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
	AL11966890	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATER'S EDGE EXTENDED CARE	1500 SW CAPRI ST PALM CITY, FL 34990

(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 biennial standard licensure survey with Extended Congregate Care (ECC) and Limited Nursing Services (LNS) was conducted on . . . . . Water's Edge Extended Care, had licensure deficiencies found at the time of the visit.	A 000		
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual ' s admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual ' s needs can be met in an assisted living facility; and 8. The date of the examination, and the name,	A 008		

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A 008	Continued From page 1 signature, address, phone number, and license number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at www.fdhc.state.fl.us/MCHQ/Long_Term_Care/ <http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/> Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic	A 008		

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A 008	Continued From page 2	A 008		

documentation, which at a minimum includes the elements in Section 3. This requirement does not apply for residents receiving:
a. Extended congregate care (ECC) services in facilities holding an ECC license;
b. Services under community living support plans in facilities holding limited mental health licenses;
c. Medicaid assistive care services; and
d. Medicaid waiver services.
(c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual ' s admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823.
(d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b).
(e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule.
(f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a _____ order for residents who do not wish _____ to be administered in the case of _____ or _____.
(g) A resident placed on a temporary emergency basis by the Department of Children and Family

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A 008	Continued From page 3 Services pursuant to Section 415.105 or 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility ' s admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure AHCA Form 1823 (medical examinations) were free from omissions, certified by the examiner, and/or that the current version of the form was used for 6 out of 6 sampled residents (#1, 2, 4, 5, 6 and 10). The findings include: 1. Review of Resident #4's medical examination form revealed the health care provider did not indicate the date of the examination, and Section II, Item C. Does the individual need help with taking his or her medications (meds)? Yes/No was not filled out. 2. Review of Resident #5's medical examination form revealed the health care provider did not provide explanations in Section II, Item A related to shopping, making phone calls, handling personal affairs, and handling financial affairs. 3. Resident #1 was admitted to the facility on _____. Review of the Health Assessment dated _____ revealed the section for "Does	A 008		

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A 008	Continued From page 4 the individual need help with taking medications: Yes__No__" was without documentation by the health care provider. There was no evidence and the assessment did not include how the resident is to receive medications - the designated area was blank and there was nothing checked or written by the health care provider. This was reviewed with the licensed practice nurse / ECC supervisor (extended congregated care) at 12:56 PM. Further review revealed the assessment form (1823) was an old form and did not include all of the current information on the 2010 1823 form. 4. Resident #2 was admitted to the facility on . Review of the dated health assessment revealed the resident required help with taking medications but it was not specified the type of assistance that was required. The sections for "Needs assistance with self-administration or medications" and "Needs Medication Administration" were both blank. Interview with the ECC supervisor / licensed practical nurse at approximately 11:50 AM revealed all residents in the facility are administered their medication by the nurse on duty. At approximately 2:43 PM, the ECC supervisor said she was responsible to ensure the forms were completed accurately. 5. Review of Resident #6's health assessment completed revealed the assessment was not dated. The box that reads "does the resident need help with taking medications Yes__No__" was not checked. 6. Review of Resident 10's health assessment dated revealed the resident needed help	A 008		

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A 008	Continued From page 5 with taking medication but the type of help was not indicated. The facility had utilized an old 1823 health assessment form (from year 2009). Interview with the ECC supervisor / licensed practical nurse at 2:43 PM revealed she is responsible to ensure the 1823 Health Assessments are complete and accurate. Class III	A 008		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident ' s health care provider for resident ' s who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interviews and record review, the facility failed to ensure safe practices related to sanitizer levels in the kitchen's 3-compartment sink. This had the potential to affect all 20 current residents of the assisted living facility.	A 092		

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A 092	Continued From page 6 The findings include: A review of the facility's kitchen operations was conducted on [redacted] at 10:50 AM. The Dishwasher was asked to test the sanitizer level in the three-compartment sink. The test strip result appeared to be dark green, darker than the highest level listed on the test strip bottle, 400 parts per million (PPM). He was asked and stated the preferred PPM level was between 400 and 500 PPM. The test strip was shown to the Executive Chef who stated it looked too dark; he stated the preferred PPM level was between 200 and 400 PPM. The test strip was then shown to the Food Service Designee, a Registered Dietary Technician; she stated it appeared looked too dark. These findings were discussed with the Administrator on [redacted] at 2:10 PM. Review of the facility's sanitizer vendor's Service Detail Report dated [redacted] documented, " ... Pot and Pan Sanitizer Reading 500 ppm ... Too High; Contacted Maintenance Recommendation: Install - ecolab rep was called. 3 comp sink sanitizer was measured over 500 ppm. Replaced metering tip. Now reading at 200 ppm. In sink and red bucket. Effective range is 200 ppm to 400 ppm. Adj. to 200 ppm". These findings were discussed with the Administrator on [redacted] at 2:09 PM. She confirmed aforementioned was not exhibiting a safe and sanitary food environment. Class III	A 092		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts.	A 167		

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A 167	Continued From page 7	A 167		

(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 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

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A 167	Continued From page 8 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. (m) The facility ' s policies and procedures related to a properly executed This Statute or Rule is not met as evidenced by: Based on documentation review and interview, the facility failed to ensure that 1 out of 2 sampled resident contracts / agreements had a current contract for residing in the assisted living facility	A 167		

