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 |
|---|---|---|---|
| | AL11964870 | A. BUILDING: _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SRI AT HEALTHPARK | 9461 HEALTHPARK CIRCLE FORT MYERS, FL 33908 |

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| A 000 | Initial Comments<br><br>These are the results of an unannounced Complaint Survey, CCR# 2013001640 which was conducted on [redacted] at SRI at Healthpark, an Assisted Living Facility (ALF).<br><br>Two of the three allegations were substantiated.<br><br>The facility received citations as a result of this survey. | A 000 | | |
| A 025 | 58A-5.0182(1) FAC Resident Care - Supervision<br><br>An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.<br>(1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following:<br>(a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C.<br>(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.<br>(c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community.<br>(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.<br>(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 | A 025 | | |

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| A 025 | Continued From page 1 | A 025 | | |

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 record review and staff interview, the facility failed to provide 1 (Resident #4) of 3 residents with appropriate supervision to avoid a ... resulting in injury.

The findings include:

A review of Resident #4's closed record showed health assessments dated ... and ... showing she is a ... risk. ... precaution" is the term used on each health assessment. A review of the "Resident/Visitor Incident/Occurrence Report" from the facility shows Resident #4 had three ... within 31 days in , and 2012. One incident report dated ... showed the staff placed Resident #3 sitting on the side of the bed in her ..... The Resident Aide "Turned to reposition wheelchair when she heard client ... ' Resident #4 hit the bedside lamp stand sustaining a laceration above the left eye ..... She also had several ... on her face. She was sent to the hospital and received ... on her left eye ... The incident report showed staff are to "Reposition the wheelchair to bedside prior to sitting resident up for transfer" to prevent this to reoccur.

An interview was conducted with the Director of Resident Services on , at 1:50 p.m. He stated he was not employed at the facility at the time of this ... He is aware staff is not to leave residents unattended especially if they are a ... risk. The Administrator also stated she was

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| A 025 | Continued From page 2 | A 025 | | |

employed at this facility during this incident. The physician identified this resident as a [illegible] risk on two of Resident #4's health assessment showing she requires supervision. The health assessment dated [illegible] showed she requires total care with her transfers. The staff put Resident #4 sitting on the edge of her bed and then left the resident to reposition her wheelchair. This left Resident #4 unsupervised resulting in her falling and acquiring injuries.

Class III

A 165 429.23 FS; 58A-5.0241 FAC Risk Mgmt & QA; Adverse Incident Report — A 165

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. [illegible]
2. [illegible] or spinal damage;
3. Permanent [illegible]
4. [illegible] or [illegible] of bones or joints;
5. Any condition that required medical attention to

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| A 165 | Continued From page 3 | A 165 | | |

which the resident has not given his or her consent, including failure to honor advanced directives;
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

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| A 165 | Continued From page 4 | A 165 | | |

must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct 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

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| A 165 | Continued From page 5 | A 165 | | |

Information and Policy Analysis at the address stated above. The Initial Adverse Incident Report is in addition to, and does not replace, other 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 record review and staff interview, the facility failed to file an adverse incident report for 1 (Resident #4) of 3 residents reviewed when she fell off bed resulting in injuries. These injuries caused her to go to the hospital.

The findings include:

A review of Resident #4's closed record showed she had two health assessments dated is a fall risk. health assessment dated also requires total assist with transfers. A review of the "Resident/Visitor Incident/Occurrence Report" shows Resident #4 had three falls in a 31 day period in February and 2012. placed on the edge of the bed by a resident aide. The resident aide "Turned to reposition wheelchair when she heard client fall..." Resident was sent to the hospital for a

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laceration over the left eye and several on her face. The surveyor requested to review the adverse incidents reports for the past year.

An interview was conducted with the Director of Resident Services on at 1:50 p.m. He stated there are no adverse incidents for the past year. He also stated he was not able to find any adverse incident report for this incident. He said he was not employed at the facility at the time of this However, with this type of he would do some type of investigation and consider this as an adverse incident. It is written on Resident #4's health assessments she is a risk and requires total assist with transfers showing the facility is aware of her risk for The resident aide unsupervised Resident #4 while she was sitting on the edge of the bed causing her to on the floor resulting in injuries. There was no documentation of an investigation showing if this was an adverse incident.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
SRI At Healthpark
9461 Healthpark Circle
Fort Myers, FL 33908

**Re: CCR #2013001640**

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. 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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Enclosure: State Form

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

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