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
	AL11968060	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVA PALMS ALF	1600 TAFT STREET HOLLYWOOD, FL 33020

(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 #2013002386) survey was conducted on [redacted] Nova Palms ALF, had licensure deficiencies found 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	A 010		

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:

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A 010	Continued From page 2 Based on observations, record review and interview, it was determined that the facility failed to ensure a Health Assessment form was completed on every resident upon significant change and that it is reflective of the resident's current health status, care needs and to ensure the resident met the criteria for continued residency for 1 out of 5 sampled residents (Resident #3). As evident, of the facility failure to assess Resident #3 on and after exhibiting behavior. The findings include: An interview with the Administrator at 11:30 AM on , revealed the resident has had a significant health change, progression of . An interview with Resident #3 at 11:02 AM on , revealed the resident has and very at times. Record review revealed a certificate of professional initiating involuntary examination with a diagnosis of . Psychiatrist progress notes dated thru lists diagnosis of schzoaffective . Resident #3's health assessment (form 1823, located in file) dated (admission date of noted a medical diagnosis of , neuropahthy, , dislipodemia, , and chronic status is listed as alert and verbal appropriate. The health assessment on file did not list the diagnosis of . Further interview with the Administrator revealed this was the current health assessment and no further documentation available. It was also revealed she did not have a new health assessment indicating the resident's current condition of and any additional	A 010		

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A 010	Continued From page 3	A 010		

care needs required as related to the resident's current diagnosis (including additional monitoring services/supervision).

Review of the Medication Observation Records (MORs) for Resident #3 for the months of [redacted] 2012 to [redacted] 2013, lists routine medications of [redacted] and [redacted].

Further review of the certificate of Professional Initiating Involuntary Examination dated [redacted] which lists the [redacted] nurse made an assessment of Resident #3 with a diagnosis of [redacted] the resident was reported to demand money and threatened to kill other residents who had money. The certificate also lists that the resident has repeatedly made those threats to staff and threatened to kill herself along with other residents and has selectively refused to take oral medications. Further review of Resident #3's file regarding this Professional Initiating Involuntary Examination [redacted] revealed no assessment conducted by the facility to determine if the resident was suitable to return to the Assisted Living Facility prior to the resident returning to the facility after having being [redacted]. The facility's records also did not contain any documentation that assessments were completed after the resident returned to the facility. It was also noted Resident #3's file lacked documentation of any interventions developed or in place for the resident to be supervised and or monitored to prevent the reoccurrence of [redacted] event (aforementioned incident).

There were no resident observation notes on file pertaining to the resident being [redacted] or returning to the facility after receiving [redacted].

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A 010	Continued From page 4 treatment. The resident ' s file for Resident #3 was observed to contain Progress Evaluations dated [redacted] and lists resident ' s mood as fluctuating primarily " irritable ", judgment is listed as fair; insight listed as poor-fair; thought processes are listed as primarily being intact. There was no documentation of a Progress Evaluations completed for or [redacted]. Review of documentation of forms titled Certification of medical necessity for Medicaid Assistive Care Services were observed in the resident ' s file and lists that the resident requires health support which is defined as observing the resident ' s whereabouts and well-being; reminding the resident of any important tasks; and recording and reporting any significant changes in appearance, behavior or state of health to the health care provider on a daily basis. It was noted the file lacked documentation of any supportive or monitoring services. An Incident Report dated [redacted] documented the following. At 12:00 AM Resident #3 was observed in the facility by Employee #3with a laceration to the throat. 911 was notified and Resident #3 was transported to the hospital. The report further states Resident #3 took a pair of scissors from another resident ' s belongings and cut her throat in the which she wandered out to the hallways and notified staff that god was ready for her. Record review was completed of the facility ' s staffing schedule and revealed staff member #4 was assigned to work 11:00 PM - 7:00 AM for [redacted] thru [redacted]. The staffing file for employee #4 was reviewed and revealed staff member had completed all required training. Elopement policies and drills for the facility were	A 010		

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A 010	Continued From page 5	A 010		

reviewed for the prior 6 months and emergency preparedness and evacuation training were also reviewed and revealed no concerns.

