STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932574	07/01/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Cypress Palms Assisted Living	400 Lake Avenue N.E. Largo, FL 33771	

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

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced complaint survey, CCR# 2013004738, was conducted on [redacted] in conjunction with an abbreviated biennial state licensure survey with extended congregate care (ECC).

The Cypress Palms, assisted living facility, had a deficiency at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on interviews and record reviews, the facility's licensed staff failed to assess and request care regarding a resident's change in condition which delayed the needed care for 1 (Resident #1) of 6 residents sampled for record review.

Findings include:

Review of Resident #1's home health follow-up assessment dated [redacted] revealed the resident had a diagnosis of [redacted] and [redacted] retention and required a [redacted]

Interview with director of clinical services at the home health agency on [redacted] at approximately 4:00pm revealed that the resident's [redacted] was inserted before 11:00am on [redacted]

Interview with Staff A, a licensed practical nurse (LPN), on [redacted] at approximately 12:30pm revealed that at the change from day to evening shift, Staff G, a certified nursing assistant (CNA), told her that Resident #1 was in pain around the [redacted] tube. Staff A told Staff G to check and see if the [redacted] was kinked up in the resident's disposable briefs. Staff H, the evening shift LPN, knew of the problem before Staff A left. Staff A could not remember if he drained any [redacted] in the [redacted] and he was sent out to the hospital that evening.

Phone interview with Staff G on [redacted] at approximately 4:15pm revealed that Resident #1 complained of pain in his penis at 2:00pm and she told the daytime and evening nurse. Staff A told her to check the [redacted] and make sure it was not pulling. She stated she made sure the strap that held the [redacted] in place was loose, so it was not pulling. The resident told her he felt better. She was also told to encourage the resident to drink water. She checked the [redacted] bag at 2:00pm and 4:00pm and it was empty. Around 5:00 PM, the resident did not want to go to the dining [redacted] He said he felt better. Staff G brought him a tray of food, but he did not eat it. The resident's family came in around 6:30 PM. They said he was in pain. They said there was [redacted] in the [redacted] She told the evening nurse (Staff H) about the [redacted] and the nurse went to go check it. The resident's

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doctor was called and the family wanted the resident to go to the hospital. The resident went to the hospital around 7 to 7:30pm. The home health nurse asked later why the resident was sent out to the hospital because they could help 24 hours a day if there was a problem.

In another phone interview with Staff G on [redacted] at approximately 6:45pm, she stated that the evening nurse was in the hall around 3:00pm passing medications on the floor to residents, but she did not actually see if she went in the [redacted] Resident #1.

Review of Resident #1's progress notes dated [redacted] at 9pm revealed that the resident had his [redacted] changed that day and later in the evening, no [redacted] output was noted. When the family was at the resident's bedside, the doctor was called and the resident was sent to the hospital.

Review of the hospital emergency provider report dated [redacted] revealed that Resident #1 had severe [redacted] pain and a distended [redacted]. The [redacted] was removed from the resident's [redacted] instead of the intended placement, in his [redacted] A new [redacted] had to be inserted and 600cc (cubic centimeter or milliliter) of bloody [redacted] were released. His [redacted] was clear after 1-1/2 hours.

Further review of Resident #1's progress notes dated [redacted] revealed that there was nothing written by the facility's licensed staff about an assessment of the resident's condition or any calls to the physician or to the home health agency who inserted the [redacted] about the resident's pain or the lack of [redacted] output during the time between the [redacted] insertion before 11:00am on [redacted] and the resident's family's visit to the facility at approximately 6:30pm, even though the resident complained of pain during the shift and the staff reported that there was no [redacted] output.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Cypress Palms Assisted Living
400 Lake Avenue N.E.
Largo, FL 33771

Dear Administrator:

Re: **CCR# 2013004738** & Abbreviated Biennial w/ECC

This letter reports the findings of a complaint survey and an abbreviated biennial state licensure survey with extended congregate care (ECC) that were conducted on , 2013, by a representative of 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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