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
	AL11966192	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPEWELL ASSISTED LIVING FACILITY	7298 NW 39TH STREET CORAL SPRINGS, FL 33065

(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 Investigation Survey (CCR# 2013003259) was conducted on [redacted] Hopewell Assisted Living Facility, had licensure deficiencies found at time of the visit.	A 000		
A 007 SS=D	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable [redacted] which is likely to be transmitted to other residents or staff; however, a person who has [redacted] may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent to provide such assistance as required under Section 429.256, F.S. 2. The facility may accept a resident who requires	A 007		

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A 007	Continued From page 1	A 007		

the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident.
(f) Any special dietary needs can be met by the facility.
(g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S.
(h) Not require licensed professional mental health treatment on a 24-hour a day basis.
(i) Not be bedridden.
(j) Not have any or 4 pressure sores. A resident requiring care of a pressure may be admitted provided that:
1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, 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 nurse or physician, the resident shall be discharged from the facility.
(k) Not require any of the following nursing services:
1. Oral, or suctioning;
2. Assistance with tube feeding;
3. Monitoring of gases;
4. Intermittent positive pressure breathing , or
5. Treatment of surgical or wounds, unless the surgical or and the condition which caused it have been stabilized

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A 007	Continued From page 2	A 007		

and a plan of care developed.
(l) Not require 24-hour nursing supervision.
(m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.
(n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on:
1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule;
2. The facility ' s admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and
3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C.
(o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.

This Statute or Rule is not met as evidenced by:
Based record review and interview, the facility failed to ensure that 1 out of 5 sampled residents (Resident #1) met minimum criteria in order to be admitted to an assisted living facility.

The findings include:

1) In an interview with the Administrator on at approximately 9:40 AM, she stated the family came and signed the paperwork for Redident #1 on and the resident was admitted on at night.

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A 007	Continued From page 3	A 007		

2) Record review of physician orders for Resident #1 dated , revealed care Decubs

3) In an interview with the Administrator on at approximately 10:43 AM, she stated she came in like that (with a She stated the was on her It was revealed the resident was not on hospice when she was admitted to the facility. Resident #1 went to the doctor on the doctor ordered hospice and the family called for the appointment which was set up for

4) Record review of physician orders for Resident #1 dated , revealed "hospice evaluation."

5) In an interview with the primary care physician of Resident #1 on at approximately 11:01 AM, he stated Resident #1 probably got the while she was in the hospital.

6) Record review of discharge paperwork from the hospital revealed Resident #1 was discharged on

7) Record review of Resident #1's health assessment (form assessment 1823), dated documented "would care consult" and on the bottom of page two "Any , 3, or 4 pressure sores?" Record review revealed the physician circled the #3. Record review revealed physician wrote, needs constant supervision."

8) In a phone interview with the Administrator on at approximately 3:00 PM, she acknowledged the findings and inquired how she can fix that since resident #1 expired.

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A 007	Continued From page 4 Class III	A 007		
A 030 SS=D	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with Disabilities, [illegible]2-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida Abuse [illegible] " 1(800)96-ABUSE [illegible] 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents. (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules	A 030		

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A 030	Continued From page 5 and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s . . . and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical . . . . . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of	A 030		

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A 030	Continued From page 6	A 030		

any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from [illegible] and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [illegible] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at

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A 030	Continued From page 7	A 030		

regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

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A 030	Continued From page 8	A 030		

This Statute or Rule is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that 3 out of 3 (Resident #2, #3, #4) current residents sampled were living in a safe and descent living environment and treated with consideration and respect and with the need for privacy.

The findings include:

1) Observations on at approximately 9:18 AM, found couches in the living designated for resident use. Observations found Resident #2 was sitting on one of the couches upon entry to the facility.

2) Observations on at approximately 10:54 AM, found Resident #2 and Resident #3 sitting on separate couches in the living during the tour of the facility with the Administrator.

3) In a phone interview with staff #2 on at approximately 11:41 AM, she stated she was at the facility on Saturday. She stated she slept at the facility that night. She stated she slept in the living She stated she slept on one of the couches. She stated she sleeps everywhere and some days she will sleep in the it is empty.

4) In a phone interview with staff #3 on at approximately 2:06 PM, she stated she sleeps on the couch when she works at night. She stated she works two nights a week.

