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
	AL11968024	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRISTOL COURT ASSISTED LIVING	3479 54TH AVE N SAINT PETERSBURG, FL 33714

(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 A complaint survey, CCR# 2013004760, was conducted on [redacted]. The Bristol Court, assisted living facility, had deficiencies found at the time of the visit.	A 000		
A 010	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a [redacted] pressure [redacted] may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and 3. If the resident ' s condition fails to improve	A 010		

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A 010	Continued From page 1	A 010		

within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(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.

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A 010	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to insure that one of five sampled residents (Resident #1) had a written health assessment (AHCA form 1823) completed by their medical provider after a significant change in medical status. Specifically, the facility did not arrange for a new written health assessment be completed after Resident #1 experienced a significant weight loss (33 in 2 months) and was referred to Hospice and diagnosed as ..... Findings include: The record for Resident #1 was reviewed during a facility visit on It was noted that Resident #1's record contained a health assessment (1823) dated The 1823 noted that Resident #1 ambulated independently. Resident #1's record also contained documentation of his weight. According to the documentation in the record, Resident #1's weight was 150 on and 117 on Resident #1's record also contains a note from the local Hospice agency dated that states Resident #1 was referred due to having lost "45 in six months." The Hospice note also indicates that Resident #1 was "ambulating on his own until 2-3 weeks ago." The facility's administrator and assistant administrator were interviewed on at 1:45 PM and both acknowledged the findings. Class III	A 010		
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	A 025		

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A 025	Continued From page 3	A 025		

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 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 provide appropriate personal supervision for one of five sampled residents (Resident #1). Specifically, the facility failed to be aware of the resident's general health, safety and physical well-being and failed to properly notify the resident's family of a significant change in the health status of the resident.

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A 025	Continued From page 4 Findings include: On during a review of the record for Resident #1, it was noted that Resident #1 had been referred to and accepted by the local Hospice agency on . A case note from Hospice dated noted that Resident #1 had been ambulating "on his own until two weeks ago" but now primarily used a wheelchair and was "a risk." The Hospice note also indicated that Resident #1 would be provided with a bed/chair alarm due to the risk of A Hospice note dated indicated that the bed/chair alarm for Resident #1 was delivered on at 2:30 p.m. A follow-up Hospice note dated at 11:30 a.m. noted that Resident #1 tried to get out of bed during the Hospice visit and back" into the bed and that no bed alarm was in place. The note further indicated that the bed alarm was found "downstairs in the nursing office." On during further review of the record for Resident #1, it was noted that a "Resident Incident/Accident Report" was completed for Resident #1 form at 3:00 PM for a where Resident #1 was found on the floor of a resident the hall from his Upon further review, a second incident/accident report was located for the same date, at 10:45 AM, also indicating that Resident #1 was found on the floor of a resident an apparent On at 8:45 a.m., the Hospice nurse who provided care to Resident #1 was interviewed by telephone. The Hospice nurse confirmed that she delivered an alarm for	A 025		

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Resident #1 on [redacted] and said that it was to be on Resident #1's bed or chair at all times and said the Assistant Administrator was aware of this. The Hospice nurse stated that the purpose of the alarm was so that staff would know right away if Resident #1 was out of his bed or chair. The Hospice nurse confirmed that during a visit conducted on [redacted], the nurse observed that the bed alarm was not in place and located the alarm and placed it on Resident #1's bed.

A telephone interview was conducted on [redacted] at 2:45 PM with Employee A, who found Resident #1 on [redacted] at 10:45 AM. Employee A stated that she observed Resident #1 moving in his wheelchair from the location of the medication cart toward his [redacted] Employee A stated that a short time later, she heard a thump. Employee A said she discovered Resident #1 out of his wheelchair on the floor of a resident [redacted] Employee A said that Resident #1 did not have the alarm attached to his wheelchair.

During a telephone interview with the assistant administrator conducted on [redacted] at 10:30 a.m., he stated that he found Resident #1 after his [redacted] on [redacted] at 3:00 p.m. The assistant administrator said he did not realize that Resident #1 had also [redacted] earlier that morning as well until he reviewed the incident reports.

Resident #1's daughter was interviewed on [redacted] at approximately 10:30 a.m. by telephone. Resident #1's daughter said that she was the primary contact for the resident and was at the facility frequently and regularly spoke with the facility staff. Resident #1's daughter stated that she visited Resident #1 on [redacted] between 12:00 p.m. and 1:00 p.m. and noted that Resident #1 did not want to get out of bed.

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A 025	Continued From page 6 Resident #1's daughter stated that Resident #1 was "grimacing and groaning" and appeared to be uncomfortable. Resident #1's daughter stated that facility staff did not tell her about Resident #1 falling at that time. Resident #1's daughter said that she spoke with the assistant administrator on [redacted] and at that time, he told her about one of Resident #1's [redacted] on [redacted] Resident #1's daughter said she was unaware that Resident #1 had [redacted] twice until she spoke with the surveyor on [redacted] 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
Bristol Court Assisted Living
3479 54th Ave N
Saint Petersburg, FL 33714

Dear Administrator:

Re: **CCR# 2013004760**

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,

Patricia Reid Caufman
for Field Office Manager

PRC/kpr

Enclosure: State Form 3020

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