the hand written measurement sheet dated and reveals the right heel measurement was 3.8 x 3.8 cm. On the right heel is measured at 4.4 x 5.8 cm. The is described as tinged raw appearance. The	A 025		

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A 025	Continued From page 4 measurements document the [redacted] had increased in size. During a phone interview on [redacted] at approximately 2:00 PM, the Podiatry Physician stated that he has been following the resident, for [redacted] care to the right heel. He confirmed he had written orders for [redacted] care, with several changes in treatment. He stated he verbally communicates with the Home Health Agency but does not document any of his visits and observations for the facility. He stated that he will provide progress notes for the facility when he comes to the facility later in the week. During an interview with the Administrator on [redacted] at approximately 2:45 PM, she was questioned if she was aware of the condition of Resident #1's [redacted] She stated that the Home Health Agency nurse performs [redacted] care and treatment. She could not provide any documentation regarding any [redacted] assessment or responses to the treatment. She confirmed the Podiatry Physician visits the resident, but she was unable to provide any documentation of his observations of the [redacted] She agreed the medical record should include documentation of all observations and the responses to medical treatments provided to the resident. She was not aware the right heel [redacted] had increased in size. 2. Record review revealed Resident #2 was admitted to the facility on [redacted] Review of the Health Assessment-AHCA Form 1823 dated [redacted] revealed the resident has a medical history of [redacted] dependent [redacted] and [redacted] The resident is documented as alert and oriented, independent and having poor insight. The health assessment also documented that the resident requires assistance with her	A 025		

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A 025	Continued From page 5	A 025		

Record review reveals the resident blood levels are unstable requiring monitoring and insulin 4 x a day.

Review of the Physician Order dated the resident is prescribed a daily insulin regiment, consisting of blood testing and insulin 4 x a day, with meals and at bedtime.

Review of the Medication Administration Record (MAR) for February reveals the resident is prescribed Humalog insulin each meal, based on a sliding scale dosage. Also, the resident is prescribed Lantus insulin units at bedtime daily. The MAR revealed the resident's blood ranges from 64 to 390 with testing. Further review of the MAR reveals the resident did not have her blood tested nor was she given insulin the evening meal on 2/26/ record reveals the resident's blood was 390 at bedtime on that evening.

During an interview conducted on 2/27/ approximately 1:30 PM, the resident stated that she has diabetes, it is not well controlled even with insulin She stated she is to have her blood tested by a nurse and insulin based on the recording, before each meal. She stated she also receives insulin bed every day. The resident stated that a home health nurse comes for the breakfast and lunch meal doses and another nurse comes for the dinner and bedtime doses. She stated that the "evening" nurse did not come yesterday, 2/26/ she called the day nurse to assist her with the insulin. resident stated she had performed her own blood test in her

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A 025	Continued From page 6 her glucose level was 320. The resident stated she was very upset about the nurse not showing before the dinner meal, so as a result, she did not eat her dinner. On at approximately 10:30 AM during an interview with the day home health nurse she stated that she only provides glucose monitoring and administration during the day because she does not drive at night. She stated the evening meal and bedtime are covered by another nurse, but the nurse had quit. The nurse stated that the resident had phoned her on twice in the evening, begging her to come administer the since the evening nurse had not showed. She stated when she arrived, the resident was crying and very upset. She stated the resident's sugar level registered 390 at that time. On at approximately 11:30 AM, during an interview with the Administrator, she stated that the resident has a physician order for glucose monitoring and injection 4 x daily, for uncontrolled . She stated that she has contracted with a Home Health Agency, to provide the nursing services for administration of because she does not have full time nursing staff. The Administrator stated that she has been in communication with the Home Health Agency, as well as the residents family, since the agency was having difficulty providing the requested staffing to meet the residents needs. The Administrator stated she was unaware the resident did not receive her evening dose of on and she was not aware the day nurse had come back to the facility after receiving calls directly from the resident. She stated the facility staff had not called to inform her of the situation.	A 025		

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A 025	Continued From page 7 Class II	A 025		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on a examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable ..... including ..... Freedom from ..... must be documented on an annual basis. A person with a positive ..... test must submit a health care provider ' s statement that the person does not constitute a risk of communicating ..... Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable ....., he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to	A 078		

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A 078	Continued From page 8 provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that personnel records contained documentation of freedom from communicable for 2 out of 4 sampled employees (Employee #3 and #4). The findings are: 1). During a review of the personnel files, it was noted that Employee #3, a nurses aide, has a date of hire of . The employee was observed working in the facility on the day of the survey. The personnel record did not contain any clear documentation of freedom from communicable , including as the only documentation available for review did not clearly state the required information and was not dated. 2). During a review of the personnel files, it was noted that Employee #4, Assistant Administrator, has a date of hire of . The personnel record did not contain any documentation of freedom from communicable , including , as required.	A 078		

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A 078	Continued From page 9 The administrator was interviewed on at 4:00 p.m. and was unable to locate the information. Class III	A 078		
A 079 SS=D	58A-5.019(4) FAC Staffing Standards - Levels (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 hours of the day and night. 4. At least one staff member who is trained in First Aid and CPR, ... provided under Rule 58A-5.0191, F.A.C., shall be within the facility at	A 079		

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A 079	Continued From page 10	A 079		

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 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

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A 079	Continued From page 11	A 079		

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 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.

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A 079	Continued From page 12 (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 failed to ensure that there is at least one person trained in first aid, within the facility at all times when residents are in the facility. The findings are: During a review of the personnel files it was noted that Employee #3, a nurses aide, has a date of hire of [redacted]. The employee was observed working in the facility on the day of the survey, and was also listed on the schedule as working nights at least once a week. The personnel record did not contain documentation of First Aid training. During an interview with the Administrator on [redacted] at 4:00 p.m., she was unable to locate the information and was unable to ensure there is at least one person trained in first aid, within the facility during the night shift. Class III	A 079		
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or	A 081		

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A 081	Continued From page 13	A 081		

home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement.
(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.
(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:
1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident neglect, and
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food

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
	AL11967447	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIZCAYA BY THE SEA	1621 NORTH OCEAN BLVD POMPANO BEACH, FL 33062

(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 081	Continued From page 14 handling practices. (f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure that staff received the required training for 2 out of 4 sampled employee records (Employee #1 and #3). The findings are: During a review of the personnel files it was noted that Employee #1 has a hire date of 2009. Employee #3 has a hire date of . Both employees were observed working in the facility on the date of the survey, . Further review revealed the personnel records did not contain documentation that neither of the employees received training in recognizing and reporting resident , neglect and . The Administrator was interviewed on , at 4:00 p.m. and was unable to locate the information. Class III	A 081		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Vizcaya By The Sea
1621 North Ocean Blvd
Pompano Beach, FL 33062

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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Tallahassee, FL 32308
http://ahca.myflorida.com

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