Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965291	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROADVIEW ASSISTED LIVING	2110 Fleischmann Road TALLAHASSEE, FL 32308

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced extended congregate care monitoring visit was completed 2013 at Broadview Assisted Living, Tallahassee. There were deficiencies found at the time of the visit.	A 000		
A 007 SS=G	58A-5.0181(1) FAC Admissions - Criteria Admission Procedures, Appropriateness of Placement and Continued Residency Criteria. (1) ADMISSION CRITERIA. An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license: (a) Be at least (b) Be free from signs and symptoms of any communicable which is likely to be transmitted to other residents or staff; however, a person who has may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule. (c) Be able to perform the activities of daily living, with supervision or assistance if necessary. (d) Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. (e) Be capable of taking his/her own medication with assistance from staff if necessary. 1. If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident ' s or the resident ' s surrogate, guardian, or attorney-in-fact ' s written informed consent to provide such assistance as required under Section 429.256, F.S. 2. The facility may accept a resident who requires	A 007		

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A 007	Continued From page 1	A 007		

the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident ' s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident.
(f) Any special dietary needs can be met by the facility.
(g) Not be a danger to self or others as determined by a physician, or mental health practitioner licensed under Chapters 490 or 491, F.S.
(h) Not require licensed professional mental health treatment on a 24-hour a day basis.
(i) Not be bedridden.
(j) Not have any or 4 pressure sores. A resident requiring care of a pressure may be admitted provided that:
1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a physician, or the resident contracts directly with a licensed home health agency or a nurse to provide care;
2. The condition is documented in the resident ' s record; and
3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed nurse or physician, the resident shall be discharged from the facility.
(k) Not require any of the following nursing services:
1. Oral, or suctioning;
2. Assistance with tube feeding;
3. Monitoring of gases;
4. Intermittent positive pressure breathing ; or
5. Treatment of surgical or wounds, unless the surgical or and the

Agency for Health Care Administration

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A 007	Continued From page 2	A 007		

condition which caused it have been stabilized and a plan of care developed.
(l) Not require 24-hour nursing supervision.
(m) Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.
(n) Have been determined by the facility administrator to be appropriate for admission to the facility. The administrator shall base the decision on:
1. An assessment of the strengths, needs, and preferences of the individual, and the medical examination report required by Section 429.26, F.S., and subsection (2) of this rule;
2. The facility ' s admission policy, and the services the facility is prepared to provide or arrange for to meet resident needs; and
3. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C.
(o) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, staff interview and record review, the facility failed to ensure 1 of 4 sampled residents met the minimum criteria for admission (resident #4). The resident was admitted with an unstageable which has deteriorated since admission.

Findings include:

At approximately 9 AM observed a frail resident (#4) lying flat in bed. an concentrator was

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A 007	Continued From page 3	A 007		

running, the resident did not have the on. surveyor knocked on the residents , a visitor stated come in. when surveyor entered the visitor identified himself as a family friend. The visitor stated resident #4 was not doing well, Hospice is suppose to bring another bed, one that helps relieve pressure as resident #4 has a on his foot.

Resident #4 opened his eyes and verbalized a greeting. when asked how he was, the resident grimaced, the visitor stated I think his leg hurts. 2 signs were posted on the walls stating the turn resident every 2 hours and keep left foot elevated at all times. . A personal care assistant entered the check the resident for incontinence. The stated the resident is total care for all activity's of daily living. As the turned the resident, sheep skin were noted on both feet, the resident's left leg was not elevated. Dark drainage was visible on the left heel dressing.

