AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Residences
2300 S.W. 21st Circle
Ocala, FL 34471

Dear Administrator:

Re: CCR #2013008368 & 2013009103

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,

Kristie J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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Tallahassee, FL 32308
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Phone (386) 462-6201; Fax (386) 418-5300

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965252	10/10/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Residences	2300 S.W. 21st Circle Ocala, FL 34471	
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
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced visit to conduct Complaint # 2013008368 & 2013009103 (Choices) investigations was conducted on . Deficiencies were identified at this time.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on observation, record review and interview the facility failed to maintain a safe environment for 3 of 3 residents (#1, 2, 3).

Findings:

Observation /interview with Resident #1 on at 8:00 AM revealed she had purple on her forehead, above and underneath both eyes and across the cheekbones. The resident resides in the Memory Unit. She stated she was happy with her living circumstances. She had no further information regarding the or any other topics. she was sitting in a wheelchair but still transfers herself.

Further observation of her the Resident Aide A on at 8:30 AM revealed the bedside table with sharp corners sitting about 4 feet from the bed. The stated it had been close to the bed and they think she hit it as she on the floor. She stated there was no witness and the resident is unable to give clear statement. she stated the resident moves about the assistance. She denied any interventions or training to assist the resident after any of the She stated the resident will engage in attention getting behaviors such as tearing off bandages or head banging. She had no information regarding any directives for working with this resident.

Review of Resident #1's record revealed a Health Assessment dated which notes she is and ambulates with assistance. The Nursing Notes reveal the following :

- 2:15 AM hit hand on dresse
- 4:00 AM out of bed-
- 12:00 AM) out of bed
- 9:00 AM resident stated she hit the wall when rolling over in bed (not commensurate with injuries).

2.) Review of Resident #2's closed record revealed a Health Assessment dated which states as one of the diagnosis. He was admitted on The following dates for are:

- 6:00 AM observed on floor no injury
- 2:50 PM observed on floor large hematoma on forehead called 911 admitted to hospital.

3.) Observation of Resident #3 on at approximately 9:00 AM during breakfast, revealed he was calm with no marks. He was not interviewable.

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Review of Resident #3's record revealed diagnosis of Parkinson's, ... were documented between ... and ... on the following dates:
... no further information
... observed on floor ...
... observed on floor no injuries
... observed on floor ... elbow red
... from chair, reopened area on arm
... 4:45 PM-observed on floor ... elbow hit floor
... 12:30 AM- observed on floor ... both elbows
... observed on floor no injury
... observed on floor no injury
... on floor scratch to right elbow

Review of the Personalized Service Plans for Residents #1,2,3 there were no directives or goals for ... prevention.

During an interview with ... A on ... at about 10:00 AM she stated there were no techniques or directives for working with Residents #1,2,3 in regards to ... prevention.

During the interview with the Director of Nursing and the Administrator on ... at 11:00 AM they stated they had no interventions or directives for the staff regarding ... prevention for Residents #1,2,3. They provided their policy for ... interventions and stated they begin implementing the interventions.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on record review and interview the facility failed to report/maintain adverse incidents for 2 of 3 residents (#1,#2).
Findings:

Observation /interview with Resident #1 on ... at 8:00 AM revealed she had purple ... on her forehead, above and underneath both eyes and across the cheekbones. The resident resides in the Memory Unit. She stated she was happy with her living circumstances. She had no further information regarding the ... or any other topics. she was sitting in a wheelchair but still transfers herself.

Further observation of her ... the Resident Aide A ... on ... at 8:30 AM revealed the bedside table with sharp corners sitting about 4 feet from the bed. The ... stated it had been close to the bed and they think she hit it as she ... on the floor. She stated there was no witness and the resident is unable to give clear statement. she stated the resident moves about the ... assistance. She denied any interventions or training to assist the resident after any of the ... She stated the resident will engage in attention getting behaviors such as tearing off bandages or head banging. She had no information regarding any directives for working with this resident.

Review of Resident #1's record revealed a Health Assessment dated ... which notes she is ... and ambulates with assistance. The Nursing Notes reveal the following ...:
... 2:15 AM ... hit hand on dresse ...

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- 4:00 AM out of bed-
- 12:00 AM out of bed
- 9:00 AM resident stated she hit the wall when rolling over in bed (not commensurate with injuries).

2.) Review of Resident #2's closed record revealed a Health Assessment dated which states as one of the diagnosis. He was admitted on The following dates for are:

- 6:00 AM observed on floor no injury
- 2:50 PM observed on floor large hematoma on forehead called 911 admitted to hospital.

During an interview with the Director of Nursing and the Administrator on at 11:00 AM, they stated they had not been reporting adverse incidents. They stated Resident #1 had been transported to hospital ER 4 times during the next couple of days due to injury on They stated Resident #2 was transported to hospital after his on was admitted to the hospital and did not return to the facility. They stated he a few days later but had no further information.

Class III