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A 167	Continued From page 9 (Resident #1). The findings include: Review of the assisted living contract for Resident #1 revealed there was no contract or agreement signed by the resident or the representative for the resident residing in the assisted living facility (ALF). Additional review of the contract provided for Resident #1 with the Associate Administrator at approximately 4:30 PM, revealed there were no documented payment amount to be paid by the resident, and no evidence that the resident would be given a 45 day notice of discharge or 30 days for increase in rates. Interview with the Admission Director at 4:34 PM on . revealed the provided agreement is the Medicare agreement for the SNF (skilled facility) and not an agreement for the ALF. The provided Medicare agreement did not include the services of ECC (extended congregated care). The resident's medical file was reviewed & it was determined Resident #1 was being provided ECC services. Further interview with the Admissions Director at 4:50 PM revealed Resident #1 is not a private pay person and the only thing available is the move-in rate when they (resident & spouse) moved into the community on . The Admission Director said the resident went to the nursing center (SNF) and could not live there any more so he was moved to the ALF under a reduced rate depending on the contract they bought into at the time of admission to the independent living community. The Admissions Director said that they could not find the original agreement that was signed by the resident or family / spouse responsible. The Admissions Director confirmed there was not	A 167		

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A 167	Continued From page 10 agreement or contract for the ALF. Class III	A 167		
AN276 SS=D	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S. (a) Conducting passive range of motion exercises. (b) Applying ice caps or collars. (c) Applying heat, including dry heat, hot water bottle, heating , aquathermia, moist heat, hot compresses, sitz bath and hot soaks. (d) Cutting the toenails of residents or residents with a documented problem if the written approval of the resident ' s health care provider has been obtained. (e) Performing ear and eye irrigations. (f) Conducting a dipstick test. (g) Replacement of an established self maintained indwelling , or performance of an intermittent (h) Performing stool removal therapies. (i) Applying and changing routine dressings that do not require packing or irrigation, but are for and closed surgical wounds. (j) Care for pressure sores. Care for or 4 pressure sores are not permitted under this rule. (k) Caring for casts, braces and . Care for head braces, such as a is not permitted under this rule. (l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse.	AN276		

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AN276	Continued From page 11 (m) For hospice patients, providing any nursing service permitted within the scope of the nurse ' s license including 24-hour nursing supervision. (n) Assisting, applying, caring for and monitoring the application of anti-em stockings or hosiery as prescribed by the health care provider and in accordance with the manufacturers ' guidelines. (o) Administration and regulation of portable (p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS). (q) care and maintenance. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain accurate documentation to indicate that 1 out of 3 sampled residents (Resident #2) listed as receiving LNS (limited nursing services) was actually receiving LNS. The total residents in the facility receiving some type of nursing services was listed as 17 out of the 20 residents in the facility. The findings include: Review of Resident #2's record revealed the resident was admitted to the secured assisted living unit on with diagnosis that included Sacrococcygel and Review of the Health Assessment (1823) completed by the physician on revealed the resident to be alert & oriented, and required limited assistance with all activities of daily living but could feed self.	AN276		

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AN276	Continued From page 12 Further review of the census list revealed 3 out of 20 residents in the facility were identified as receiving LNS. Review of this list revealed Resident #2 was listed as receiving LNS but it could not be determined what nursing service was being provided to the resident. Interview with the licensed practical nurse (LPN) overseeing the unit revealed there was no list that included the type of nursing services being provided. The LPN said Resident #2 was on LNS for memory and (B/P) monitoring. Later in the day, the LPN said the resident was not on B/P monitoring and there was no need for the resident to be on LNS. Further review of the record and interview with this LPN revealed Resident #2 had a physician ordered brace to the back for which the resident was on LNS but it was discontinued by the physician on . The nurse agreed the resident is currently not receiving any nursing services that would require the resident to be on the LNS list. Class III	AN276		
AN278 SS=D	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service.	AN278		

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AN278	Continued From page 13	AN278		

This Statute or Rule is not met as evidenced by:
Based on documentation review and interview, the facility did not ensure it maintained a separate list of residents receiving Limited Nursing Services (LNS) and the type of service being provided, for 1 out of 3 sampled residents identified receiving LNS (Residents #1 and #2). The facility did not follow their policy related to maintaining a separate record of residents receiving LNS.

The findings include:

Review of the facility policy for Limited Nursing Services (LNS) revealed: "A record of residents receiving LNS will be placed on a separate admission & discharge log with the type of services provided".

Review of the provided list of 20 resident in the facility 17 residents were receiving nursing services and 3 residents were listed as receiving limited nursing services (LNS). This record was co-mingled with other residents. Further review of this list of the 20 residents in the facility revealed that 3 residents were to be receiving LNS but the type of services to be provided was not listed or maintained. Review of this list revealed that Resident #2 was listed as receiving LNS. It could not be determined what nursing service was being provided.

Interview with the licensed practical nurse (LPN) overseeing the unit revealed this was the only list available and there was no separate list that included the type of nursing services being

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
	AL11966890	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATER'S EDGE EXTENDED CARE	1500 SW CAPRI ST PALM CITY, FL 34990

(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
AN278	Continued From page 14 provided. The LPN said Resident #2 was on LNS for memory and (B/P) monitoring. Later in the day, the LPN said the resident was not on B/P monitoring and there was no need for the resident to be on LNS. Further interview with this LPN revealed that Resident #2 on the list is not actually receiving any nursing nurses as the health care provider ordered brace had been discontinued by the physician on [redacted]. Class III	AN278		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Water's Edge Extended Care
1500 SW Capri St
Palm City, FL 34990

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2013 by representatives from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure
XG90

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

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