RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Waterman Cove
1501 Sunshine Parkway
Tavares, FL 32778

Dear Administrator:

This letter reports the findings of a Change of Ownership and ECC state licensure survey that was conducted on 2013 by a representative of this office.

Enclosed 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 this office at (386) 462-6201.

Sincerely,

Kriste Burgin for,

Kristе J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

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
	AL11964339	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERMAN COVE	1501 SUNSHINE PARKWAY TAVARES, FL 32778

(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 On 6-7, 2013 an unannounced Change of Ownership survey was conducted at Waterman Cove located in Tavares, Florida. Deficiencies were identified as a result of this survey. The facility was not in compliance at this time	A 000		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services if the facility is licensed to provide such services. (b) The daily, weekly, or monthly rate. (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract. (d) A provision giving at least 30 days written notice prior to any rate increase. (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S. (f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments. (g) A refund policy which shall conform to Section 429.24(3), F.S. (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing	A 167		

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A 167	Continued From page 1	A 167		

of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization, and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect.
(k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule.
(l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule.

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A 167	Continued From page 2 (m) The facility ' s policies and procedures related to a properly executed This Statute or Rule is not met as evidenced by: Based on review of the resident's record, contract and interview the facility failed to provide extended congregate care services (ECC) as stated in the contract for 1 (#1) of 2 residents record reviewed in a sample of 8 residents. Finding: Review of resident #1 clinical record revealed that the resident was admitted to the facility in 2011 with an admitting diagnosis of Review of the resident's contract dated revealed that the Memory Care rate includes ECC services if required. During the interview with the marketing director she confirmed that the new rates that the resident was paying for included ECC services for the residents in the memory care unit. Review of the resident's clinical record revealed that the resident has been treated for pressure sores on the and or since Review of the physician's documentation revealed the following: "with the left cheek and full skin thickness opening that is healing. On the resident was documented with a on left on left little clean	A 167		

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A 167	Continued From page 3 healing well 2 right _____ partial skin thickness, continue with every day Xenoderm to right _____ every day. _____ on his left _____ size of 3/8 centimeter to 4/8 centimeter and the depth across the top is probably closer to centimeter _____ is slow in healing _____ on his left _____ is slow in healing. _____ on left _____. On _____ the physician documented that the _____ on the _____ was healed. Review of the resident's clinical record revealed that the resident has been receiving home health services for the treatment of a _____ on his right and left _____ starting in _____. Review of the home health documentation dated _____ revealed that the assisted living facility staff (ALF) was to assist the resident with positioning. During the interview with the director of nursing on _____ at 1:30 PM she stated that she had not been informed that the ALF staff was to reposition the resident. Class III	A 167		