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
	AL11967589	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSIE'S PLACE	1102 SW IVANHOE STREET PORT SAINT LUCIE, FL 34983

(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 (CCR# 2013001474) survey was conducted on Rosie's Place, had licensure deficiencies found at the time of the visit on	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license	A 008		

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A 008	Continued From page 1	A 008		

number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state.
(b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows:
1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment.
a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion.
b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider.
c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided.
2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the

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A 008	Continued From page 2	A 008		

elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a order for residents who do not wish to be administered in the case of or
(g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or

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A 008	Continued From page 3 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed ensure required medical examinations (AHCA Form 1823) contained all required information, and any necessary clarifications were obtained in a timely manner for 2 out of 3 sampled residents (Resident #1 and #3). The findings include: 1) Resident#1 was admitted to facility on , review of Resident #1's health Assessment (AHCA Form 1823) revealed the following, specifically. a) The section titled Special Precautions was left blank b) Under Activities of Daily Living, ambulation, bathing, dressing, , toileting and transferring were all marked as "supervise" or "assist" but there were no comments explaining the extent and type of supervision or assistance needed; c) Under Ability to Perform Self-Care Tasks, Preparing Meals was marked "NA" (not applicable) and the remaining areas were marked	A 008		

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A 008	Continued From page 4 as "supervise" or "assist" but there were no comments explaining the extent and type of supervision or assistance needed; d) There was no list of prescribed medications, nor was any attached; e) The section addressing whether the resident needs help with taking medications and to what extent was left blank; f) The form was dated ' although the Administrator insisted the actual date of the examination was ; and, g) The section titled Services Offered or Arranged by the Facility for the Resident was not completed by facility staff and there was no Administrator/designee name, signature or date. h) Under the Status section (page 2), item #2 asks "if any 3 or 4 pressure sores". This section was marked "N. However, review of the Home health nursing visit notes related to the initial visit dated documented the following four (measurements are in centimeters and are length by width by depth): 1) #1 at left hip; 1.0 x 1.0 x 0.1 2) #2 at right hip; 0.5 x 0.5 x 0.1 3) #3 at left cheek, ; 1.0 x 0.3 x0.1 4) #4 at right cheek, ; 1.0 x 0.3 (no depth indicated) 2) Resident#3 was admitted to facility on review of Resident #3's health assessment (AHCA Form 1823) dated revealed the following, specifically. a) One of the diagnoses listed was unreadable, the Co-Administrator did not know what it was and stated she had not sought clarification from	A 008		

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A 008	Continued From page 5 the health care provider. b) The sections titled or Behavioral Status, Service Requirements, and Special Precautions were all left blank. c) Under Activities of Daily Living, bathing, dressing, toileting and transferring were all marked as "assist" but there were no comments explaining the extent and type of assistance needed. d) Under Ability to Perform Self-Care Tasks, the five areas listed all had "NA" (not applicable); and, e) The section titled Services Offered or Arranged by the Facility for the Resident was not completed by facility staff and there was no Administrator/designee name, signature or date. During an interview with the Administrator and Co-Administrator at 12 PM on , aforementioned was confirmed and it was revealed no further documentation was available for review. Class III	A 008		
A 010 SS=D	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	A 010		

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A 010	Continued From page 6 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 pressure 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 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	A 010		

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A 010	Continued From page 7 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. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to ensure residents remained appropriate for continued residency for 1 out of 3 sampled residents (Resident #3) and discharged when care needs exceed the facility's ability to provide an adequate level of care; the facility also failed to ensure an updated health assessment/medical examination (AHCA Form 1823) was obtained when required for 1 out of 3 sampled residents (Resident #2). The findings include: 1) Resident #3: Review of Resident #3's record revealed the following information, specifically. a) She was admitted to this facility on [redacted]. b) Health assessment form (AHCA Form 1823) dated [redacted] documented pertinent diagnoses	A 010		

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A 010	Continued From page 8 including high , lower extremity and unstable gait; however there was no information addressing the status of her cognition, behavior, special precautions, to what extent and type of assistance was required with bathing, dressing, toileting and transferring, or any necessary nursing or other third-party services. Also, facility staff did not identify services offered or arranged by the facility on page 5 of the form. c) Her resident observation notes included the following entries: 1) -"Resident was admitted to facility on , she uses a wheelchair." 2) - "Resident was very agitated today, she was grabbing at clothing, anything that she could get hold of." 3) - "Resident is very agitated when I am toileting her, when I tried to clean her private part, she said that is nasty." 4) - "A little less agitated but still gives problem when attending to her." 5) - "Marie gets very agitated in the morning, when staff is giving her a bed bath, so she could hurt herself and staff." 6) - described an incident where the resident was combative with staff, staff noted to her left elbow. 7) - health provider consultation included agitation/aggression as part of the patient's complaint and ordered changes in medications. In an interview conducted at 10:45 AM, the Co-Administrator provided the following information. This resident came from another assisted living facility where she lived only one month because they could not handle her. When she first arrived, she was agitated but allowed staff to care for her. After a couple months, she	A 010		

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A 010	Continued From page 9	A 010		

needed more assistance from staff, became more agitated, refused care, and became combative with staff, hitting, biting and pinching staff when they attempted care. She brought this to her family member's attention in [redacted] 2012 and recommended Resident #3 be transferred to a skilled nursing facility. She received a 30-day notice of intent to vacate from the family member which was to occur on [redacted]. She stated she then allowed the resident to stay an extra 30 days at the family member's request. On [redacted], a home health nurse visited Resident #3 at the resident's health care provider's request but determined the resident was not a [redacted] for home health services due to her combative behavior. (The home health nurse was interviewed on [redacted] at 5:11 PM, she confirmed these details and stated the resident appeared out of control, she could not safely get close enough to her to perform an evaluation.) The Co-Administrator acknowledged that the resident's needs had exceeded the service her facility was able to provide. She also confirmed she never issued a 45-day notice of discharge nor took steps to have the resident transferred to a more appropriate setting on a more immediate basis.

