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
	AL11965233	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASTLE COURT ALF, INC.	9709 NORTH NEBRASKA AVENUE TAMPA, FL 33612

(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# 2013004412, was conducted on [redacted]. Castle Court Assisted Living Facility, Inc. had deficiencies found at the time of the visit.	A 000		
A 011	58A-5.0181(5) FAC Admissions - Discharge (5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident's needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S. This Statute or Rule is not met as evidenced by: Based upon interview and record review the facility did not ensure that 1 (#4) of 2 residents records reviewed was appropriate for continued residency. Findings include: During interview with resident #4, concerning a photograph received of him lying on the floor of his [redacted] the resident said he had [redacted] from his walker and no one helped him up. He slept on the floor. A review of this residents record noted he was admitted to the facility on [redacted]. The residents health assessment (1823) dated [redacted] noted his diagnosis of [redacted], history of bi-polar [redacted] and he was of alert mental status. The residents assessment also noted him to be independent with ambulation, using a walker, dressing and eating but required	A 011		

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A 011	Continued From page 1 supervision with bathing & A review of the facility progress notes reflect resident #4 to have been hospitalized on several occasions due to . Most recently he was found on the floor after having had off his bed on . The resident was transferred to the hospital and treated for a cut to his forehead. During interviews with facility management on from 1-1:30 p.m., it was stated that although staff ask the resident not to leave the premises, resident #4 will go anyway. He's out on the sidewalks of a busy street. During interview with both the home health care nurse and physical on from 1:50 p.m. & 2:20 p.m.) who provide services to resident #4 and both stated they felt the resident required more care then he could receive in this facility. Class III	A 011		
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	A 025		

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A 025	Continued From page 2	A 025		

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 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, 1 (#4) of 2 residents records selected for review did not receive adequate supervision to meet the needs of this resident and the facility failed to document the reason resident #1 did not receive 5 p.m. medications on the evening of .....

Findings include:

A ..... review of information provided by law enforcement showed resident (#4) laying on the floor of his ..... blankets over him. Upon showing the photo to staff the resident was identified as resident #4 who was described as having a history of .....

Resident #4 was observed in his ..... He had a healing scab on the right side his forehead.

During interview with resident #4 on ..... at

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A 025	Continued From page 3	A 025		

about 1 p.m. when asked why he was on the floor the resident responded that he fell from his walker and was not helped up so slept there. Asked if he possible rolled out of bed, he again said he fell from his walker.

Staff interviewed on [redacted] at 1 p.m. stated sometimes he will doze off while sitting on his walker seat and will fall down. She also indicated that even though the facility asks the resident not to leave the premises, he will go down the street to the store. He has recently on the sidewalk and was sent to the hospital. There were no progress notes for the night of [redacted] when his photo was presumably taken by law enforcement.

A review of this resident's record revealed he was admitted on [redacted] The health assessment (1823) on file noted his DOB to be [redacted] Diagnosis as [redacted] alert mental status, history of [redacted] The 1823 was dated [redacted] Resident #4 is noted to be independent with ambulation, dressing, eating, toileting and transferring, but requires assistance with bathing & [redacted] He requires assistance with medications.

Progress notes on file reflect several hospitalizations for either [redacted] or medical illness. A review of incident reports reflect that the resident fell off his bed [redacted] at 11:30 p.m. and was found on the floor. He was sent to the hospital for a cut on his forehead.

Resident #4 receives [redacted] (physical [redacted] and nursing services through a Home Health Care agency. The nurses and [redacted] progress notes reflect on-going training and counseling regarding using his walker and wearing proper foot ware. Progress and reduction of [redacted] was noted.

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A 025	Continued From page 4 During an interview with the Home Health Care and nurse providing services, about 1:40 & 2:20 p.m. on , it was stated that resident #4 was more stable and stronger then when they initially started working with him. Resident #4 was reported to not always use his walker. The nurse indicated that resident #4 will sit on his walker and asleep resulting in . Both the & nurse expressed the resident required closer supervision then receiving at the facility. A review of the record for resident #1 revealed she was admitted to the facility on around 2:00 to 3:00 p.m. Per hospital records reviewed and medication orders on file dated , the resident was prescribe 1mg. twice daily, Decanote 100mg. intermuscular injection every 4 weeks, Lamictal 150mg. twice daily. She was given the at the hospital on per order. A review of the residents MOR (medication observation record) reflected the resident should receive Benzotropine Mes 1 mg. to be given twice daily at 8am & 5pm and 150mg twice daily at 8am & 5pm. The MOR was annotated that resident #1 did receive her medications at the appropriate times on & but did not receive her 5pm medications the first evening she arrived . A review of the medications still on the cart reflected the medications were filled on by a local pharmacy . The manager was asked to call the pharmacy to find out when they were delivered. At 1 p.m. the	A 025		

