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
	AL11966934	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE FLOWERS	**801 ARDENLEIGH DRIVE ORLANDO, FL 32828**

(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 Complaint Inspection #2013000605 was conducted in conjunction with the re-licensure survey on 4/1[redacted] allegation was substantiated. White Flowers had a deficiency found at the time of the survey.	A 000		
A 025	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the provision of additional services.	A 025		

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A 025	Continued From page 1	A 025		

This Statute or Rule is not met as evidenced by:
Based on record review and interview the facility failed to contact the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager when the resident exhibited a significant change and failed to maintain a written record, updated as needed, of any significant changes for 1 of 3 sampled residents (#2).
Findings:
Record review for resident #2, at approximately 1:15 PM revealed a health assessment report dated [redacted] that indicated diagnoses of [redacted] X2 and [redacted] Assistance was needed with all activities of daily living (ADL) except eating, she needed supervision. Her weight was 125 pounds. The [redacted] 2012 medication observation record indicated "H" (hospital) from [redacted] to [redacted]. Continued review revealed no notes regarding the hospitalization or the events that precipitated the hospital admission and notification to family/responsible party or [redacted].
Interview with the administrator and assistant at approximately 2:30 PM. stated that staff was present when the resident became sick, was not here anymore. Another staff was present one of the times when she (the resident) "I slid under her". She hit her elbow. The staff did not call the resident's daughter.
The staff present in the facility during the visit stated at approximately 2 PM she could not remember the details of that day.
The administrator stated she (the resident) was not responsive; went to hospital and did not come back; she [redacted] 3/4 days before she became unresponsive.
The assistant administrator stated at the time that

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A 025	Continued From page 2 the resident was tiny but heavy. A nurse came from APS to investigate, she called and stated there were no findings, and the could be from transferring and /or medications. The resident went to hospital, then to rehab and hospice, then pasted away in . Her daughter donated to the facility several packs of adult briefs. She brought them over on Monday. Observations noted several packs of adult briefs on by the administrator's office. Class III	A 025		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
White Flowers
801 Ardenleigh Drive
Orlando, FL 32828

Dear Administrator:

Re: CCR #2013000605

This letter reports the findings of a state licensure survey that was conducted on 2013 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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