| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11964523 | 08/27/2013 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Spring Manor Assisted Living Inc | 1780 Nw 112 Terrace Coral Springs, FL 33071 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D

**Specific Tag Findings:**

**0000-Initial Comments**
An unannounced Assisted Living Facility relicensure survey was conducted on . . . . Spring Manor Assisted Living had deficiencies found at the time of the visit.

**0010-Admissions - Continued Residency 58A-5.0181(4) FAC**
Based on record review and interview, the facility failed to ensure a Health Assessment form (AHCA Form 1823) was completed upon significant change and reflective of the resident's current health status and care needs, for 1 of 6 sampled residents (Resident #1).

The findings include:

Resident #1 was admitted to the facility on . . . . . under hospice services. Review of the resident's current health assessment dated , noted a medical diagnosis of debility. The form did not indicate the resident was on hospice services. The health assessment noted the resident requires total care with all ADL's (activities of daily living) and supervision with eating. The diet order is noted as regular. Further record review revealed on , the resident was ordered a mechanical soft diet and fluids to be thickened due to difficulty swallowing and on , an order was written for diet pureed consistency. Review of the hospice care plan and nursing notes reveal the resident started . . . . . care treatment on . . . . . for a . . . . to his . . . area. The note documents the . . . . . is being treated three times a week by the hospice nurse. The 1823 assessment form does not reflect the development of the and treatment provided.

During an interview with the Administrator at approximately 1:00 PM on , it was reported that Resident #1 had a significant decline in health after his admission and now requires staff to feed him. The Administrator reviewed the record and confirmed the facility did not have a current health assessment reflective of the resident's current level of care needs, dietary orders, . . . . care and that Hospice services were being provided to the resident.

Class III

**0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS**
Based on observations, record reviews and interviews, the facility failed to honor the resident's bill of rights including the right to live in a safe and decent living environment free from physical , for 2 out of 6 sampled residents (Residents #1 and #6).

The findings include:

1. On . . . . . at approximately 8:45 AM, accompanied by a direct care staff member, Resident #1's bed was

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observed with two full padded side rails in the up position. The resident's record was reviewed for physician bed rail orders. There was a signed consent dated from the resident's representative on admission for the use of full bedrails. The resident was admitted to the facility on hospice services on and a physician order was written for the use of full bed rails for positioning and safety and reordered every 6 months. The resident was assessed to required total care for ADL care including mobility.

2. On at 8:35 AM, accompanied by a direct care staff member, Resident # 6's bed was observed with 2 full side rails. The Aide stated that both bed rails are raised at night. The resident's record was reviewed for physician bed rail orders. There was a signed consent from the resident's representative on admission for the full bedrails. The resident was admitted to the facility on

A physician order was written for full bed rails for positioning and safety. The orders were reordered every 6 months. On the resident was evaluated for hospice services after health decline. The resident was assessed to required total care for ADL care including mobility.

The Administrator was interviewed on at approximately 11:00 AM she stated that she was unaware that bed rail use should be limited to half -bed rails only. She acknowledged aforementioned and revealed no further documentation was available for review.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

Administrator
Spring Manor Assisted Living Inc
1780 NW 112 Terrace
Coral Springs, FL 33071

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 (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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
XG90

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