An interview was conducted with Employee #4 on [redacted] at 4:19 PM, revealed the following. She stated she was on duty the night when Resident #3 had cut her throat. Resident #3 came up to her and informed her that she cut herself because the lord is ready for her. She stated she observed the resident had on a pull-over top which was buttoned up to her neck. She (staff) loosened the garment and saw the injury. She stated she called 911 and police and fire rescue responded. They assessed the resident and found that the [redacted] was not that deep but that the resident was taken to the hospital for precautionary measures and possible evaluation. She stated the resident had not done anything like this before; resident #3 had not shown any inclination to do harm to herself as far as she knew. She states the resident has been nice and has not threatened any other resident and or staff.

An interview was conducted with the Assistant Administrator on [redacted] at 11:02 AM during which she stated that the resident did injure herself and that the cut was surface deep. She stated the resident was promptly transferred to the hospital and later to the [redacted] ward at the hospital and afterwards was released back to the care of the facility.

An interview was conducted with the Administrator on [redacted] at 11:42 AM, she stated the resident has been a model resident and was [redacted] once by the nurse due to threats she made regarding taking the lives of other residents, staff and her own life. She stated the facility took appropriate action and notified the

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A 010	Continued From page 6	A 010		

treating psychiatrist who initiated the procedures to get the resident the help she needed. She stated that the facility did monitor the resident closely and that such monitoring led to them making the observation on in a timely manner and was able to promptly notify emergency medical personnel. She sated the resident showed no inclination that she was contemplating or any tendency to hurt herself or others and that for 5 months everything was ok. She was not sure if any event may have triggered the episode on when the resident took a pair of craft work scissors from her ıate ' s draw and resident was seen coming out of the by the aide who promptly called 911. She states the resident is currently still receiving She stated that the resident was sent back to the facility after receiving treatment from the hospital where the professionals there determined her to be ok to resume her life at the facility. She concurred that there were no assessments completed by the facility to determine if the resident was suitable to be readmitted as a resident.

An interview was conducted with Resident #3 on at 12:10 PM during which she stated she does not have a cut. She states she remembered going to the hospital in 2012 but that was for a minor scrape on her neck. She pointed out that she does not even have a scar from the incident. She states she is taking her medication and she does go to a wonderful doctor and she has had no problems at the facility; she loves the place.

An interview was conducted with the treating Psychiatrist for Resident #3 on at 5:02 PM, revealed the following. Resident #3 was

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A 010	Continued From page 7 appropriate for the facility. He does not believe the resident belongs in a unit and that the issues she has can be clearly managed with her medication which has been adjusted since the incident in . He stated that the fact the resident was released back to the facility from the hospital speaks volumes as they stabilized the resident and determined that she was no longer a threat to herself and or others prior to making the determination to send her back to the facility. He states that his sessions with the resident are very productive and that the facility does understand the importance of the sessions to maintaining the resident ' s well-being and so make every attempt to ensure that her appointments are routinely scheduled and kept. He states he checks on the resident at least biweekly as he visits the facility to see other residents and so the resident will normally approach and speak with him and so he has an additional opportunity to make another observation of her behavior within the facility. He does not believe the resident to be a threat in any way and strongly believes she should remain in the facility as she has bonded with the staff and with other residents. During an interview with the Administrator at 12:30 PM on , aforementioned was confirmed. It was also revealed the facility did not have any documentation indicating Resident #3 had been reassessed after aforementioned incidents to ensure the resident met continued residency criteria and that the facility could provide the level of care and services (including supervision) to the resident. Class III	A 010		
A 025 SS=D	58A-5.0182(1) FAC Resident Care - Supervision	A 025		

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A 025	Continued From page 8 An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure adequate supervision was provided to all residents based on needs, for 1 out of 5 sampled residents (Resident #3).	A 025		