Interview with the wellness director (WD) who is an LPN at approximately 9:30 revealed resident #4 is not receiving extended congregate care services, he was admitted under hospice care. The WD stated he did come in with a on the left heel. She stated hospice said it was unstageable, so did not think it was a problem. the WD removed the and saw the dark drainage on on the telfa dressing. The WD attempted to remove the telfa, but the dressing was stuck to the the WD stated the hospice nurse did not tell her the I was this bad, and she was going to call hospice now. Asked the WD if facility staff monitored the , she stated Hospice comes in 3 x a week and does the care, they tell us what they do when they come in, but we do not

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A 007	Continued From page 4 do the [redacted] care. Interview with the LPN who is working with resident #4 at approximately 10 am revealed resident #4 came in under hospice, the regular hospice nurse comes in 3 x a week and does [redacted] care. She stated we do not do the [redacted] care. I was working upstairs when resident #4 was admitted, so I did not see the [redacted]. The WD approached the surveyor and said she called hospice, the nurse who usually comes to the facility is not available right now, she was on her way to the facility and got another call, she should be in later that day. Review of the record for resident #4 revealed he was admitted [redacted] from a skilled nursing facility. The 1823 dated [redacted] and signed by an ARNP indicated there were no [redacted], 3 or 4 pressure sores. Hospice Skilled Nurse clinical note dated [redacted] identifies wounds. [redacted] #1, pressure unstageable/suspected deep tissue injury, left medial heel. [redacted] < 25% saturated dressing, no odor. [redacted] bed eschar-dry tough, black/brown 75% [redacted] edges macerating, Periwound white macerated. [redacted] size, length 4.0 cm, width 4.0 cm, [redacted] pulse present, very weak. Care: normal [redacted] cleaner. Dressing, Foam/optifoam and wrap with Kerlix or bulky gauze. Complete dressing change at time of visit using [redacted] technique. [redacted] #2 [redacted] right leg just above ankle no drainage or odor. size 1.5 x 1.0 cm cleanse with NS/w [redacted] cleaner, dressing, stratosorb/optifoam/bordered gauze. Hospice IDT (interdisciplinary team) note dated [redacted] identifies unstageable to	A 007		

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A 007	Continued From page 5 left heel, foul odor. Multiple other open areas; redness to , scar from old generalized pain, started on Augmemtin for 7 days for odor to , chairbound 2 person transfers. Hospice IDT note dated again notes multiple open areas including unstageable to left heel, , bed bound status, total care for all ADL's including feeding decreased intake, pain deteriorating status. Hospice skilled Nurse clinical note dated #1 unstageable/suspected deep tissue injury left medial heel. 50% saturated dressing , moderate odor. bed eschar-dry tough black/brown 75%. edges, macerating, periwound, white macerating. There is no odor noted at time of visit. Care for NS/w cleaner, sprinkle on (for odor), cover with 4 x 4's or ABD then cover with stratasorb wrap with Kerlix. #2 to . Interview with the WD and administrator at approximately 11:45 am. Reviewed the admission criteria The WD stated she was not aware that the was worsening. Class II	A 007		
AE204 SS=D	58A-5.030(5) FAC ECC - Admissions & Continued Residency (5) ADMISSION AND CONTINUED RESIDENCY. (a) An individual must meet the following minimum criteria in order to be admitted to an extended congregate care program.	AE204		

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AE204	Continued From page 6	AE204		

1. Be at least
2. Be free from signs and symptoms of a communicable which is likely to be transmitted to other residents or staff; however, a person who has may be admitted to a facility, provided that he would otherwise be eligible for admission according to this rule.
3. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted.
4. Not be a danger to self or others as determined by a health care provider, or mental health practitioner licensed under Chapters 490 or 491, F.S.
5. Not be bedridden.
6. Not have any or 4 pressure sores.
7. Not require any of the following nursing services:
a. Oral or suctioning;
b. feeding;
c. Monitoring of gases;
d. Intermittent positive pressure breathing

e. Skilled rehabilitative services as described in Rule 59G-4.290, F.A.C.; or
f. Treatment of a surgical unless the surgical and the condition which caused it have been stabilized and a plan of care developed.
8. Not require 24-hour nursing supervision.
9. Have been determined to be appropriate for admission to the facility by the facility administrator. The administrator shall base his/her decision on:
a. An assessment of the strengths, needs, and preferences of the individual, the health assessment required by subsection (6) of this rule, and the preliminary service plan developed

