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
	AL11966437	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESLEY HOUSE II	1146 TIMBER TRACE DRIVE WESLEY CHAPEL, FL 33543

(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# 2013003324, was conducted on / in conjunction with a biennial state licensure survey with extended congregate care (ECC), see (Aspen Event S8GH11). The Wesley House II, 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	A 025		

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A 025	Continued From page 1 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 interview and record review, the facility failed to have documentation detailing changes in condition and interventions provided related to signs and symptoms of , , slurred speech and weight loss for 1 (Resident #1) of 7 sampled residents. Additionally, documentation was not accessible for review for 2 (#3 & 7) of the 7 residents. Findings include: 1. Review of the Resident #1's closed record revealed forms titled Active Diagnoses Codes as of from a nursing home including muscle , obstruction, , , , and for diagnoses. A further review of the file revealed an admission height of 5'4" on . The resident's weight in 2011 was documented at 120 pounds. Further review revealed a weight of 93 pounds in 2012 reflecting a 27 pound weight loss during that year. With the height and weight information provided, the resident's ( ) would have been 15.7. is a reliable indicator of body fatness and a method of screening for weight categories that may lead to health problems. Resident #1's BMI placed her in the weight category of underweight.	A 025		

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A 025	Continued From page 2	A 025		

An interview with the Assistant Administrator on / at approximately 11:33 a.m. revealed Resident #1 was deteriorating with and , and that the doctor and family were aware of it. Resident #1 had and had for a week and then she would be sent to the emergency . Then she would be fine for several months and then she would have and again.

In the interview with the Assistant Administrator on / at approximately 1:00pm, she stated that Resident #1 had a history of and , but she ate 3 meals a day. Plus she drank a nutritional shake. Her private doctor was aware that Resident #1 was eating but losing weight because she had and . The doctor ordered tests at the hospitals to try to figure out why her stomach was hurting and she was . There was no identified cause of the , , and weight loss. She was admitted to the hospital 3 times with the symptoms of and . Resident#1 went to a nursing home after she was discharged the first time from the hospital. Then she returned to the assisted living facility (ALF) with hospice care. Resident #1 was fine for a little while and then she got sick again with the same symptoms. After her second hospital admission, she was discharged to the ALF with home health care. Resident #1's last hospital admission before being discharged permanently from the ALF, she was sent to the hospital for , , and unresponsiveness.

In the interview with Staff A on / at approximately 2:00pm, she stated that she told Assistant Administrator about Resident #1 up black stuff and she was taken to the doctor for a checkup. They did not find anything

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A 025	Continued From page 3	A 025		

wrong with her, except eventually her bones would get weak and she would need assistance sooner or later. She would complain about feeling weak and tired.

A record review of Resident #1's closed facility record revealed comments in the observation log dated about the resident having uncontrolled bowel movements and later began all over the place. There were no comments written on that day that indicated that the resident ' s doctor had been called to address her condition. The next comments were not written into the resident ' s observation log until and those comments did not address the resident ' s or . The log dated / also reported that the resident and there were no comments written about her doctor being contacted.

Although staff reported during their interviews that Resident #1 had ongoing symptoms of and there were only four days documented in the facility's record for and . There was also limited documentation of the monitoring and care related to the resident's weight loss.

An interview with the Administrator on / at approximately 5:45 p.m. revealed that she had instructed her staff to document all the care and services received by the residents, but she acknowledged that the staff failed to document communication with the resident's doctor and interventions provided by facility staff and contracted health providers regarding the resident's weight loss and symptoms of and .

2. In the interview with Staff A on / at

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A 025	Continued From page 4 approximately 2:00pm, she stated that on /, she gave Resident #1 her breakfast and she ate by herself. Resident #1 did not have much to say. She talked with a slur. Resident #1 also ate lunch by herself. By dinner, Staff A had to feed Resident #1. She had her medicine. She was talking with a slur, but was otherwise fine. She went to bed. On Resident #1 was taken by ambulance to the hospital for unresponsive, labored breathing, , and . A review of Resident #1's observation log dated / revealed that the resident was observed by Staff A to talk with a slur. A further review of the observation log for / revealed no comments concerning calls to the physician or the administrator. 3. A / review of through record for resident # 7 revealed no progress notes or resident observation log's from the date the resident was admitted on to the date of this survey. Upon interview with staff (3:15 PM) it was stated that the notes were on the computer but could not be accessed/found. 4. A / review of the record of resident #3 revealed no progress notes on file since . According to interview with the Assistant Administrator, she stated that all progress notes were now being kept on the computer and she could not access them. Class III	A 025		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRA

SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Wesley House II
1146 Timber Trace Drive
Wesley Chapel, FL 33543

Dear Administrator:

Re: Biennial with ECC & **CCR# 2013003324**

This letter reports the findings of a biennial state licensure survey with extended congregate care (ECC) and a complaint survey that were conducted on , 2013, by representatives 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 surveyors. Should you have any questions please call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State Forms 3020

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