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
	AL11963865	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERITUS AT SPRINGTREE	4201 SPRINGTREE DRIVE SUNRISE, FL 33351

(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 An Assisted Living Facility complaint inspection survey (CCR#2013003120) was conducted on [redacted] Emeritus at Springtree, had licensure deficiencies found at the time of the visit. Please note this complaint was conducted in conjunction with the biennial relicensure revisit survey conducted on the same date. See separate report for the findings.	A 000		
A 025 SS=G	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 58A-5.0131(33), F.A.C., any illnesses which	A 025		

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A 025	Continued From page 1	A 025		

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 ensure resident records accurately reflect the current health status/condition and care needs for 1 out of 3 sampled residents (Resident #1). As evidenced by lack of documentation for the assessment and monitoring of for Resident #1.

The findings include:

Resident #1 was admitted to the facility on with diagnoses to include and .
Review of the resident's record revealed an 1823 Health Assessment dated documenting the resident was independent with ambulation, dressing, eating, toileting and requires supervision with bathing. Further assessment documents the resident has no pressure sores.

On documentation states the "resident was transferred to the memory care unit where more care can be provided." Review of the resident's record revealed no updated 1823 Health Assessment addressing the need for additional care for activities of daily living and mobility. Additionally, the resident had a private aide to assist for a couple of hours per day with care being rendered by facility staff when the private aide was not present.

Documentation from through revealed no evidence of documentation of any

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A 025	Continued From page 2	A 025		

alterations in the resident's skin condition. The next entry to the Service Notes is dated stating "Private Aide reported that resident has notable redness to No open area. MD notified." There is no evidence of documentation by facility staff of an assessment, size or condition of the redness on the resident's

Documentation in the Service Notes on documented "Private Aide reported resident has open area to MD notified. MD office to set up care through (name of insurance management company)." There was no evidence of documentation by the facility of an assessment, size or condition of the open area to the resident's

Review of the facility Skin Integrity Tracking Summary dated documented the resident has a new to the area stating "Resident has open area with red area around opening to Home health orders obtained."

Documentation in the Service Notes on documented "Resident remain reddened." There is no evidence of documentation by the facility of an assessment, size or condition of the reddened area to the resident's

Review of an MD progress note dated documented the resident has a and both heels with a There is no evidence of documentation from the facility staff regarding the development of pressure sores to the resident's left and right heels in the resident's care notes/progress notes.

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A 025	Continued From page 3 Review of MD orders dated documented changes to the care to the with the addition of care to heels. Review of the facility's Skin Integrity Tracking Summary dated , documented the resident has a to the area with no documentation of the heel stage 1 pressure sores as documented by the MD on Additionally, there is no evidence of any description, assessment, size or condition of the Review of MD orders dated documented "Home Health is requesting the below orders, to include changes to the treatment of the to the Review of the facility Skin Integrity Tracking Summary dated , documented orders changed this week. Area around no longer bright red. Small amount of drainage from wound. odor. Area on bilateral red with dried blister right heel." There is no evidence of documentation of the size, condition or stage of the wounds. Review of Service Notes dated 03/2 "Wound coccyx , MD and family requested that resident be transported to hospital for evaluation." The resident was sent out to the hospital for evaluation and returned the same day. Review of Service Notes dated 03/2 "Heel intact, granulex applied and area dressed." Additional documentation by the Director of Nurses addressing the resident's family member documented "Explained that area around wound longer bright red and bilateral	A 025		

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A 025	Continued From page 4 heels are healing well. Explained that I had spoken with home health and I has non-odorous drainage with yellow and black at base. Discussed sending to hospital for evaluation because is not improving despite interventions." Review of Service Notes dated documented "Spoke with MD regarding non-healing on MD states that the has drainage and because it is not healing resident may need to go to hospital, will call (family) to let them know that resident needs to go back to hospital for evaluation and possible debridement. Resident transferred to (name of hospital) for evaluation." Review of MD progress notes dated documented under findings with odor at sacrum. Transfer to hospital for evaluation and treatment of On at 12:42 p.m., an interview was conducted with the ALF Director of Nurses (DON) who stated there were preventative measures in place to prevent further deterioration of the resident's skin. However, she was declining. She stated the I was in the crack of the and was being treated by the home health agency 3 times a week but it was not healing. The DON was asked what stage the I was when the resident went out to the hospital on and she stated it was unstageable. Review of the home health agency clinical record for Resident #1 revealed no documentation regarding the assessment or treatment of the resident's wounds. During the interview with the ALF DON, she stated the home health agency does not keep notes in their charts or the ALF records but she speaks to the home health nurse weekly. The ALF DON was not able to provide any documentation of communication with the home health nurse regarding the progress or	A 025		

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A 025	Continued From page 5 decline in Resident #1's On at 2:06 p.m., a telephone interview was conducted with the DON of the home health agency caring for Resident#1 who stated Resident #1's was staged as a at the start of care on in addition to to both heels. She stated on the skilled nurse took pictures of the wounds. She stated the skilled nurse contacted the physician on for alternate care orders as the was getting worse not better. Additionally, she stated on the sacral area was with 100% gray tissue and the skilled nurse contacted the physician for a change in treatment as the continued not to improve. A request to scan and email the pictures taken by the skilled nurse was made to the home health agency DON for review. Review of the pictures taken on by the skilled nurse of the home health agency revealed the following: The right outer aspect of the right heel had a round excoriated area a size larger than a quarter with a grayish area in the center of the . The left lower aspect of the left great toe had a blackish purple area below the big toe nail. The left outer aspect of the left heel area a size larger than a quarter, round in shape with bright red edges with yellowish black in the center. The area was a large excoriated moist looking reddish with yellow in the center. On at 3:23 p.m., an interview was conducted with the ALF DON who stated the home health agency was coming in 3 times a week to do the dressing changes and were making changes to the treatment. Additionally, she stated the started bright red then open at the crack of the resident's . No further description, assessment, or condition could be provided for the or the	A 025		

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A 025	Continued From page 6 left and right heel. She further stated the home health agency was looking after the wounds and doing the documentation. However there were no home health agency notes available in the ALF to review. An inquiry was made to the DON why Resident #1's pressure [illegible] care was not provided by the facility under their Limited Nursing Services (LNS) license and thus would have an assessment and monitoring of the wounds and the DON responded by stating they do not do LNS for wounds. Class II	A 025		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At Springtree
4201 Springtree Drive
Sunrise, FL 33351

Re: CCR #2013003120

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from 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, ALF Supervisor
Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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