2) Resident #2:
Review of Resident #2's medical record revealed a health assessment (AHCA Form 1823) dated [redacted] 2009. The Co-Administrator acknowledged a new face-to-face examination should have been conducted for this resident every three years, or in [redacted] 2012.

During an interview with the Administrator and Co-Administrator at 12 PM on [redacted], aforementioned was confirmed and it was

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A 010	Continued From page 10 revealed no further documentation was available for review. Class III	A 010		
A 160 SS=D	58A-5.024(1) FAC Records - Facility Records. The facility shall maintain the following written records in a form, place and system ordinarily employed in good business practice and accessible to Department of Elder Affairs and Agency staff. (1) FACILITY RECORDS. Facility records shall include: (a) The facility ' s license which shall be displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident ' s: 1. Date of admission, the place from which the resident was admitted, and if applicable, a notation the resident was admitted with a pressure and 2. Date of discharge, the reason for discharge, and the identification of the facility to which the resident is discharged or home address, or if the person is the date of Readmission of a resident to the facility after discharge requires a new entry. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intends to return pursuant to Rule 58A-5.025, F.A.C. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).	A 160		

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A 160	Continued From page 11 (d) An up-to-date record of major incidents occurring within the last 2 years. Such record shall contain a clear description of each incident; the time, place, names of individuals involved; witnesses; nature of injuries; cause if known; action taken; a description of medical or other services provided; by whom such services were provided; and any steps taken to prevent recurrence. These reports shall be made by the individuals having first hand knowledge of the incidents, including paid staff, volunteer staff, emergency and temporary staff, and student interns. (e) The facility ' s emergency management plan, with documentation of review and approval by the county emergency management agency, as described under Rule 58A-5.026, F.A.C., which shall be located where immediate access by facility staff is assured. (f) Documentation of radon testing conducted pursuant to Rule 58A-5.023, F.A.C.; (g) The facility ' s liability insurance policy required under Rule 58A-5.021, F.A.C.; (h) For facilities which have a surety bond, a copy of the surety bond currently in effect as required by Rule 58A-5.021, F.A.C. (i) The admission package presented to new or prospective residents (less the resident ' s contract) described in Rule 58A-5.0182, F.A.C. (j) If the facility advertises that it provides special care for persons with . . . . . s . . . . . or related , a copy of all such facility advertisements as required by Section 429.177, F.S. (k) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 58A-5.0182, F.A.C. (l) All food service records required under Rule 58A-5.020, F.A.C., including menus planned and	A 160		

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A 160	Continued From page 12	A 160		

served; county health department inspection reports; and for facilities which contract for catered food services, a copy of the contract for catered services and the caterer ' s license or certificate to operate.
(m) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C., issued within the last two (2) years.
(n) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years.
(o) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.
(p) Additional facility records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively.
(q) The facility ' s resident elopement response policies and procedures.
(r) The facility ' s documented resident elopement response drills.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to maintain written records related to injuries of unknown origin for 1 out of 3 sampled residents (Residents #3). As evident by the facility failure to maintain documentation indicating complete investigations were conducted.

The findings include:

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A 160	Continued From page 13 Review of Resident #3's record conducted documented the following incidents of potential injuries of unknown injuries experienced by the resident. Resident#3's observation log notes included the following, specifically. a) On , an entry documented " Staff notice a mark on her upper right arm. " b) On the entry documented the resident was combative with staff while in chair; staff noted on left elbow. c) On an entry documented the resident was found with discoloration of her skin on her right up to her shoulder and part of her chest. Resident #3's health care provider consultation notes included the following, specifically. a) An consult disclosed notes related to a hematoma on her left , without injury, slowly resolving, and if further areas present, will consider changing medications which can cause break easily due to medications). b) An consult included, " broken in eye, gas, agitation; conjunct NCL left eye-no probable known cause, is self-resolving, no injury noted to oreg. There was no documentation showing the facility's staff (including the Administrator) conducted thorough investigations of the incidents which included: a) Full detailed descriptions of what occurred with attention to underlying reasons for the incident. b) Times and places where the incidents occurred. c) Full accountings of all staff involved, including	A 160		

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
	AL11967589	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSIE'S PLACE	**1102 SW IVANHOE STREET PORT SAINT LUCIE, FL 34983**

(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 160	Continued From page 14 written witness statements where available. d) Nature of injuries if known e) Full accountings of medical or other services provided to the resident and by whom, including assessments, first aid and comfort measures; including services provided by non-facility individuals. f) Documentation showing required parties such as health care providers and emergency contacts were notified, including dates and times. g) Steps taken to prevent recurrence of the incidents. During an interview with the Co-Administrator on [redacted] at 1:40 PM, aforementioned was confirmed. It was revealed no further documentation was available for review. Class III	A 160		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Rosie's Place
1102 SW Ivanhoe Street
Port Saint Lucie, FL 34983

Dear Administrator:

Re: CCR #2013001474

This letter reports the findings of a state complaint 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 (30) 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/dso
Enclosure
XG90

Headquarters
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Tallahassee, FL 32308
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