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A 025	Continued From page 9 The findings include: Record review of Resident #3's file and facility's incident reports, including adverse incident reports (1 day & 15 day), documented that Resident #3 was taken to the hospital from the facility on after having cut her throat with a scissor. Record review revealed Resident #3 was not provided with adequate supervision with respect to her medical diagnosis and care needs (as noted on resident's on a certificate of Professional Initiating Involuntary Examination form completed wherein the resident had repeatedly threathended to hurt herself and others). As evident of lack of documentation maintained by the facility with respect to the care needs required by the resident(including supervision). Review of Resident #3's health assessment dated documented a medical diagnosis of , neurophathy CPT, Dislipidemia, and chronic cought. Physical or sensory limitations per health assessment documented as unsteadiness. The resident' s certificate of Professional Initiating Involuntary Examination dated which lists the nurse made an assessment of Resident #3 with a diagnosis of However, the resident's health assessment on file (dated failed to document this diagnosis and any other required care needs related to this diagnosis (including additional supervision). Certification of medical necessity for medicaid assistive care services lists resident as requiring health support which includes observing the resident's whereabouts and well-being; remind the resident of any important tasks; and recording and reporting any significatant changes in appearance, behavior or state of health the health	A 025		

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A 025	Continued From page 10 care provider or case manager on it was noted the facility failed to provide adequate supervision to Resident #3 resulting in Resident #3's cutting her throat. The facility's failure to provide adequate supervision to Resident #3 jeopardized the resident's safety and well-being. Class III	A 025		
A 123 SS=D	58A-5.021(4) FAC Fiscal - Resident Trust Funds & Adv Payments (4) RESIDENT TRUST FUNDS AND ADVANCED PAYMENTS. (a) Funds or other property received by the facility belonging to or due a resident, including the personal funds described in subsection (3), shall be held as trust funds and expended only for the resident ' s account. Resident funds or property may be held in one bank account if a separate written accounting for each resident is maintained. A separate bank account is required for facility funds; co mingling resident funds with facility funds is prohibited. Written accounting procedures for resident trust funds shall include income and expense records of the trust fund, including the source and disposition of the funds. (b) Money deposited or advanced as security for performance of the contract agreement or as advance rent for other than the next immediate rental period shall be kept separate from the funds and property of the facility, and shall be used, or otherwise expended, only for the account of the resident. On facility financial statements, such funds shall be indicated as restricted assets and there shall be a corresponding liability shown.	A 123		

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A 123	Continued From page 11 This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure that a separate bank account is maintained for resident's funds for every resident in which it serves as representative payee. The findings include: An interview with the Administrator at 2:02 PM on revealed the facility is the representative payee for 7 residents' monthly social security income. Upon request and review of each resident's fund account, it was noted the facility did not have documentation for each resident reflecting that such funds were held in a separate bank accounts from the facility's funds. Further interview with the Administrator revealed the facility did not have any further documentation indicating separate bank account for residents and that facilty's funds were not comingled with resident's funds.. Class III	A 123		
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	A 152		

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A 152	Continued From page 12 belongings as space permits. When the facility supplies the furnishings, each resident sleeping area must have at least the following 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 interview, it was determined that the facility failed to provide a safe and decent living environment for its residents to reside in. The findings include: Tour of the facility on at 9:25 AM, revealed no hot water was available in the facility.	A 152		

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A 152	Continued From page 13 Random interview with residents revealed that the hot water has been out for over a week. An interview was conducted with the Administrator on [redacted] during which she stated that the Maintenance Director was responsible for ensuring that the facility had an adequate supply of hot water. An interview with the Maintenance Director on [redacted] revealed the hot water was not functioning and they were attempting to fix the problem at the time of the survey. He stated that the hot water was out the prior week also. The hot water was observed unavailable in the Assisted Living Facility between 9:05 AM and 1:54 PM on [redacted] 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
Nova Palms ALF
1600 Taft Street
Hollywood, FL 33020

RE: CCR #2013002386

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2013 by a representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review 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/ls
Enclosure

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