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
	AL11966416	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REBECCA'S HOUSE	6711 NW 46TH COURT LAUDERHILL, FL 33319

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A 000	Initial Comments An Assisted Living Facility biennial relicensure survey was conducted on [redacted] Rebecca's House, had licensure deficiencies identified at the time of the visit.	A 000		
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 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 within 30 days, as documented by a licensed	A 010		

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A 010	Continued From page 1 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. This Statute or Rule is not met as evidenced by:	A 010		

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A 010	Continued From page 2	A 010		

Based on record review and interview, it was determined the facility failed to ensure a Health Assessment, AHCA form 1823 was completed on every resident upon significant change and that it is reflective of the resident's current health status and care needs, for 3 out of 4 sampled residents (Resident #1 & #3).

The findings include:

a) Record review indicated an admission date of for Resident #3. Review of the Health Assessment, AHCA form 1823 dated documented a medical diagnosis of and muscle wasting. service requirements listed as none. The Health Assessment also documented that the resident only required assistance with all Activities of Daily Living (ADLs), except for eating and toileting, which was noted as needing supervision. During an interview with the Administrator at 11:30 AM on , it was revealed the resident now requires total care with all of her ADLs and that this decline in health recently occurred after admission to hospice. Further record review revealed Resident #3 was admitted/enrolled in Hospice on . Further interview with the Administrator, revealed the resident was admitted to hospice prior to being admitted to the facility. Further record review failed to indicate a current health assessment since the significant health change of the resident is not indicated on the resident's health assessment. It was revealed by the Administrator that the facility did not have a current health assessment reflecting the current health changes and current ADL levels for the resident.

b) Record review indicated an admission date of

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A 010	Continued From page 3 for Resident #1. Review of Resident #1's Health Assessment (AHCA form 1823) dated documented a medical diagnosis of functional decline advance mental decline, type II, , HX of . Patient uses a manual wheelchair, status fair, and service requirements: listed as none. The Health Assessment also documented that the resident only requires assistance with Activities of Daily Living (ADLs) with supervision listed for eating and toileting. Review of Resident #1's record revealed a diet order of no added salt. The resident was observed being served a pureed diet on An interview was conducted with the facility Administrator on at 1:19 PM during which she stated the resident has declined tremendously since admission and cannot tolerate a regular diet. She stated the resident is on hospice but has not yet had her diet order changed by hospice. She stated she provides a pureed meal for the resident in order to get her to eat something. The lunch meal was observed served a pureed servicing of Salisbury steak, mashed potato, pureed green beans. A review of the hospice care plan and progress notes does not list the resident as requiring a therapeutic diet. No order for thick-it was also observed in the resident's record. During an interview with the Administrator at 12 PM on , it was revealed the resident now requires total care with all of her ADLs and that this decline in health had recently occurred. Further record review revealed Resident #1 was admitted/enrolled in Hospice on . Further record review revealed the facility failed to obtain a current health assessment since the	A 010		

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A 010	Continued From page 4 significant health change of the resident. It was revealed by the Administrator that the facility did not have a current health assessment reflecting the current health changes and current ADL levels for the resident. Class III	A 010		
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; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the	A 056		

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A 056	Continued From page 5	A 056		

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 the sample or complimentary prescription drugs are not dispensed in the manufacturer ' s labeled package, they shall be kept in a container that

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A 056	Continued From page 6 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 observation, interview and record review, the facility failed to ensure any consult the physician and/or pharmacist regarding any discrepancies in medication orders, for 1 out of 4 sampled residents (Resident #4). The findings include: 1) Review of Resident #4's clinical record revealed medication labeled .....2 mg tab - 1 tablet by mouth every 8 hours as needed around the clock every four hours as needed for pain. The MOR revealed the same directions. There was no corresponding physician prescription order on file in the facility. Review of the MOR revealed from ..... thru ..... the medication .....2 mg was continued to be administered three times daily at 8:00 AM, 2:00 PM and 10PM daily and not 3 times daily as ordered every 8 hours. An interview was conducted with the Administrator who stated that the labeling is confusing as it lists both around the clock and as needed in the instructions and she somehow ..... the dosage times.	A 056		

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A 056	Continued From page 7 2) On at 1:00 p.m. medications were reconciled for Resident #4 in the presence of the Administrator. Included in the medications was apply 1 patch in the morning and remove after 12 hours as needed for pain. Review of the MOR revealed the same directions to apply 1 patch in the morning and remove after 12 hours. A review of the current medication order revealed the instructions ordered on lists 1 patch every 12 hour for pain to (R) leg around the clock. On at 1:05 p.m. an interview was conducted with the Administrator who stated she believes the patch is to be applied to the leg for pain and that the order was adjusted to only give the patch once. She states she does not have a copy of the order within the facility showing the adjustment in the administration of the patch. Class III	A 056		
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.	A 079		

