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
	AL11968083	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON ASSISTED LIVING	2580 FIRST STREET FORT MYERS, FL 33901

(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	A 000		

These are the results of an unannounced Complaint Survey, CCR #2013005299 was completed at Avalon Assisted Living on .

Two of the 3 allegations were substantiated.

The following is a description of non-compliance:

A 025	58A-5.0182(1) FAC Resident Care - Supervision	A 025		

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

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A 025	Continued From page 1	A 025		

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, the facility failed to provide the care and services to prevent and injury to 1 (Resident #6) of 3 sampled residents.

The findings include:

Record review for Resident #6 found the resident's agreement documented the resident was admitted to the facility on The "Resident's Observation Log" dated documents the resident began displaying behaviors and was seen by an ARNP. The Log documents that on at 18:00 (6:00 p.m.) the resident was found on the floor. There were no reported injuries. On at 19:30 (7:30 p.m.) the log documents the resident was found on his knee in the another resident. No injuries noted. The log does not document any additional interventions being implemented to prevent further On the log documents the resident has periods of agitation, will continue to monitor resident for increase agitation. On the log notes resident has busing to right upper shoulder. There is no indication of the source or cause of the On at 17:45 (5:45 p.m.) the log documents the resident is unable to swallow medication. Resident is slightly labored with breathing and is Resident was transported by to the hospital. Resident returned to the facility on at 20:15 (8:15 p.m.). On at 10:15 a.m., the resident is noted to have swallowing difficulties. The resident's physician ordered the resident to be

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A 025	Continued From page 2	A 025		

sent to the hospital for evaluation. The resident's wife transported the resident to the hospital. On [redacted] the resident is noted as returning to the facility. The resident is noted to be on a puree diet with thickening liquids. It is noted that the resident is wandering thought the facility without purpose. On [redacted] at 20:45 (8:45 p.m.) the notes document that the resident was found on the [redacted] with [redacted] noted to [redacted] elbows and face (one above left eye, one to bridge of nose and one below left eye). The notes do not document any additional interventions implemented to keep the resident safe. On [redacted] at 10:15 a.m. the notes document hospice is informed of the resident's decline and notes the resident, "Will continued to be monitored." On [redacted] at 9:45 a.m. resident is noted to need constant supervision with unsteady gait, periods of aggressiveness and agitation. On [redacted] at 10:45 a.m. notes state resident needs close supervision, needs more 1 on 1 care, will continue to monitor resident for safety. On [redacted] at 9:30 a.m., resident is noted to have been "Found" on floor twice at night. Resident with [redacted] to forehead and [redacted] elbow. Resident's physician contacted who redirected the administrator to call hospice services. The notes document that the Administrator made the physician aware the facility was unable to provide safe care to the resident. It notes the resident is assessed to be a "Danger to self" due to frequent [redacted] and uncontrollable behaviors frequent agitation, unsteady gait and combativeness. Hospice case manager was contacted and notified of the facility's inability to care for the resident and would discharge him. The resident was transported to the hospital and would not be allowed to return.

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A 025	Continued From page 3	A 025		

The resident's record had no documentation of a 45 day notice being provided to the resident or the resident's representative.

On [redacted] at 11:30 a.m., the office manager stated that Resident #6 came back from the hospital on [redacted]. He had several [redacted]. She stated that he was monitored however no 1 on 1 supervision was provided. She stated that the facility sometimes only has 1 staff person working and could not provide full time supervision of Resident #6. She stated when the resident [redacted] on the night of [redacted] he was not being provided with 1 on 1 care. She stated no 45 day notice was provided as the facility felt the resident was a danger to himself and they do not have the available staff to provide the necessary supervision to ensure his safety.

On [redacted] at 12:50 p.m., the Administrator stated that after the [redacted] on the night of [redacted] the facility felt they could not provide the 1 on 1 supervision necessary to ensure the resident's safety. She stated he was a danger to himself and that is why he was transferred to the hospital. She felt it was an emergency because the resident was a danger to himself. She stated she did not [redacted] the resident to the hospital. She then stated he had [redacted] and injured himself and that he was transported to the hospital for emergency care. She stated he had [redacted] on the night of [redacted]. She came to the facility on the morning of [redacted] at approximately 9:30 a.m. She stated that she called the resident's physician. The physician did not order the resident to be transported to the hospital but instructed her to call the hospice provider. She stated the resident's injury did not necessitate the resident's transport via [redacted]. The resident's wife took him to the hospital. She stated she did not

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A 025	Continued From page 4 know what time the resident's wife came to take him to the hospital as she left at about 10:00 a.m. to run some errands. She stated she assessed the resident and he was not in immediate danger and so she felt comfortable leaving the resident under the supervision of unlicensed staff. She stated that no 45 day notice was provided to the resident or the resident's representative as she felt the transfer was an emergency and the facility could not provide the appropriate care and supervision to meet the resident's need. She stated the resident was a risk and the facility could not provide 1 on 1 care and supervision for the resident so they discharged the resident to the hospital and would not take him back. Class III	A 025		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The address and telephone number for lodging complaints against a facility or facility staff	A 030		

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A 030	Continued From page 5	A 030		

shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.
(d) The statewide toll-free telephone number of the Florida [illegible] Hotline " 1(800)96[illegible] or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s [illegible] and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall provide residents with convenient access to a telephone to facilitate the resident ' s right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility shall not prohibit unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in

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A 030	Continued From page 6	A 030		

which residents do not have private telephones, there shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical _____ shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical _____.

