| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967795 | 06/21/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Anguilla Cay Senior Living | 1021 North Ridge Road Lantana, FL 33462 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Co mments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0120 - 58a-5.021(1) Fac - Fiscal - Financial Stability S-S= D
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
An Assisted Living Facility complaint (CCR# 2013006204) survey was conducted on Anguilla Cay Senior Living, had licensure deficiencies found at the time of the visit.

**0025-Resident Care - Supervision 58A-5.0182(1) FAC**
Based on record review and interview, the facility failed to provide adequate supervision to meet the needs, for 1 out of 3 sampled residents (Resident #1).

The findings include:

Resident #1 was admitted to the facility on A review of the Health assessment form (AHCA form 1823) dated with a diagnosis to include , mild and history of , and right eye Further review of the form, document ' the resident is independent with activities of daily living, walks with a walker and needs supervision for bathing and dressing.

a) Incident report dated at 5:00 AM, documented the following:
Found on ground in the back of the building "crawling soaking wet in the rain. He told me he did not know how he got to the back of the building; he only knew he hit his head". Prior to that he was in his on left side of check.
Attempted to notify daughter". She did not answer phone, states not accepting calls"

b) Incident report dated documented the following:
Resident found on floor in ' His wine glass and lost balance and slipped in wine". Administrator stated, resident is able to have 1 glass of wine with dinner. Facility brought the drinking to the doctor's attention and the wine has since been discontinued.

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c) Admitted to Vitas hospice on . . . . . with a diagnosis of adult . . . . . equent . . . . and hallucinations. Hospice nurse 1 time a week was provided. Other symptoms included: weight loss, decreased appetite, increased . . . . . increased . . . . . and . . .

d) On . . . . . Resident #1 . . . again in his . . . . . hit his head. 911 was called and he was transported to the local hospital for evaluation.

The facility failed to have evidence of documentation of . . . precautions in place for a resident with a history of multiple . . . . resulting in injury. There was no additional information in the resident ' s record regarding weight loss. During an interview at 12:30 PM on . . . . . the Administrator confirmed aforementioned and that no further information was available for review.

Class III

**0120-Fiscal - Financial Stability 58A-5.021(1) FAC**

Based on record review and interview, the facility failed to ensure financial stability. As evidenced by having 6 delinquent cable bills for several months resulting in disruption of cable for residents who pay an additional monthly costs for cable.

The findings include:

Interview at 10:45 AM with the Administrator revealed basic cable is offered free of charge at the facility. High definition boxes in resident . . . . . have a $15 charge and the community picks up the difference. All common areas have high definition provided by the facility. Residents pay the facility and facility pays cable monthly. The Administrator stated, last month they had a problem. The resident's daughter took the common area box and put the box in her father's . . . . . leaving all other residents in common area without TV. The cable company was out last month to check cables. Nothing was found to be wrong. The problem is intermittent we have approximately 30-40 boxes. We have a grievance box locked in the dining area where they can anonymously file a complaint. We have not had any complaints from residents. Residents have let us know their cable boxes were not working and the issue was addressed.

During a tour of the facility with the Administrator at approximately 1:00 PM to observe cable boxes, several resident . . . . did not have working cable. The residents interviewed stated

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the cable goes out frequently and sometimes stays off for weeks at a time. They all stated, they have complained to the Administrator but it continues to happen. During the survey the facility was asked to provide the last 3 months of cable bills. The Administrator stated, the facility has about 50 accounts with the cable company. Interview at 2:30 PM with the Office Assistant, stated she takes care of resident complaints regarding cable.

Review of 6 out of 13 cable bills provided had a past due balance. The Administrator stated, the Office Assistant would contact the cable company and forward the information regarding payment. As of , the facility failed to provide evidence of documentation that they paid the past due balances on the cable bills provided and have not provided any additional information regarding the other facility cable bills.

Class III

**0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC**

Based on record review and interview, the facility failed to provide within 1 business day after the occurrence of an adverse incident a preliminary report to the agency (AHCA) on the adverse incident. As evidenced by not reporting a resident ... resulting in facial , for 1 out of 3 sampled records reviewed (Resident #1).

The findings include:

Review of Resident #1's record revealed an admission date of ..... A review of the health assessment (AHCA form 1823) dated included a diagnosis of , mild , history of ... , and right eye . The health assessment documented the resident is independent with activities of daily living, walks with a walker and needs supervision for bathing and dressing.

a) Incident report dated ..... documented the following: Resident found on floor in His wine glass ... and lost balance and slipped in wine". Administrator stated, resident is able to have 1 glass of wine with dinner. Facility brought the drinking to the doctor's attention and the wine has since been discontinued.

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

b) Admitted to Vitas hospice on [redacted] with a diagnosis of adult [redacted] frequent [redacted] and hallucinations. Hospice nurse 1 time a week was provided. Other symptoms included: weight loss, decreased appetite, increased [redacted] increased [redacted] and [redacted].

c) On [redacted] Resident #1 [redacted] again in his [redacted] hit his head. 911 was called and he was transported to the local hospital for evaluation.

Hospice note dated [redacted] documents " [redacted] patient had a [redacted] and was sent to the hospital where he was found to have a [redacted] of the right anterior and lateral walls of [redacted] sinus displaced [redacted] of the floor of the right orbit zygomatic arch ". During an interview at 12:00 PM on [redacted] with the Administrator and DON revealed the facility did not file an adverse incident report or complete an investigation. Further review of the record, revealed a [redacted] prevention service plan dated [redacted], to use walker encourage to participate in supervised activities and assist with bathing. Facility observation log dated [redacted] shift, noted resident had a [redacted] on 11-7. Hospice notified and came to assess resident. Physicians order [redacted] to discontinue with wine in the evening due to increased [redacted] risk. On [redacted] ordered a hospital bed and walker.

During an interview at 12:30 PM on [redacted] with the Administrator, regarding Resident #1's [redacted] on [redacted] the facility was not able to provide evidence of documentation regarding a thorough investigation of the incident and confirmed they did not file the required adverse incident report with the agency.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Anguilla Cay Senior Living
1021 North Ridge Road
Lantana, FL 33462

Re: CCR #2013006204

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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