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A 079	Continued From page 8 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 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	A 079		

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A 079	Continued From page 9 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, 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	A 079		

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A 079	Continued From page 10 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 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 record review and interview, it was determined the facility failed to maintain an up-to-date written work schedule reflecting the facility's 24 hour staffing pattern for all staff members. The findings include: Upon request of the facility's current staffing schedule and past six months, it was revealed by the Administrator that she did not have any current staffing schedules. An interview with the Administrator at 10:15 AM on [redacted] revealed the facility has 4 employees and 24 hour staffing. However, she was unable to provide documentation indicating adequate and sufficient staffing for a census of 4 residents.	A 079		

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A 079	Continued From page 11 Class III	A 079		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, it was determined the facility failed to ensure all therapeutic diets are followed as ordered by the physician, for 1 out of 4 sampled residents (Resident #1). The findings include: Review of Resident #1's record revealed a health assessment dated ... which lists diet order for a no added sugar. The resident was observed during the lunch meal on ... being assisted with her meal by facility staff. A	A 092		

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A 092	Continued From page 12 review of the hospice documentation for resident #1 lists a "thick it" order dated . . . . An interview with the Administrator at 12:23 PM on . . . revealed the facility was not aware of the dietary orders for Resident #1. It was also revealed the resident is served a regular diet meal daily and no thickener was used for the liquids. Resident #1 was observed being provided with total care with eating at approximately 12:10 PM until 1:30 PM on . . . . The meal observed provided to the resident was 1 glass of apple juice 8 oz., salisbury steak 4 oz., mashed potato with gravy 1 cup 1/2 cup green beans, 1 cup salad with dressing and 1/2 cup pudding. An interview with Employee #2 (the Aide was observed feeding the resident) at 1 PM on . . . . revealed "thick it" was not used and the resident is served regular meals on a daily basis. Class III	A 092		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident . . . . sleeping area must have at least the following	A 152		

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A 152	Continued From page 13 furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident . . . . . , to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be . . . . . . This Statute or Rule is not met as evidenced by: Based upon observation and interviews, it was determined that the facility failed to provide a safe and decent living environment for its residents to reside in. The findings include: During a tour of the facility conducted on . . . . . at 9:11 AM, the following concerns were noted: a) . . . . . - three large white patches on the wall.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966416	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REBECCA'S HOUSE	6711 NW 46TH COURT LAUDERHILL, FL 33319

(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 152	Continued From page 14 A large area of the ceiling was observed to have evidence of prior water damage with a large brown stain evident near the light fixture. A large amount of thick dust was observed accumulated on the a/c vent. b) [illegible] observed with dust and dirt accumulated in the corners of the [illegible]. The window was observed to have a torn screen on the exterior. The window appeared very filthy and in need of washing on the exterior. Several large spiders were observed in the [illegible]. c) [illegible]-3 [illegible] observed to have a strong odor of [illegible]. Excessive amount of dust was observed accumulated on the furniture and fixtures within the [illegible]. The night stand and dresser was observed to be in need of repair. d) [illegible] - The window treatment (2) were observed to have massive amount of dust accumulated in the window treatment. Large amount of dust was observed on the light fixture and the a/c vent in the [illegible] on the floor behind the furniture. The vertical blinds by the door were observed to be heavily stained. The [illegible] observed to have light fixtures missing from the ceiling above the bathtub, the light above the vanity was observed to be not working; the toilet was observed to missing the caulking sealing. e) Living [illegible] - was observed to have wall peeling along the hallway. The wooden hand rail was observed to be missing a slot; the window treatment was observed to have a large accumulation of dust, the ceiling was observed to have several patches which are incomplete (missing the popcorn finishing). Several large water marks were observed evident throughout the ceiling. Large accumulation of dust was observed on all the vents. The pool observed through the glass door was observed to be very green with debris floating within the pool. The	A 152		

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
	AL11966416	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REBECCA'S HOUSE	6711 NW 46TH COURT LAUDERHILL, FL 33319

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A 152	Continued From page 15 exterior of the pool area was observed to have a pool fence that was observed to be toppling over into the pool. Furniture and other debris items were observed thrown around the pool area (potential tripping hazard). f) The Kitchen was observed to have large accumulation of dust falling from the cabinets onto the food prep area and from the recessed widow to the counter tops below, the light fixture and the fans was observed to have an excessive amount of dirt and dust which was observed falling onto the countertops below. The pantry doors were observed to have multiple blackened areas where the knobs were observed to be handled which had large amounts of dirt and grime accumulated by the knobs. Class III	A 152		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Rebecca's House
6711 NW 46th Court
Lauderhill, FL 33319

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 (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: State (3020) Form
XG90

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