STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910386	06/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
City Walk Active Living	534 Datura Street West Palm Beach, FL 33401

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

Specific Tag Findings:

0000-Initial Comments

A Complaint Investigation Survey (CCR# 2013004029, 2013005585, 2013006002) was conducted on [redacted] and [redacted] at City Walk Active Living in conjunction with a Biennial Re-licensure Survey with Limited Mental Health (LMH) and Limited Nursing Services (LNS) components. At the time of the survey, a deficiency was identified as a result of CCR# 2013004029 and information obtained from the Biennial Re-licensure Survey.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

The findings include:

1) In an interview with Resident #13 on [redacted] at approximately 9:45 AM, she stated that she has her own banking account so she does not have to go to the facility for items. She stated if she needed something she would go to Publix and get it. She stated if she needed something she would have to buy it herself.

2) In an interview with resident #14 on [redacted] at approximately 11:42 AM, she stated you even have to provide your own soap. She stated that her friend gave her some of her supply a couple of weeks ago. She stated she would say it is a slight problem. She stated she has to buy everything on her own.

Observations on [redacted] at approximately 11:50 AM found Resident #14's [redacted] not contain any soap in it.

3) In an interview with Resident #15 on [redacted] at approximately 12:32 PM, she stated she buys all of the products with the $54.00 she gets. She stated that the facility always separates it for her but she always gets her money. She stated you have to buy soap at Publix the facility does not give you. She stated if you run out then you run out. She stated they rarely help you out.

4) In an interview with the Administrator on [redacted] at approximately 11:25 AM, she stated that the facility provides toilet paper and towels and the residents are responsible for toiletries except for the second floor. She stated the regular population is responsible for their own supplies. She stated they

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get their own soap. She stated everybody gets money.

5) Observations on [redacted] at approximately 12:15 PM, found one of the common [redacted] on the third floor did not have any soap.

Observations on [redacted] at approximately 12:20 PM, found Resident #16's [redacted] not have soap in it. Observations found resident #16's [redacted] a foul-like smell coming from it.

In an interview with Resident #16 on [redacted] at approximately 12:20 PM, he stated he had to buy his own soap if he wanted soap. He stated he is currently unsure if he has any soap. He stated his toilet does not work.

Observations on [redacted] at approximately 12:25 PM, found Resident #17 did not have a [redacted] his [redacted] Observations found resident #6 resided on the third floor.

In an interview with Resident #17 on [redacted] at approximately 12:25 PM, he stated if he needs to use the [redacted] uses the common [redacted] on the floor. {Observations found one of the common [redacted] on the third floor did not have any soap.}

6) Observations on [redacted] at approximately 1:45 PM found the second floor, sunshine unit, had no soap in any of the [redacted] Observations found only one caregiver in the sunshine unit had a bottle of soap for washing resident hands.

In an interview with the Administrator on [redacted] at approximately 1:45 PM, she confirmed the findings and stated only about three residents can toilet themselves in the sunshine unit. She stated all of the residents hands are washed before meals and when they are being toileted.

7) In an interview with the Administrator on [redacted] at approximately 2:00 PM, she stated that they do not provide hand soap to the residents nor do they have bars of soap to give. She stated she has bottles of shampoo and body wash for the residents that require baths. She stated all other residents have to buy their own. She stated they are responsible for getting the soap on their own. She stated they rarely provide them with body wash and shampoo. She stated they used to give them out here and they charged them for them but they stopped that. She stated she understands that they may not have soap and it may be an [redacted] control issue.

8) Record review of the facility's residential contract revealed it did not have any language which reflected that residents would be responsible for their own hand soap and bath soap.

9) In an interview with the Administrator on [redacted] at approximately 3:11 PM, she acknowledged the findings.

10) During dining observation on the Sunshine Unit (East - secured unit), conducted on [redacted]

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beginning at approximately 12:30 PM, Employee #12 was observed standing over Resident #6 and feeding this resident a puree diet from a divided plate and Styrofoam bowl. This divided plate and Styrofoam bowl was held underneath of this resident's chin and Employee #12 was noted to rapidly spoon the puree food into Resident #6's mouth.

During subsequent dining observation on the Sunshine Unit (East), conducted on . . . . . beginning at approximately 12:00 PM, Employee #12 was observed standing over Resident #6 and feeding this resident a puree diet from a divided plate and Styrofoam bowl. This divided plate and Styrofoam bowl was held underneath of this resident's chin and Employee #12 was noted to rapidly spoon the puree food into Resident #6's mouth.

