

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911225	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER EMERITUS AT RIVER OAKS			STREET ADDRESS, CITY, STATE, ZIP CODE 925 SOUTH RIVER ROAD ENGLEWOOD, FL 34223		
(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 This is the report for an Extended Congregate Care (ECC) survey conducted at Emeritus at River Oaks, an Assisted Living Facility on The following is a description of non-compliance:	A 000			
AE203	58A-5.030(4) FAC ECC - Staffing Requirements (4) STAFFING REQUIREMENTS. Each extended congregate care program shall: (a) Specify a staff member to serve as the extended congregate care supervisor if the administrator does not perform this function. If the administrator supervises more than one facility, he/she shall appoint a separate ECC supervisor for each facility holding an extended congregate care license. 1. The extended congregate care supervisor shall be responsible for the general supervision of the day-to-day management of an ECC program and ECC resident service planning. 2. The administrator of a facility with an extended congregate care license and the ECC supervisor, if separate from the administrator, must have a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long term care, or acute care setting or agency serving elderly or persons. A baccalaureate degree may be substituted for one year of the required experience. A nursing home administrator licensed under Chapter 468, F.S., shall be considered qualified under this paragraph. (b) Provide, as staff or by contract, the services of a nurse who shall be available to provide nursing services as needed by ECC residents, participate in the development of resident service plans, and perform monthly nursing assessments.	AE203			

AHCA Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0899

JG0511

If continuation sheet 1 of 5

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AE203	Continued From page 1 (c) Provide enough qualified staff to meet the needs of ECC residents in accordance with Rule 58A 5.019, F.A.C., and the amount and type of services established in each resident's service plan. (d) Regardless of the number of ECC residents, awake staff shall be provided to meet resident scheduled and unscheduled night needs. (e) In accordance with agency procedures established in Rule 58A-5.019, F.A.C., the agency shall require facilities to immediately provide additional or more qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because of the lack of sufficient or adequately trained staff. (f) Ensure and document that staff receive extended congregate care training as required under Rule 58A 5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview with facility staff, the facility failed to appoint an ECC (Extended Congregate Care) supervisor. The findings include: Interview with one of Staff A (an LPN) revealed the ECC supervisor used to be the Executive Director (ED). She stated the ED quit a couple of months ago and they do not currently have an ED. The have an acting one but she just started this week. During this interview on _____ at 1:00 p.m. Staff A stated that she is unsure who the ECC supervisor is right now.	AE203			

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AE203	Continued From page 2 Class III	AE203			
AE206	58A-5.030(7) FAC ECC - Service Plans (7) SERVICE PLANS. (a) Prior to admission the extended congregate care supervisor shall develop a preliminary service plan which includes an assessment of whether the resident meets the facility's residency criteria, an appraisal of the resident's unique physical and psycho social needs and preferences, and an evaluation of the facility's ability to meet the resident's needs. (b) Within 14 days of admission the congregate care supervisor shall coordinate the development of a written service plan which takes into account the resident's health assessment obtained pursuant to subsection (6); the resident's unique physical and psycho social needs and preferences; and how the facility will meet the resident's needs including the following if required: 1. Health monitoring; 2. Assistance with personal care services; 3. Nursing services; 4. Supervision; 5. Special diets; 6. Ancillary services; 7. The provision of other services such as transportation and supportive services; and 8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences. (c) Pursuant to the definitions of "shared responsibility" and "managed risk" as provided in Section 429.02, F.S., the service plan shall be developed and agreed upon by the resident or the resident's representative or designee, surrogate, guardian, or attorney-in-fact, the facility designee, and shall reflect the	AE206			

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AE206	Continued From page 3 responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident's service needs and preferences. (d) The service plan shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident's physical or mental status, or pursuant to recommendations for modifications in the resident's care as documented in the nursing assessment. This Statute or Rule is not met as evidenced by: Based on a review of 4 residents who are receiving ECC (Extended Congregate Care) services records the facility failed to ensure the plan of care was established quarterly, confirmed with the resident and or significant other, and were signed by facility staff showing the establishment and quarterly reviews of the care plan. The findings include: 1. Resident #1 was admitted to ECC care on There was no initial care plan in the record. A permanent care plan was done on and again on which was not within the required 2 weeks after starting ECC care. The last page of the care plan has a place for the resident, the resident's responsible person and facility staff to sign. There were no signatures of any of those noted on the care plan to indicate that they were agreed upon. Interview with Staff A on at 1:00 p.m., revealed they sometimes have to send the care plan out for signatures to the family member, but	AE206			

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AE206	Continued From page 4 she agreed there was no evidence this was done for this record. 2. Resident #2 has been on ECC services since Review of the care plans for this resident revealed the initial care plan was done on _____ and another on _____ which was prior to being on ECC. The next care plan was done on _____ and the third was done on _____. In none of these care plans were there signatures present to indicate the resident or the resident's responsible parties were aware of the care plan and agreed with it. The facility staff did not sign any of these care plans. 3. Resident #3 was started on ECC care on _____. The care plan in the record was dated _____. The current care plan in the record was _____. This resident had quarterly care plans completed. However, there was no signature by either the resident, facility staff, or responsible party on any of them to indicate that they were agreed upon, with the exception of the _____ care plan which was signed by a family member. 4. Resident #4 was admitted to ECC care on _____. This resident had an care plan dated _____ which was signed by staff, resident and responsible party. There was a current plan of care dated _____. This was signed by the responsible party, but not staff or resident signed this care plan. The quarterly care plans were performed, but were not signed by anyone. Class III	AE206			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus At River Oaks
925 South River Road
Englewood, FL 34223

Dear Administrator:

This letter reports the findings of an Extended Congregate Care (ECC) 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) 335-1239.

Sincerely,


Harold D. Williams
Field Office Manager

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Enclosure: State Form

