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 |
|---|---|---|---|
| | AL11953519 | A. BUILDING: _____ B. WING _____ | |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PARADISE CARE COTTAGE | 2277 S.E. LENNARD ROAD PORT SAINT LUCIE, FL 34952 |

| (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<br><br>An Assisted Living Facility complaint inspection (CCR #2013003764) was conducted on Paradise Care Cottage, had a licensure deficiency found at the time of the visit. | A 000 | | |
| A 025 SS=D | 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 resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services. | A 025 | | |

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| A 025 | Continued From page 1<br><br>This Statute or Rule is not met as evidenced by:<br>Based on record review and interviews, the facility failed to ensure the representative(s) for 2 out of 3 sampled residents (Resident #2 and #3) were notified of a significant change.<br><br>The findings include:<br><br>On at 3 PM, the Administrator was interviewed by phone and stated all residents at the facility were being monitored for a skin She stated 6 out of 35 residents had shown symptoms of the and had subsequently been treated. She reported that all of the residents' representatives in the facility had been notified of the potential outbreak. A list of the representatives that had been notified with the time and dates of the notifications was provided. Resident #1-Resident #3 were identified as diagnosed and currently being treated for the<br>Resident #2's representative was interviewed by phone on at 4:06 PM and stated she had visited the resident approximately 2 weeks prior to this date and the resident did not have symptoms of the and was not being treated by a health care provider at that time. She acknowledged that the Administrator had notified her by phone on 04/0 the residents at the facility were being monitored for the infection, stated she was not aware that Resident #2 was diagnosed and being treated for it. Resident #3's representative was interviewed by phone on 04/1 4 PM and also acknowledged he had been notified on 04/0 the possible outbreak and treatment but had not been told that Resident #3 was diagnosed and being treated for the infection. Resident #2 and Resident #3 had prescriptions written for the treatment cream | A 025 | | |

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| A 025 | Continued From page 2<br>on . There was no documentation available to show that the representatives were notified of the residents' significant change (illness resulting in medical attention).<br><br>Class III | A 025 | | |

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Paradise Care Cottage
2277 S.E. Lennard Road
Port Saint Lucie, FL 34952

**RE: CCR #2013003764**

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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/ls
Enclosure

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

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
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