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A 025	Continued From page 5 pharmacy told her they were delivered after 6pm. Per the manager and in house report on file, Resident #1 had left the facility at about 4:30 p.m. and did not return until brought back by law enforcement at around 9:15 p.m. the same evening. The MOR was not circled for the 5pm medication dosages, when the resident was missing, and no notations were made on the reverse side of the MOR concerning these missed dosages. Additionally, there were no progress notes concerning whether the facility attempted to contact the MD to find out if the dose should be given upon the residents return at 9:30 p.m. Class III	A 025		
A 079	58A-5.019(4) FAC Staffing Standards - Levels (4) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities shall maintain the following minimum staff hours per week: Number of Residents — Staff Hours/Week 0-5 — 168 6-15 — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 residents over 95 add 42 staff hours per week. 2. At least one staff member who has access to facility and resident records in case of an	A 079		

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A 079	Continued From page 6	A 079		

emergency shall be within the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.
3. In facilities with 17 or more residents, there shall be at least one staff member awake at all hours of the day and night.
4. At least one staff member who is trained in First Aid and as provided under Rule 58A-5.0191, F.A.C., shall be within the facility at all times when residents are in the facility.
5. During periods of temporary absence of the administrator or manager when residents are on the premises, a staff member who is at least must be designated in writing to be in charge of the facility.
6. Staff whose duties are exclusively building maintenance, clerical, or food preparation shall not be counted toward meeting the minimum staffing hours requirement.
7. The administrator or manager ' s time may be counted for the purpose of meeting the required staffing hours provided the administrator is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility ' s staffing schedule.
8. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted.
(b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, shall have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents scheduled and unscheduled service

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A 079	Continued From page 7	A 079		

needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.
(c) The facility must maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules for direct care staff available to residents or representatives, specific to the resident ' s care.
(d) The facility shall be required to provide staff immediately when the Agency determines that the requirements of paragraph (a) are not met. The facility shall also be required to immediately increase staff above the minimum levels established in paragraph (a) if the Agency determines that adequate supervision and care are not being provided to residents, resident care standards described in Rule 58A-5.0182, F.A.C., are not being met, or that the facility is failing to meet the terms of residents ' contracts. The Agency shall consult with the facility administrator and residents regarding any determination that additional staff is required.
1. When additional staff is required above the minimum, the agency shall require the submission, within the time specified in the notification, of a corrective action plan indicating how the increased staffing is to be achieved and resident service needs will be met. The plan shall be reviewed by the agency to determine if the plan will increase the staff to needed levels and meet resident needs.
2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, modifications may be made in staffing requirements for the facility and the facility shall no longer be required to maintain a plan with the agency.
3. Based on the recommendations of the local

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A 079	Continued From page 8	A 079		

fire safety authority, the Agency may require additional staff when the facility fails to meet the fire safety standards described in Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the Agency that fire safety requirements are being met.
(e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios.
(f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of Rule 58A-5.029, 58A-5.030, or 58A-5.031, F.A.C., respectively.

This Statute or Rule is not met as evidenced by:
Based on staff interviews, and a review of the facility staffing schedule, although the facility exceeded the minimum staffing standards required by rule, the facility did not have adequate staffing on the 11 p.m. to 7 a.m. shift to meet the needs of the residents.

Findings include:

The facility has a resident census of 72 residents. A review of the facility staffing schedule for the week of revealed the facility exceeded the minimum staffing hours required by 31 hours, however; given the layout and size of the facility one staff on the 11 p.m. to 7 a.m. shift is not sufficient to adequately supervise the 72 residents, mostly younger mental health males.

During interview with the female staff on the shift

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A 079	Continued From page 9 and facility manager at 10:30 a.m. & 2 p.m. they indicated they had always had only 1 staff on this shift. The direct care staff and manager acknowledged that in the event of an emergency it would be difficult for the 1 female staff to adequately provide supervision, intervention or assistance needed by residents. On [redacted] a photograph was received of resident #4 laying on the floor of his [redacted] a sheet over his head. During interview with resident #4 at 1 p.m., when asked about him being on the floor under a sheet one night, he indicated he [redacted] from his walker and was not helped up so slept there. During interview with the facility manager who called the staff person on duty about 1:30 p.m. on [redacted] the evening of [redacted] she stated that at no time did the staff see this resident on the floor. Class III	A 079		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Castle Court ALF, Inc.
9709 North Nebraska Avenue
Tampa, FL 33612

Dear Administrator:

Re: **CCR# 2013004412**

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 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,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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