Resident #6's health assessment, dated reflected he requires staff to assist him with eating a puree diet.

11) During dining observation on the Sunshine Unit (East - secured unit), conducted on . . . . . beginning at approximately 12:30 PM, Employee #11 was observed standing over Resident #5 while spooning pureed food into this resident's mouth from a divided plate and Styrofoam bowl. She was noted to hold the divided plate and Styrofoam bowl in the air next to Resident #5' face.

Resident #5's health assessment, dated , reflected this resident is to receive a puree diet and staff are to feed her.

12) During interview with the Administrator, conducted on . . . . . beginning at approximately 1:10 PM, she was asked if the staff were expected to sit or stand while feeding or assisting with feeding residents. She stated that it depends on the residents because some residents are problematic and that sometimes the staff needs to stand in order to react to situations. She was informed that standing while feeding residents is considered to be undignified. She stated that she was not aware this was considered to be a dignity concern.

13) During dining observations of the Sunshine Unit (West & East - secured units), conducted on . . . . . beginning at approximately 12:00 PM, residents were observed to be served hamburgers on plates and the remaining side dishes from separate Styrofoam bowls (i.e. baked beans, spinach, and chocolate cake). There were approximately 14 residents on the West side and approximately 12 residents on the East side of the Sunshine Unit dining . . during these observations.

During subsequent dining observation of the Sunshine Unit (West & East), conducted on . . . . . beginning at approximately 12:00 PM, all residents present were served pineapple tidbits from Styrofoam bowls.

During observation of the main dining . . the 1st floor, conducted on . . beginning at approximately 12:00 PM, residents were not served food from Styrofoam bowls.

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During interview with the Administrator, conducted on [redacted] beginning at approximately 1:10 PM, she was informed of the observations of the residents of the Sunshine Unit (West & East) being served side dishes and desserts from Styrofoam bowls. She was asked why residents on Sunshine Unit were served from Styrofoam bowls and the residents in the main dining [redacted] served from regular dishes. She stated that she did not know why but that she would have the Dietary Director follow up on this concern.

During subsequent interview with the Dietary Director, conducted on [redacted] beginning at approximately 1:45 PM, she stated that the Styrofoam bowls are utilized on the Sunshine Unit because a couple of the residents have thrown bowls in the past. She was asked if she considered sending Styrofoam bowls to just the residents that exhibit this behavior instead of sending Styrofoam bowls to all residents on the Sunshine Unit (secured unit). She stated, "No". She was informed that each resident is to be treated with respect and in full recognition of their individual needs and that serving every resident on the Sunshine Unit (secured unit) from Styrofoam bowls was not considered dignified or respecting each resident's individual needs. She stated that she was not aware that this practice was a dignity concern.

14) During initial tour of the Sunshine Unit (West & East - secured units), conducted on [redacted] beginning at approximately 10:15 AM, the Resident's Rights and the Advocacy telephone numbers (Florida Local Advocacy Council; District Long-Term Care Ombudsman; Advocacy Center for Person's with [redacted] AHCA Consumer Hotline; and the [redacted] Hotline) were not posted. This unit is a secured and distinct unit from the remainder of the facility and is located on the 2nd floor.

During interview with the Administrator, conducted on [redacted] at approximately 2:00 PM, she was asked the location of the postings of the Resident Rights and the Advocacy Telephone Numbers. She stated they were posted on the 1st floor. (Numbers were posted next to the elevator). She was reminded that all residents are to have access to that information. She stated that all residents go out for fresh air on a daily basis from the Sunshine Unit.

During interview with Employee #10 (who provides medication assistance on the Sunshine Unit for over 1 year), conducted on [redacted] beginning at approximately 10:00 AM, she was asked how often residents leave the Sunshine Unit. She stated that the smokers will leave the unit 4 times daily. She stated that some of the other residents will leave the unit approximately 3 times per week. She was asked if all residents leave the unit. She confirmed that all residents do not leave the unit and that there are several residents that refuse to leave the unit.

During subsequent interview with the Administrator, conducted on [redacted] beginning at approximately 3:10 PM, she stated that the Advocacy numbers had been posted on the Sunshine Unit (West and East). She was asked if the Resident Rights had been posted. She replied that they had not been posted to her knowledge.

Class III

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AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
City Walk Active Living
534 Datura Street
West Palm Beach, FL 33401

Re: CCR #2013004029, 2013005585,
#2013006002

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2013 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) 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 representative. Should you have any questions please call this office at (561) 381 - 5840 .

Sincerely,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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