5) In a phone interview with the administrator on at approximately 3:00 PM, she acknowledged the findings and she stated they

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A 030	Continued From page 9 choose to sleep on the couch to be close to the residents. She stated sometimes they do not even sleep. During the time periods in which the staff sleep in the area designated for resident use, this prevents the resident from having full usage of the area designated for "resident use". Class III	A 030		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least . trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the	A 052		

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A 052	Continued From page 10	A 052		

medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or , medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or

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crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through intermittent positive pressure breathing machines or a
(d) Administration of medications by way of a tube inserted in a cavity of the body.
(e) Administration of preparations.
(f) Irrigations or debriding agents used in the treatment of a skin condition.
(g) , or preparations.
(h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.
(i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure 1 out of 4 (Resident #1) sampled residents were appropriate to receive assistance with self-administration of medication. The facility failed to ensure Resident #1 was cognizant of when a medication is required and understood the purpose for taking the medication.

The findings include:

1) Record review of Resident #1's medication observation record (MOR) for the month of 2013 revealed Resident #1 received assistance

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A 052	Continued From page 12 with self-administration of medication for the following medication: 25 mg PRN as needed." Photographic evidence obtained. 2) Record review of the hospital documentation for Resident #1 revealed the admission chief complaint was agitation and confusion. review revealed "the patient is a 90-ye female, who was just recently discharged to a Skilled Nursing Facility, apparently has worsened in her mental status, she has become quite agitated, combative, confused, taking her meds or participating in rehab." Record review revealed past medical history include, "hip fracture repair, history of dementia, agitation." 3) In an interview with the Administrator on 03-2 approximately 9:40 AM the following was revealed, Resident #1 was on pain medication, it was PRN. The last time she gave it to Resident #1 was on 03-1 she was not in pain. Resident #1 went to the doctor on 03-2 doctor signed for hospice. Hospice had an appointment to come on Sunday. The resident expired on 03-2 MORs has her initials, she gave it to her when she stated she was in pain. She stated she is not a nurse. 4) In a phone interview with Resident #1's primary care physician on 03-2 approximately 11:01 AM the following was revealed. He stated Resident #1 had Alzhe dementia agitation and they put her on risperdal. #1 would probably not know with her dementia medications she was taking. She refused to take medications. Advanced dementia the criteria for hospice care. The resident with her	A 052		

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(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 052	Continued From page 13 , did not want to take any medications and leaving to her own devise she would not be taking any medications. 5) In a phone interview with the Administrator on at approximately 3:00 PM, she acknowledged the findings. Class III	A 052		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified;	A 056		

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	AL11966192	A. BUILDING _____ B. WING _____	

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A 056	Continued From page 14	A 056		

for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.
(d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident ' s health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident ' s medication observation record. The facility may then place an " alert " label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident ' s medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.
(f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer ' s packaging, which shall also include the practitioner ' s name, the resident ' s name for whom they were dispensed, and the date they were dispensed. If

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A 056	Continued From page 15	A 056		

the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that bears a label containing the following:
1. Practitioner ' s name;
2. Resident ' s name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.
(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident ' s health care provider shall provide the resident with a written prescription, or a fax copy of such order.

This Statute or Rule is not met as evidenced by:
Based on observations, record review and interview, the facility failed to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner for, 1 out of 4 (Resident #1) sampled residents.

The findings include:

1) Record review of the hospital discharge records dated , revealed Resident #1 was instructed to continue taking these medications:
a) 10 mg
b) 500 mg
c) 30 ml
d) mg

2) Record review of the hospital discharge records dated , revealed Resident #1 was instructed to start taking the following medications:

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A 056	Continued From page 16 a) Linezolid 600 mg b) [illegible] mg c) [illegible] 25 mg 3) Record review revealed the facility had prescriptions dated [illegible] for Resident #1 including: [illegible] 600 mg tablet, [illegible] mg tablet, and [illegible] 25 mg tablet. 4) Review of Resident #1's medication observation record (MOR) revealed Resident #1 received assistance with self-administration of medication for the following medication: [illegible] 25 mg, PRN (as needed)." Record review did not find any other medications listed on Resident #1's MOR. Photographic evidence obtained. 5) In an interview with the Administrator on [illegible] at approximately 9:40 AM, she stated the lady, a Police Department Investigator took everything and told her when the Agency comes to call her and get it. The Administrator stated Resident #1 was on pain medication as needed and last time she gave it to her was on the [illegible] because the resident was not in pain. 6) Observations on [illegible] at approximately 11:56 AM revealed the facility did not have any medications for Resident #1. 6) In an interview with the Investigator from the local Police Department on [illegible] at approximately 3:30 PM, she confirmed that she confiscated Resident #1's medications from the facility during an investigation. She stated that it was only two medications. 7) During a further phone interview with the Investigator from the local Police Department on	A 056		

