STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967194	07/05/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residence At Paddock Park	14622 Paddock Dr Wellington, FL 33414	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0004 - 58a-5.016 Fac - Licensure - Requirements S-S= G
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0053 - 58a-5.0185(4) Fac - Medication - Administration S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility complaint inspection survey (CCR #2013006926) was conducted on . The Residence at Paddock Park, had deficiencies found at the time of the visit.

0004-Licensure - Requirements 58A-5.016 FAC
Based on observation, record review and interview, the facility failed to obtain Agency approval prior to increasing it's license capacity from 6 to 8 residents (Residents #4 and #5).

The findings include:

a) In an observation on at 10:55AM, accompanied by the Nursing Assistant, in resident , there was a single bed and an closet with numerous garments and toiletries. In an interview with the Nursing Assistant on at 11:00AM, she stated that Resident #4 sleeps in and his clothing was stored inside the closet in this She also stated at this time that Resident #4 was considered a day care resident, but he has been sleeping and spending all his time in the facility for a long time. Further observation of at this time, indicated that personalized picture frames were on the nightstand next to the bed.

In an interview with Resident #4 on at 11:10AM, he stated that he has been living in the facility for a long time and that the pictures on his night stand in were of his family. At this time in , he also displayed personal property in the closet including clothing, a towel bearing his initials "[resident's initials]" and some toiletries. The resident presented to be alert and moderately at this time, with a on top of his head approximately 1" in diameter. The resident stated at this time that he outside in the yard and he does not remember how he hit the top of his head, but the seems to not be healing.

Review of Resident #4's ALF (Assisted Living Facility) resident agreement indicated that he was admitted to the facility on and he was to receive assistance with his activities of daily living (ADLs) and self-administered medications.

b) In an observation on at 11:05AM, accompanied by the Nursing Assistant, in resident , there were 2 single beds and an a closet with numerous garments and toiletries. In an interview with the Nursing Assistant on at 11:05AM, she stated that Resident #5 sleeps in along with another resident and her clothing was stored inside the closet in this She also stated at this time that Resident #5 was considered a day care resident, but she has been sleeping and spending all her time in the facility for a couple months. Further observation of at this time, indicated that the closet had resident #5's clothing and

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personal property inside of it.

In an interview with Resident #5 on at 11:45AM, she stated that she has been living in the facility for a couple months and that the staff helps her get around whenever she feels lightheaded and with a few medications. The resident presented to be alert and minimally at this time, without signs of or neglect.

Review of Resident #5's ALF resident agreement indicated that she was admitted to the facility on and she was to receive assistance with his activities of daily living (ADLs) and self-administered medications.

c) Further observations in the facility on from 9 AM to 4 PM, indicated that there were a total of 8 active residents living in the facility. Review of the facility records indicated that there were a total of 8 active residents living in the facility.

Review of the facility's ALF license (#11250) effective on indicated that the facility was licensed for a capacity of 6 resident beds. In an interview with the Administrator's friend (the Designated Relief Person for the facility) on at 1:45 PM, he stated that there were 8 residents in the facility presently and was not aware of the facility's capacity. He also stated at this time that he was not an employee and he was Administrator at another ALF which was close to the facility and that he was the Designated Relief Person since the Administrator and Owner were out of town and unable to come to the facility .

During a phone interview with the Administrator and the Owner at 2:30 PM on , both confirmed that there were 8 residents residing at the facility. It was also revealed that the facility had not obtained a capacity increase for the two additional residents above the licensed capacity of 6 residents.

The facility failure to obtain agency approval prior to increasing the facility census above the licensed capacity directly threatens the safety and well-being of all 8 residents residing at the facility.

Class II

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

Based on record review and interview, the facility did not have a completed health assessment, for 1 out of 8 sampled residents (Resident #4).

The findings include:

Review of Resident #4's ALF(Assisted Living Facility) resident agreement indicated that he was admitted to the facility on and he was to receive assistance with his activities of daily living (ADLs) and self-administered medications. Review of the resident's health assessment form (AHCA form 1823) dated , confirmed aforementioned. Further review of the form revealed that the physician's certification for the resident's needs being met in the facility was not completed.

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In an interview with the Nursing Assistant on at 2:00 PM, she stated that she does not have another health assessment for Resident #4 to reflect the physician's certification that the resident's needs may be met in the facility.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observation, interview and record review, the facility failed to ensure that a resident is reassessed by his/her physician after a significant change and/or decline in health to ensure that the resident's care needs could be met at the facility and that the resident met the criteria for continued residency, for 3 out of 5 sampled residents (Resident#1, #2 & #3).

The findings include:

1)The surveyor conducted a tour of the facility and observed two residents (Resident #2 & #3) who were dependent upon staff for all activities of daily living. Resident #3 was seated at the table and being fed by staff. Resident #2 was positioned in a wheelchair and being transferred to the bed by the remaining staff member.

Attempts to interview, Residents #2 and #3 were not successful due to the resident's advanced The second surveyor also attempted to interview the residents in their native language (Spanish) and was equally unsuccessful for the same reason.

