STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966321	07/25/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hillandale	6333 Langston Avenue New Port Richey, FL 34652	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0008-Admissions - Health Assessment-07/25/2013
0054-Medication - Records-07/25/2013
0093-Food Service - Dietary Standards-07/25/2013

Revisit Repeat Tags:

0000-Initial Comments-
0030-Resident Care - Rights & Facility Procedures-58a-5.0182(6) Fac; 429.28 Fs
0160-Records - Facility-58a-5.024(1) Fac
0165-Risk Mgmt & Qa; Adverse Incident Report-429.23 Fs; 58a-5.0241 Fac

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A revisit survey was conducted on in conjunction with three complaint surveys, CCR# 2013004739, CCR# 2013006451, and CCR# 2013006452.

The Hillandale, assisted living facility, had uncorrected deficiencies at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

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

Based on observations, interviews, and record review, the assisted living facility failed to ensure residents lived in a safe and decent living environment specifically related to a continued and ongoing bed bug infestation, originally identified in . The current infestation is affecting 9 (#1, #2, #3, #7, #8, #10, #11, #12 and #16) of 17 current residents and failed to follow all recommended procedures set forth by the County Health Department on to insure that effective pest control methods are utilized and to remove residents from infested with bed bugs.

Findings include:

On at approximately 9:25 AM, the surveyor interviewed Resident #3. Resident #3 stated that he believed the facility still had bed bugs and stated that he saw what he believed were live bed bugs in his this date.

On that same date at approximately 9:45 AM, during a tour of the facility, the surveyor observed a small dark colored insect moving across the pillow in # (Resident # 12's) that resembled a bed bug.

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On that same date, a representative from the county health department arrived at approximately 10:25 AM and began a tour of the facility. At 11:10 AM, the representative confirmed that there were live bed bugs in #1 (Resident # 1's), 6 (Residents # 7 & 8's), 8 (Residents # 10 & 11's) , & 11 (Resident # 16's).

On that same date at 11:25 AM, the surveyor observed red dots with the appearance of a on Resident #1. Resident #1 sleeps in # . Resident #1 is hearing and does not speak. Resident #1 made motions like scratching when the surveyor pointed to the marks on his arms.
On that same date at approximately 1:15 PM, an interview was conducted with Resident #2. Resident #2 is and stated that something was biting him at night. Resident #2 was also observed to have marks on his arms and legs.

The inspection report from the county health department, dated , stated "Effective control methods must be utilized to eliminate vermin on premises." A follow-up report, dated , noted that " is resulting in the movement of the insects rather than abatement."

During an interview with Employee A conducted on at approximately 9:50 AM, she stated that the facility is still hearing about bed bugs in "at times" and follows up when alerted by residents.
During an interview with Employee C, conducted on at 2:55 PM, he stated that the facility has had bed bugs for "several months" and that he discussed it with the administrator, who denied the ongoing infestation.

Uncorrected Class I

0054-Medication - Records 58A-5.0185(5) FAC

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

0160-Records - Facility 58A-5.024(1) FAC

Based on interview and record review, the facility failed to maintain an up to date log of residents being admitted and discharged from the facility, including where they went and their reason for discharge, for 1 of 21 sampled current and former residents (Resident #20).

Findings include:

On , the surveyor reviewed the facility's admission and discharge log. The surveyor noted that the log indicated that Resident #20 had been discharged from the facility on . There was nothing written on the log in the space provided for "discharged to" or in the space for "reason".

On that same date, the surveyor interviewed Resident #13 in her approximately 11:15 AM. Resident #13 said she believed Resident #20 went to live with his family.

On that same date at approximately 2:30 PM, the surveyor interviewed Employee C. Employee C said he did not

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know where Resident #20 went when he left the facility.

Uncorrected Class III

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

Based on observation, record reviews, and interviews, the facility failed to provide preliminary one-day and 15-day reports to the agency on all adverse incidents; specifically, events reported to law enforcement or its personnel for investigation and resident elopement if the elopement places the resident at risk of harm or injury.

Findings include:

During a previous survey conducted on , the AHCA Surveyor had reviewed records and documented incidents and identified the following adverse events, involving reports to law enforcement and a resident elopement:

1. On , "<Resident #23> was upset over relationship break-up ... got aggressive ... wouldn't comply with staff ... on floor, hit staff." Actions taken: "<Resident #23> called 911. Police came out took report. I spoke to Administrator" Notified Administrator at "12:30 noon" Staff I & B added note at bottom of page: " -spoke with sheriff they stated <Resident #23> was cop shopping to get what s/he wanted. Not Adverse. No one knows how incident happened--She has made wild accusations not supported by witnesses." initialed " JR " (Administrator ' s initials) Nothing is written in the " Follow Up " section at end of report.

2. : "<Resident #21> signed (out) , , 2012 Did not return" "Called 911, filed missing persons Report, while in community" [Elopement places the resident at risk of harm or injury.]

3. Undated; ? "<Resident #21> adamantly refuses to cooperate with staff, been aggressive toward other clients and staff, walking around the facility with feces and , refuses to shower." "Talked to FACT Team and <Resident #21> will be ." Notified doctor & Case Manager on at 1:30 PM --Attached: "<Resident #21> was another resident, <Resident #21>, also 2 staff members. <Resident #21> is walking around smearing feces on the walls, couches, and people, walking around without clothes and refuses to cooperate, take shower. This is the 3rd time law enforcement have been called. FACT Team member signed form for her to be ." Nothing is written in the " Follow Up " section at end of report.

On at 4:41 PM, the Pasco County Sheriff Department provided a Log of 6 calls to the Hillandale facility dated from to . Following are 4 additional incidents involving police intervention, including 2 incidents of elopement placing the resident at risk of harm or injury:

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1. " Missing person, resident left facility 2 days ago and has not returned, does not have meds with her -- staff said " Because she leaves so frequently it is normally not reported right away " -reported missing 4 times in the past year. " There was no documentation of facility interventions to provide adequate protection for the health, safety, and welfare of resident. [Elopement places the resident at risk of harm or injury.]

2. " at 6:57 PM dispatched to facility regarding runaway/missing person. Staff reported that resident escaped out of facility on PM by climbing through a hole in the fence. " (Clearwater Police picked up resident and transported to Morton Plant Hospital) There was no documentation of the elopement and no documentation of the 4/2 report; there was no evidence of concern regarding the 20 days that passed between elopement and police dispatch. [Elopement places the resident at risk of harm or injury.]

3. " simple battery Suspect <Resident #21> another resident standing in line for medicine. Law enforcement was called and the case was direct filed with the state attorney's office. A facility incident report dated was provided--referencing Resident #21 " other clients, " but no documentation of the incident. There was no documentation of facility interventions to provide adequate protection for the health, safety, and welfare of the residents. On , Resident #21 said she knew something was wrong, wanted to cut (own) throat, and requested facility staff call 911 to be . There was no evidence of staff concern for resident welfare.

On , the surveyor checked the agency's website for adverse incident reports and contacted the central office and verified that no adverse incident reports have been filed since the last survey or since 2013.

Uncorrected Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Hillandale
P.O. Box 1778
Safety Harbor, FL 34695

Re: **CCR# 2013004739, CCR# 2013006451, CCR# 2013006452,** and Revisit

Dear Administrator:

This letter reports the findings of a three complaint surveys and a state licensure revisit survey that were conducted on 25, 2013, by a representative of this office.

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were identified relative to the complaint surveys, and the deficiencies that were identified relative to the revisit survey. 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,

Paul A Bonn

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161