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A 056	Continued From page 17 _ _ _ _ at approximately 11:06 AM, she stated Resident #1 had taken 7.5 mg one time a day and . She stated the facility filled but had not administered the . She stated that the was the old medication that they stopped at the request of the family. She stated those were the two medications that the facility had for Resident #1. 8) In a phone interview with the primary care physician of Resident #1 on _ _ _ _ at approximately 11:01 AM, he stated the lack of the medications would not have caused a . He stated it was important for Resident #1 to take those medications but it did not contribute to her . 9) In a phone interview with the administrator on _ _ _ _ at approximately 3:00 PM, she acknowledged the findings and stated she did not fill the prescriptions because she had a note from the family that they did not want Resident #1 to take the medications until she went to see her primary care physician. Class III	A 056		
A 057 SS=D	58A-5.0185(8) FAC Medication - Over The Counter (OTC) Products (8) OVER THE COUNTER (OTC) PRODUCTS. For purposes of this subsection, the term OTC includes, but is not limited to, OTC medications, , nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription. (a) A stock supply of OTC products for multiple	A 057		

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A 057	Continued From page 18 resident use is not permitted in any facility. (b) OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident ' s name and the manufacturer ' s label with directions for use, or the licensed health care provider ' s directions for use. No other labeling requirements are necessary nor should be required. (c) Residents or their representatives may purchase OTC products from an establishment of their choice. (d) A facility cannot require a licensed health care provider ' s order for all OTC products when a resident self-administers his or her own medications, or when staff provides assistance with self-administration of medications pursuant to Section 429.256, F.S. A licensed health care provider ' s order is required when a licensed nurse provides assistance with self-administration or administration of medications, which includes OTC products. When such an order for an OTC product exists, only the requirements of paragraphs (b) and (c) of this subsection are required. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure all centrally stored Over the Counter (OTC) Products were properly labeled. Findings Include: 1) Observations on at approximately 11:56 AM found 1 container of Bayer in the medication cabinet comingledwith other residents' medications. Observations found the Bayer was not properly labeled with the resident's name, as required. Photographic evidence obtained.	A 057		

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A 057	Continued From page 19 2) In an interview with the Administrator on [redacted] at approximately [redacted] she acknowledged the bottle of Bayer [redacted] did not have a residents' name on it and stated that she had a prescription for the [redacted] from the residents physician. 3) In a phone interview with the administrator on [redacted] at approximately 3:00 PM, she acknowledged the findings and stated the label was inside the bottle. She stated that the pharmacy did not sent her the medication the way they were supposed to. Class III	A 057		
A 079 SS=D	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 emergency shall be within the facility at all times when residents are in the facility. Residents	A 079		

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A 079	Continued From page 20	A 079		

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 18 years of age, 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 needs, resident contracts, and resident care standards as described in Rule 58A-5.0182,

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A 079	Continued From page 21	A 079		

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 fire safety authority, the Agency may require additional staff when the facility fails to meet the

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A 079	Continued From page 22 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 observation, record review, and interview the facility failed to maintain a written work schedule which reflects its 24-hour staffing pattern for a given time period. Findings Include: 1) Observations on Wednesday, [redacted] at approximately 9:17 AM, revealed only Staff #1 was on duty at the facility, upon entrance. 2) Review of the facility's staff schedule for [redacted] 2013 revealed on Wednesday during the week of [redacted], that Staff #4 and #5 were scheduled from 9:00 AM to 9:00 PM. Photographic evidence obtained. 3) In an interview with Staff #1 on [redacted] at approximately 9:24 AM, she acknowledged that she was not on the schedule for the day and stated the Administrator was on her way and staff	A 079		

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A 079	Continued From page 23	A 079		

#4 is off today. She stated the Administrator came but then stepped out.

4) Observations on 03-2. . . . . approximately 9:40 AM revealed the Administrator arrived at the facility.

5) In in an interview with the Administrator on 03-2. . . . . approximately 9:40 AM, she stated Resident #1 expired on 03-2. . . . . she was not at the facility at that time. Further interview revealed Staff #2 and #3 were on duty on 03/2. . . . . stated staff #2 was already at the facility from the night before to the morning and Staff #3 came on duty later that morning.

6) Record review of the facility's staff schedule for 03/2. . . . . the Administrator and staff #3 were scheduled to be at the facility from 9:00 AM to 9:00 PM.

7) In a further interview with the Administrator on 03-2. . . . . approximately 10:02 AM, after having seen the staffing pattern, she stated she had stepped out on 03-2.

8) Record review of the facility notes for Resident #1 revealed Staff #2 called 911 at approximately 9:33 AM on 03-2. . . . . the resident wasn't looking good and by the time 911 came it was 9:37 AM and she stopped breathing.

9) In a phone interview with the Administrator on 03-2. . . . . approximately 3:00 PM, she acknowledged the findings and stated she does the schedule differently.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hopewell Assisted Living Facility
7298 NW 39th Street
Coral Springs, FL 33065

Re: CCR #2013003259

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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90