429.28 Resident bill of rights.-
(1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to:
(a) Live in a safe and decent living environment, free from _____ and neglect.
(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.
(c) 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 facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents.
(d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for

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caregivers and out-of-town guests, and in other similar situations.
(e) Freedom to participate in and benefit from community services and activities and to achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care consistent with established and recognized standards within the community.
(k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as

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provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to honor resident's right to receive a 45 day notice before the termination of the resident's contract for 1 (Resident #6) of 3 residents.

The findings include:

Record review for Resident #6 found the resident's agreement documented the resident was admitted to the facility on . The "Resident's Observation Log" dated documents the resident began displaying behaviors and was seen by an ARNP. The Log documents that on at 18:00 (6:00 p.m.) the resident was found on the floor. There were no reported injuries. On at 19:30 (7:30 p.m.) the log documents the resident was found on his knee in the another resident. No injuries noted. The log does not document any additional interventions being implemented to prevent further . On the log documents the resident has periods of agitation,

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A 030	Continued From page 9	A 030		

will continue to monitor resident for increase agitation. On [redacted] the log notes resident has busing to right upper shoulder. There is no indication of the source or cause of the On [redacted] at 17:45 (5:45 p.m.) the log documents the resident is unable to swallow medication. Resident is slightly labored with breathing and is [redacted] Resident was transported by [redacted] to the hospital. Resident returned to the facility on [redacted] at 20:15 (8:15 p.m.). On [redacted] at 10:15 a.m. the resident is noted to have swallowing difficulties. The resident's physician ordered the resident to be sent to the hospital for evaluation. The resident's wife transported the resident to the hospital. On [redacted] the resident is noted as returning to the facility. The resident is noted to be on a puree diet with thickening liquids. It is noted that the resident is wandering thought the facility without purpose. On [redacted] at 20:45 (8:45 p.m.) the notes document that the resident was found on the [redacted] with [redacted] noted to [redacted] elbows and face (one above left eye, one to bridge of nose and one below left eye). The notes do not document any additional interventions implemented to keep the resident safe. On [redacted] at 10:15 a.m. the notes document hospice is informed of the resident's decline and notes the resident "Will continued to be monitored." On [redacted] at 9:45 a.m. resident is noted to need constant supervision with unsteady gait, periods of aggressiveness and agitation. On [redacted] at 10:45 a.m., notes state resident needs close supervision, needs more 1 on 1 care, will continue to monitor resident for safety. On [redacted] at 9:30 a.m., resident is noted to have been "Found" on floor twice at night. Resident with [redacted] to forehead and [redacted] elbow. Resident's physician contacted who redirected the administrator to call hospice

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A 030	Continued From page 10	A 030		

services. The notes document that the administrator made the physician aware the facility was unable to provide safe care to the resident. It notes the resident is assessed to be a "Danger to self" due to frequent [illegible] and uncontrollable behaviors frequent agitation, unsteady gait and combativeness. Hospice case manager was contacted and notified of the facility's inability to care for the resident and would discharge him. The resident was transported to the hospital and would not be allowed to return.

The resident's record had no documentation of a 45 day notice being provided to the resident or the resident's representative.

On [illegible] at 11:30 a.m., the office manager stated that Resident #6 came back from the hospital on [illegible]. He had several [illegible]. She stated that he was monitored however no 1 on 1 supervision was provided. She stated that the facility sometimes only has 1 staff person working and could not provide full time supervision of Resident #6. She stated when the resident [illegible] on the night of [illegible] he was not being provided with 1 on 1 care. She stated no 45 day notice was provided as the facility felt the resident was a danger to himself and they do not have the available staff to provide the necessary supervision to ensure his safety.

On [illegible] at 12:50 p.m., the Administrator stated that after the [illegible] on the night of [illegible] the facility felt they could not provide the 1 on 1 supervision necessary to ensure the resident's safety. She stated he was a danger to himself and that is why he was transferred to the hospital. She felt it was an emergency because the resident was a danger to himself. She stated she

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did not the resident to the hospital. She then stated he had and injured himself and that he was transported to the hospital for emergency care. She stated he had on the night of . She came to the facility on the morning of at approximately 9:30 a.m. She stated that she called the resident's physician. The physician did not order the resident to be transported to the hospital but instructed her to call the hospice provider. She stated the resident's injury did not necessitate the resident's transport via . The resident's wife took him to the hospital. She stated she did not know what time the resident's wife came to take him to the hospital as she left at about 10:00 a.m. to run some errands. She stated she assessed the resident and he was not in immediate danger and so she felt comfortable leaving the resident under the supervision of unlicensed staff. She stated that no 45 day notice was provided to the resident or the resident's representative as she felt the transfer was an emergency and the facility could not provide the appropriate care and supervision to meet the resident's need. She stated the resident was a fall and the facility could not provide 1 on 1 care and supervision for the resident so they discharged the resident to the hospital and would not take him back.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Avalon Assisted Living
2580 First Street
Fort Myers, FL 33901

Re: CCR #2013005299

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 surveyor. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Fort Myers Field Office
2295 Victoria Avenue,
Fort Myers, FL 33901
Phone (239) 335-1315; Fax (239) 338-2372