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
	AL11967375	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TALLAHASSEE MEMORY CARE	2767 RAYMOND DIEHL ROAD TALLAHASSEE, FL 32309

(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 unannounced limited nursing services (LNS) monitoring visit was conducted on at Tallahassee Memory Care Assisted Living Facility. There were deficiencies found at the time of the visit.	A 000		
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 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	A 152		

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A 152	Continued From page 1	A 152		

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 on observation, staff interview and review of the Residents rights the facility failed to maintain an environment that is safe and free of hazards. This has the potential to affect all 39 residents in the facility.
The findings are:

On at approximately 9:30 AM during a tour of the facility a pocket knife with an approximate 2 inch blade was observed open and laying on the sink in the resident #1. A care giver was present in the .

An interview was conducted with the nurse on at approximately 9:30 AM. The nurse stated all resident are locked due to the the wanderers, residents have keys to their . When asked if the residents are allowed to have knives and she stated, No Ma'am.

An interview was attempted with resident #1 at approximately 9:40 AM. the resident who has a diagnosis of short term memory loss, and was not aware to answer questions regarding his care or personal belongings.

An interview was conducted with the administrator on at approximately 10:00

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A 152	Continued From page 2 AM. She was asked if the residents are allowed to have knives in their she stated, "No ma'am". When asked how resident #1 would have obtained a knife she stated, "It may have come in with him, he does go out with family shopping". A review of the Residents Rights section of the admission contract revealed " Every Resident shall have the right to : "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 Community can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. At approximately 10:30 AM the door to resident #1's unlocked and open. The resident was observed sitting in his recliner. Class III	A 152		
AN277 SS=D	58A-5.031(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing license must meet the admission and continued residency criteria specified in Rule 58A-5.0181, F.A.C. (b) In accordance with Rule 58A-5.019, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided.	AN277		

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AN277	Continued From page 3	AN277		

(c) Limited nursing services may only be provided as authorized by a health care provider ' s order, a copy of which shall be maintained in the resident ' s file.
(d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who shall be available to provide such services as needed by residents. The facility shall maintain documentation of the qualifications of nurses providing limited nursing services in the facility ' s personnel files.
(e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community.

This Statute or Rule is not met as evidenced by:
Based on observation, clinical record review and interview the facility failed to provided limited nursing services as ordered for 1 of 1 residents review for limited nursing services (#1).

The findings are:

On at approximately 9:30 AM resident #1 was observed to have a dressing with a date of .

A review of the physician orders revealed an order to dress site daily-clean with soap and water, and apply a dry dressing.

A review of the medication administration record revealed that the treatment had been signed off as being done on .

An interview was conducted with the administrator on at approximately 1:00

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AN277	Continued From page 4	AN277		

PM. When asked if the resident #1's dressing is supposed to be changed every day she stated, "Yes". When asked what the procedure is for nursing if the dressing was not changed as ordered she stated, "The nurse should have documented that it was not changed, if the next nurse comes on duty and sees that the care was not done she should have changed it".

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Tallahassee Memory Care
2767 Raymond Diehl Road
Tallahassee, FL 32309

Dear Administrator:

This letter reports the findings of a state licensure limited nursing services survey that was conducted on 24, 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Patricia McIntire, RN

for Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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