AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Emeritus at Ocala East
1601 S.E. 24th Road
Ocala, FL 32671

Dear Administrator:

Re: CCR #2013009834

This letter reports the findings of a state licensure survey that was conducted on , 2013 by representative(s) of this office.

Enclosed 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(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911441	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Ocala East	1601 S.E. 24th Road Ocala, FL 32671	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced compliance survey for CCR#2013009834 was conducted on 2013 to 2013. A deficiency was identified as a result of the survey. Emeritus of Ocala was not in compliance with Chapter 429, Part I, and 408 Part II of the Florida Statutes and 58 A-5 of the Florida Administrative Code.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on record review and interview the Assisted Living Facility failed to ensure that the resident's family was notified of a change in a resident's condition specific to the development of a for 1 (#1) of 4 residents sampled.

Findings:

Record review for Patient #1 revealed that on the patient was admitted to the Assisted Living Facility with home health services. The resident was admitted to the memory care unit. The resident's admitting diagnosis include lumbago, history of hip D deficiency and The daughter is listed as the POA (power of attorney) in the resident's record.

On it is documented that the resident has an was noted to his left hip. Home health notified.
On it is documented that home health informed staff to educate resident not lay on his left side.
On the resident was discharged from the ALF.

There is no documentation noted in the resident's record that the daughter was notified of the skin condition on the day of the survey.

Review of home health records revealed the following:
There was no skin issues noted from to
On no wounds noted. The skin is documented as pale with poor skin
On no wounds noted. noted. Orders 1 cm by 1 cm foam dressing, padding, non-adhesive and tegaderm.
On The is pink to moderate to full
The is pink to moderate to full
The is pink to moderate to full
the resident refused care.
It is documented that the resident ' s right hip is red with moderate to full tissue noted.
On The resident refused care.

Review of the hospital records revealed that on Resident #1 was transported to the hospital by for evaluation of a hip The area was described as a " circular superficial open noted on the resident '

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SUMMARY STATEMENT OF DEFICIENCIES
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s right hip. The area is black in color with no drainage noted. On at 7:17 PM as the nurse was discharging Resident #1 she noted that the resident ' s monitored showed a run of (abnormal rhythm). She notified the physician who admitted the resident for a full work-up. The resident was discharged on to a skilled nursing facility with the following discharge diagnosis: non-sustained with history of valve replacement, on right hip type 2 high history of and , multifactorial and multi-infarct; history of ; history of and

Telephone interview with the daughter of Resident #1 on at 11:35 AM she stated that she was never informed by the ALF that her father had a on his hip. She stated that the new ALF informed her that they were transferring her father to the hospital on for evaluation of the She stated that her father had to stay several days for the treatment of his She stated that he now resides in a skilled nursing facility for rehabilitation after hospitalization.

Interview with the RCC on at 4:40 PM stated that she is not aware of the daughter being notified of Resident #1 ' s hip She stated that the hip was on the resident's right hip not the left hip.

The ALF's policy for notification of the resident's responsible party of a change in condition was requested. The policy was not provided at this writing.

Class III