



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Residences
2300 S.W. 21st Circle
Ocala, FL 34471

Dear Administrator:

Re: CCR #2013003467

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representative(s) of this office.

Enclosed 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90



Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965252	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER RESIDENCES		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 S.W. 21ST CIRCLE OCALA, FL 34471		
(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 On _____ unannounced compliance survey CCR #2013003467 was conducted at Residences Assisted Living Facility in Ocala Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.	A 000		
A 053 SS=G	58A-5.0185(4) FAC Medication - Administration (4) MEDICATION ADMINISTRATION. (a) For facilities which provide medication administration a staff member, who is licensed to administer medications, must be available to administer medications in accordance with a health care provider's order or prescription label. (b) Unusual reactions or a significant change in the resident's health or behavior shall be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider shall also be documented in the resident's record. (c) Medication administration includes the conducting of any examination or testing such as _____ glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. (d) A facility which performs clinical laboratory tests for residents, including _____ glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in	A 053		

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0009

L55C11

If continuation sheet 1 of 5

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A 053	Continued From page 1 performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' own equipment. Information about the State Clinical Laboratory License and CLIA Certificate is available from the Clinical Laboratory Licensure Unit, Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 32, Tallahassee, FL 32308; telephone (850)487-3109. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews the facility did not provide administration of medication as prescribed by a health care provider for 1 of 4 residents for resident #1. Findings: On _____ facility record review was conducted on resident #1. According to the nurses notes for resident #1 she was first admitted to ORMC Hospital on _____. She returned to the facility on _____ at approximately 6:30 PM. She had doctor orders for _____ Levimir 15 units 2X 's a day. There was also an order for accu-checks to be covered with regular _____ per sliding scale before meals and hour of sleep. The Medication observation record reveled that she was suppose to get her _____ at 8:00 PM that evening. However the MOR showed she did not receive her _____ for the 8:00 PM time period on _____. On _____ at approximately 1:40 PM an interview was conducted with staff member F who is an LPN. According to staff member F she was resident #1 attending/admitting nurse when she	A 053			

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A 053	Continued From page 2 came back into the facility on _____ at 6:50 PM. She said when resident #1 came back into the facility, she wrote the admissions note and took her vitals, but did not check her _____ sugars. She said the MOR was written out by another LPN, and she reviewed it. She said she did not give resident #1 any of the medication listed on the MOR because it was not available. She said she did not call resident #1 doctor to inform him that the medication was not available. She did not call the facility resident care director or the Administrator to inform them that the medication was not available. Class II	A 053			
A 076 SS=D	58A-5.0186 FAC (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules relative to _____. The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a _____. The ALF must provide the following to each resident, or resident's representative, at the time of admission: 1. A copy of Form SCHS-4-2006, "Health Care Advance Directives - The Patient's Right to Decide," _____ 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency's Web site at:	A 076			

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A 076	Continued From page 3 http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and 2. Written information concerning the ALF 's policies regarding _____; and 3. Information about how to obtain DH Form 1896, Florida _____ Form, incorporated by reference in Rule 64J-2.018, F.A.C. (b) There must be documentation in the resident 's record indicating whether or not he or she has executed a _____. If a _____ has been executed, a copy of that document must be made a part of the resident 's record. If the ALF does not receive a copy of a resident 's executed _____, the ALF must document in the resident 's record that it has requested a copy. (2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a _____. (3) _____ PROCEDURES. Pursuant to Section 429.255, F.S., an ALF must honor a properly executed _____ as follows: (a) In the event a resident experiences _____, staff trained in _____, or a _____ licensed health care provider present in the facility, may withhold _____. (b) In the event a resident is receiving hospice services and experiences _____, facility staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. (4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to	A 076			

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A 076	Continued From page 4 have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing _____ pursuant to a _____ and rules adopted by the department. This Statute or Rule is not met as evidenced by: Based on record reviews and interviews the facility did not have documentation for a _____ for 1 of 4 residents for resident #1. Findings: On _____ at approximately 11:22 AM an interview was conducted with the Administrator and Resident Care Director. They were both were asked if resident #1 had documentation in her record showing she was given the opportunity to execute a _____ or not. The Administrator said she did not know. The Resident Care Director said no there was no documentation in the residents record showing the information was requested from the resident #1. On _____ a record review was conducted on resident #1 facility records for _____ documental. No documentation could be found that stated that the facility had requested such information or that the resident did or did not execute a _____ Class III	A 076			