A observation of Resident #2 was conducted on at 9:50 AM. The resident had just been provided peri care and was positioned on her left side. The surveyor observed a small Tegaderm dressing on the right hip/troc and a larger dressing on the The surveyor asked the staff member who provides care. She replied that the Home Health Nurse comes every day or every other day to change the dressing and that she changes the resident ' s position every two hours. When the surveyor clarified the question, the employee confirmed that she does not wake up at night to change the resident ' s position in bed. A subsequent observation at 12:39 PM and 1:15 PM revealed Resident # 2 to be still in the same position on her left side in a recliner in the family At 2PM, the resident was returned to her peri -care and then repositioned in the recliner on her back.

#2) Resident # 3 was observed seated in a dining when the surveyor arrived at the facility at 9:00 AM. At 10:00 AM, the resident was positioned in a recliner on her right side and at 2pm she was positioned on her back.

The surveyor observed the remaining 6 residents performing self- toileting after prompting by staff. Residents #2 and #3 were the only residents who required peri care by the two facility employees.

Review of the Resident # 2's record revealed she was admitted to the facility on and had a completed health assessment form (AHCA 1823 form) for that same date. There were no additional 1823 forms in the resident ' s record. Review of the Home Health Folders for this resident dated through revealed the following pertinent entries:
admitted to facility with no pressure sores per 1823 of same date.
pressure to right hip, Home Health care provided.

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Although there was a change in the resident ' s condition , there was no evidence that a new Health Assessment form was completed indicating the resident's current diagnosis (including wounds), care needs (including repositioning) and whether the facility could met the resident's needs based on change in health condition.

3) Review of Resident # 3's record revealed she was admitted to the facility on without pressure sores according to the Health Assessment form (AHCA 1823 form) for the same date. On , Home Health care services were started for a left hip pressure which resolved on . On ,Home Health notes documented a new left hip pressure was identified. Although there was a change in the resident ' s condition , there was no evidence that a new Health Assessment form was completed indicating the resident's current diagnosis (including wounds), care needs (including repositioning) and whether the facility could met the resident's needs based on change in health condition.

4) Review of Resident #1's record and Health Assessment form (AHCA 1823 form) dated revealed that she was admitted to the facility on without evidence of a pressure sores. Review of the Home Health notes available to the surveyor at the time of the review revealed the following:

- through Home Health Services for care for to the right and left hip and sacrum. Resolved
- through Home Health Services for care for to the right and left hip and sacrum.

Review of the Progress notes revealed the following pertinent entries:

- Family wants Hospice.
- Evaluated by Hospice.
- Transferred to Hospice.

Although there was a change in the resident ' s condition , there was no evidence that a new Health Assessment form was completed indicating the resident's current diagnosis (including wounds), care needs (including repositioning) and whether the facility could met the resident's needs based on change in health condition.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC
Based on record review and interview, the facility failed to provide assistance with self-administration of medication as physician prescribed, for 1 out of 8 sampled residents (Resident #5).

The findings include:

In an interview with Resident #5 on at 11:45 AM, she stated that she has been living in the facility for a couple months and that the staff helps her get around whenever she feels lightheaded and with a few medications. The resident presented to be alert and minimally at this time, without signs of or neglect.

Review of Resident #5's ALF (Assisted Living Facility) resident agreement indicated that he was admitted to the facility on and she was to receive assistance with her activities of daily living (ADLs) and

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self-administered medications. Review of the resident's health assessment dated on , indicated that she needed assistance with self-administration of medication. Review of the resident's medication observation record (MOR) dated from to , indicated that a staff member assisted the resident with her medications. Further review revealed the resident did not receive her prescribed tablet on at 8AM and on at 8AM and 12PM.

In an interview with the Nursing Assistant on at 2:00 PM, she stated that she documents the resident's MORs with a single initial of "[staff initial]". She also revealed that she assisted Resident #5 with her medications, but was not able to assist her with medications on and because the medications were locked inside the black file cabinet in the office, which was just opened with a key provided by the Administrator's family member today at 1:55 PM.

Class III

0053-Medication - Administration 58A-5.0185(4) FAC
Based on record review and interview, the facility provided medication administration to 1 out of 8 sampled residents (Resident #4) by a staff member who was not licensed to administer medications.

The findings include:

Review of Resident #4's ALF (Assisted Living Facility) resident agreement indicated that he was admitted to the facility on 6-9-11and he was to receive assistance with his activities of daily living (ADLs) and self-administered medications. Review of the resident's health assessment form dated , indicated that he needed medication administration and the physician's certification for the resident's needs being met in the facility was not completed. Review of the resident's medication observation record (MOR) dated from to indicated that a staff member assisted the resident with his medications and he did not receive his prescribed silver cream to his scalp on at 1PM, 8PM and on at 8AM and 1PM.

In an interview with the Nursing Assistant on at 2:00PM, she stated that she documents the residents' MORs with a single initial of "[staff initial]". She stated that she assisted Resident #4 with his medications, but was not able to assist him with his medication on and because the medications were locked inside the black file cabinet in the office, which was just opened with a key provided by the administrator's family member today at 1:55PM. She also stated at this time that the facility has no licensed nurse available to administer Resident #4's medications

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Residence At Paddock Park
14622 Paddock Dr
Wellington, FL 33414

Dear Administrator:

Re: CCR #2013006926

This letter reports the findings of a complaint survey that was conducted on , 2013 by representatives 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 (30) 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 representatives. Should you have any questions please call this office at (561) 581-5840.

Sincerely,

Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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