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AE204	Continued From page 7 under subsection (7); b. The facility ' s residency criteria, and services offered or arranged for by the facility to meet resident needs; and c. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established under Section 429.41, F.S., and Rule Chapter 69A-40, F.A.C. (b) Criteria for continued residency in an ECC program shall be the same as the criteria for admission, except as follows: 1. A resident may be bedridden for up to 14 consecutive days. 2. A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: a. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed; b. Continued residency is agreeable to the resident and the facility; c. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service within the scope of their license including 24-hour nursing supervision, and total help with the activities of daily living; and d. Documentation of the requirements of this subparagraph is maintained in the resident ' s file. This Statute or Rule is not met as evidenced by: Based on observation, resident and staff interview and record review, the facility failed to ensure 1 of 3 residents reviewed for extended	AE204		

Agency for Health Care Administration

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AE204	Continued From page 8	AE204		

congregate care (ECC) services (#2) met the criteria for continued residency following hospitalization.

findings include:

Observation of resident #2. at approximately 10 am revealed the resident out of bed in recliner TV on eyes closed, napping. machine on night stand. Resident easily aroused, verbal but not oriented except to self. Asked resident what the machine was, she stated "I have no idea". Record review shows an order dated 0.083% 1 vial every 6 hours at 8am-2pm-8pm-2am. Interview with the wellness director revealed resident has had multiple the most recent resulted in the resident being sent to the hospital, while there, she was diagnosed with . she was in the hospital for about 4 days and returned with the order and which she has finished. Resident #2 is not capable of doing her own treatment. Licensed nurses provide the treatment. the wellness director states she would check with the physician to see if could be discontinued.

Class III

AE206 SS=D 58A-5.030(7) FAC ECC - Service Plans — AE206

(7) SERVICE PLANS.
(a) Prior to admission the extended congregate care supervisor shall develop a preliminary service plan which includes an assessment of whether the resident meets the facility ' s residency criteria, an appraisal of the resident ' s unique physical and psycho social needs and preferences, and an evaluation of the facility ' s

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AE206	Continued From page 9	AE206		

ability to meet the resident ' s needs.
(b) Within 14 days of admission the congregate care supervisor shall coordinate the development of a written service plan which takes into account the resident ' s health assessment obtained pursuant to subsection (6); the resident ' s unique physical and psycho social needs and preferences; and how the facility will meet the resident ' s needs including the following if required:
1. Health monitoring;
2. Assistance with personal care services;
3. Nursing services;
4. Supervision;
5. Special diets;
6. Ancillary services;
7. The provision of other services such as transportation and supportive services; and
8. The manner of service provision, and identification of service providers, including family and friends, in keeping with resident preferences.
(c) Pursuant to the definitions of " shared responsibility " and " managed risk " as provided in Section 429.02, F.S., the service plan shall be developed and agreed upon by the resident or the resident ' s representative or designee, surrogate, guardian, or attorney-in-fact, the facility designee, and shall reflect the responsibility and right of the resident to consider options and assume risks when making choices pertaining to the resident ' s service needs and preferences.
(d) The service plan shall be reviewed and updated quarterly to reflect any changes in the manner of service provision, accommodate any changes in the resident ' s physical or mental status, or pursuant to recommendations for modifications in the resident ' s care as documented in the nursing assessment.

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AE206	Continued From page 10	AE206		

This Statute or Rule is not met as evidenced by:
Based on record review and staff interview the facility failed to ensure 2 of 3 residents reviewed for extended congregate care (ECC) services had a service plan developed to address how the facility would meet the resident's needs related to the ECC services being provided. and for 1 of 3 (#3) had the service plan reviewed and updated quarterly.
Findings include:

Review of the records for resident #1 and #2 revealed no service plan had been developed. Review of the record for resident #3 revealed a written service plan, the last update was Interview with the wellness director at approximately 11:30 am confirmed neither resident #1 or #2 had a service plan, and there was no current service plan update for resident #3.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Broadview Assisted Living
2110 Fleischmann Road
Tallahassee, FL 32308

Dear Administrator:

This letter reports the findings of a state licensure extended congregate care (ECC) monitoring survey that was 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 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 surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/pm
Enclosure
XG90

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