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
	AL11932424	A. BUILDING: _____ B. WING _____	R

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTRAL ALF	2349 CENTRAL AVENUE SAINT PETERSBURG, FL 33713

(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 revisit to a limited nursing services (LNS) monitoring visit was conducted on ..... Central Assisted Living Facility had an uncorrected deficiency and new deficiencies found at the time of the visit.	{A 000}		
A 055	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their ..... or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the ..... or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or	A 055		

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A 055	Continued From page 1	A 055		

habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all

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A 055	Continued From page 2	A 055		

medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation and interview the facility failed to properly dispose of medications that were expired. The medication was located in an area that is accessible to the construction crew or other residents in the facility.
Findings include:
Tour of the second floor with the administrator on [redacted] at approximately 11:30 a.m. found the second floor to contain construction materials, there were bags of clothing, mattresses, furniture. One [redacted] old resident records labeled with the name of an assisted living facility that is no longer open. There were at least 7 boxes of papers, some in folders or hanging files, some are just scattered. The files and materials date back to 1997. A card of [redacted] 750 mg is found lying on a table, with 1 pill missing. The expiration date on the pill card is [redacted] and the

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A 055	Continued From page 3 pills are for a resident that is not listed on the current census. Having the medication in an unsecured area could lead to an adverse reaction to the person or persons that take the medication that is not prescribed to them. Interview with the administrator during the tour stated that she was unaware of the materials and medications in this area. Class III	A 055		
{A 152}	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident [illegible] sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate	{A 152}		

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{A 152}	Continued From page 4	{A 152}		

keys to resident . . . . . to be used in the event of an emergency.
(d) Residents who use portable bedside commodes must be provided with privacy during use.
(e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be . . . . . .

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview the facility failed to make the appropriate repairs and have a safe living environment for the 30 residents that currently reside in the facility:
Findings include:
During the facility tour with the administrator on . . . . . at approximately 9:30 am the follow problems were found uncorrected
Observations of the 1st floor the tile near office and hallway is still missing, there is an uneven surface the depth of the tile, approximately 1/4 of an inch. Per the administrator the first floor will be completed in the next 30 days. The administrator stated that at this time she does not have anything in writing to verify the anticipated completion. The first floor dining patched areas are in need of paint. There is an area between the kitchen and dining, which has a large amount of peeling paint, dust covered where exhaust fan was previously, cracked and large exposed areas of concrete wall. The paint is peeling on all walls in this area. Large amounts of dust and dirt in this area. There are meats and beverages stored in the coolers housed in this

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{A 152}	Continued From page 5	{A 152}		

area, with the peeling paint, and dusty open concrete area. Having this area unrepaired places the residents food at risk of being contaminated with dust, dirt and other construction particles that may enter or become trapped in the peeling paint and areas that have missing pieces of concrete in the walls. There are tiles in the [illegible] in the dining [illegible] missing, and there is no threshold in doorway at the [illegible]. This creates a 1/4 inch gap or more between the two different tiles. This [illegible] used by the residents. The only other [illegible] the first floor is for the staff and it is locked, key needed to enter. The uneven surfaces in the tiles and doorways create a [illegible] hazard for the resident and the staff. The area at the employee [illegible] in the lobby of the first floor, has an 1 inch difference in materials that make up the flooring. There are small tiles on the raised area and larger tiles under; the small tiles are over chipping concrete. There is an area with a sign posted that says " do not enter". The door is unlocked and open. There are approximately six residents on the outside porch area smoking. Two [illegible] on the first floor, which previously housed residents, have tiles that are laid uneven from tile to tile creating a trip hazard for people that are in the [illegible] It is planned for this [illegible] be an activity and meeting [illegible]. A window was busted last night in the first [illegible]. There are tiles missing from the ceilings exposing the AC vents in the [illegible]. These [illegible] and areas are completely accessible to all the residents. In the TV [illegible] that leads to the stairwell, which is a fire exit there is a two inch difference in the tile and concrete height. The difference in the materials creates a [illegible] hazard, especially in a fire/emergency situation, when a fast escape may be necessary.
Observation of the second floor found there to be

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{A 152}	Continued From page 6 no residents housed on the on this floor. The construction material are housed in this area at this time. The floor is not in a condition to house residents at this time, missing toilets, sinks and other need fixtures, tiles and flooring missing, in need a paint and general repairs. The third floor currently houses all the residents. The third floor on the east side is in acceptable condition for paint and construction debris. There is no screen in the window at the end of the hall and the window is unlocked. The suspended ceiling is half completed with missing tiles. In the hall near [redacted] there are is uneven floor. The flooring transitions from tile to wood and back to tile. The wood is approximately a 1/2 inch difference in height. There is a [redacted] the east side of the 3rd floor that has paint. The paints were covered in dust and the door was covered in dust. All the [redacted] in the resident [redacted] are raised approximately 4 inches, from the [redacted] The administrator states that this is how all the [redacted] in the facility are. Class III	{A 152}		
A 162	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records shall be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. [redacted]; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance [redacted]; 8. Name, address, and telephone number of next of kin, responsible party, or other person the resident would like to have notified in case of an	A 162		

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A 162	Continued From page 7	A 162		

emergency, and relationship to resident; and
9. Name, address, and phone number of health care provider, and case manager if applicable.
(b) A copy of the medical examination described in Rule 58A-5.0181, F.A.C.
(c) Any health care provider ' s orders for medications, nursing services, therapeutic diets, or other services to be provided. supervised, or implemented by the facility that require a health care provider ' s order.
(d) A signed statement from a resident refusing a therapeutic diet pursuant to Rule 58A-5.020, F.A.C.
(e) The resident record described in paragraph 58A-5.0182(1)(e), F.A.C.
(f) A weight record which is initiated on admission. Information may be taken from the resident ' s health assessment. Residents receiving assistance with the activities of daily living shall have their weight recorded semi-annually.
(g) For facilities which will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident ' s contract.
(h) For facilities which manage a pill organizer, assist with self-administration of medications or administer medications for a resident, the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C.
(i) A copy of the resident ' s contract with the facility, including any addendums to the contract, as described in Rule 58A-5.025, F.A.C.
(j) For a facility whose owner, administrator, or staff, or representative thereof serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction

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A 162	Continued From page 8	A 162		

made on behalf of the resident as required under Section 429.27, F.S.
(k) For any facility which maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required under Section 429.27, F.S.
(l) A copy of Alternate Care Certification for Form, CF-ES 1006, 1998, if the resident is an recipient. The absence of this form shall not be considered a deficiency if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Family Services.
(m) Documentation of the appointment of a health care surrogate, guardian, or the existence of a power of attorney where applicable.
(n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required under Rule 58A-5.0181, F.A.C.
(o) For apartments, duplexes, quadruplexes, or single family homes that are designated for independent living but which are licensed as assisted living facilities solely for the purpose of delivering personal services to residents in their homes, when and if such services are needed, record keeping on residents who may receive meals but who do not receive any personal, limited nursing, or extended congregate care service shall be limited to the following:
1. A log listing the names of residents participating in this arrangement;
2. The resident demographic data required under this subsection;
3. The medical examination described in Rule 58A-5.0181, F.A.C.;
4. The resident ' s contract described in Rule

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A 162	Continued From page 9 58A-5.025, F.A.C.; and 5. A health care provider ' s order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (p) Except for resident contracts which must be retained for 5 years, all resident records shall be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents shall be provided a copy of their resident records upon departure from the facility. (q) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observations, interview and record review the facility failed to ensure that resident records were properly stored and/or destroyed. The records contain private health information and were accessible to construction crews and other that may access the second floor of the facility. Findings include: Observations of the second floor during a tour of the facility with the administrator found that on the second floor. There was a [redacted] old resident records labeled with the name of a previously closed assisted living facility. There were approximately seven or more boxes of papers, some in folders or hanging files, some were just scattered. Observations of the files and materials, found some dated back to 1997. One box was marked [redacted] residents. Some of the papers	A 162		

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A 162	Continued From page 10 were for current residents and some were for residents that are not listed on the current census. Many of the materials were dated between 1997 and 2001. Interview with the administrator stated that she was not aware that the files were here, and she stated that this [redacted] be locked while the construction workers are here. Class III	A 162		

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11932424	A. Building B. Wing	

Name of Facility	Street Address, City, State, Zip Code
CENTRAL ALF	2349 CENTRAL AVENUE SAINT PETERSBURG, FL 33713

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 Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix A0078 Reg. # 58A-5.019(2) FAC LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By State Agency ✓	Reviewed By [signature]	Date: 4/10/13	Signature of Surveyor:	Date:
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
Central ALF
2349 Central Avenue
Saint Petersburg, FL 33713

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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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