STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967936	08/22/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Heritage	608 Ne 2nd Ave Okeechobee, FL 34972	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0161 - 58a-5.024(2) Fac - Records - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility complaint inspection survey (CCR #2013008698 and #2013008709) on [redacted] Heritage, had licensure deficiencies found at the time of the visit.

Deficient practice was identified CCR #2013008698 and #2013008709.

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 2 out of 10 residents by not having the medications and physician's information listed for resident #1's health assessment and by not having the medication assistance level and services arranged by the facility listed for Resident #2's health assessment.

The findings are:

Review of Resident #1's record indicated that she was admitted on [redacted] and she was diagnosed with [redacted] and Parkinson's [redacted] Review of her undated health assessment indicated that she needed supervision for ambulating with a walker, and was independent with transfers and toileting. Further review of the resident ' s health assessment revealed the form did not have the medications listed, printed name, medical license number, address, and telephone number of the physician, along with the date of the examination.

In an interview with the Administrator on [redacted] at 12:56 PM, she stated the medications should have been written on the form under Section 2-B: Self-Care and general Oversight Assessment-Medications section, which came attached in a separate form. She also stated that Section 2-B should indicate the name of the physician with medical license number, address, telephone, and the date of the examination.

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Review of Resident #2's record indicated that his health assessment dated on documented the resident had the following diagnoses: Lymphedema, Kyphosis, , and , and the resident was legally . Further review of the health assessment, indicated that Section 2-B: Self-Care and General Oversight Assessment-Medications, revealed it did not indicate the amount of assistance needed with medications. The form also lacked completion of Section 3: Services offered or arranged by the facility for the resident.

In an interview with the Administrator on at 12:41 PM, she acknowledged the form did not indicate the amount of help the resident needed with his medications and Section 3 was not completed as required.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on interview and record review, the facility did not treat residents with consideration and their due recognition of personal dignity by requiring Residents #3, 6 and #11 to sign out for drinks and snacks provided to them in between meals.

The findings are:

In an interview with Resident #6 on at 11:50 AM, she stated that she has resided at the facility for about 2 years and likes it here. She stated, that the only thing she does not like is that she now has to sign off to receive orange juice between meals and it has been happening for about 2 weeks now.

In an interview on at 1:26 PM with Resident #6's son, he stated he wanted to know what was going on in the facility, because Resident #6 now has to sign snacks in and out. He stated his mother had to sign a book to get a cup of orange juice with her medications. The son stated the resident has had no problems with her medications or getting her medications.

In an interview with Resident #3 on at 12:25 PM, she stated, today she had to sign out for coffee and cola and that makes her very upset because she believed the facility was not going to monitor the resident snacks.

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Review of the food log (copy obtained) dated from . . . . to . . . . indicated that numerous residents had signed out for snacks in the facility, including Residents #3, #6 and #11.

In an interview with Employee F on . . . . at 12:35 PM, she stated that residents must sign out drinks and snacks in between meals. She also stated that this has been the process for the last couple weeks due to the ownership trying to keep closer accountability of the food expenses of the facility.

Class III

0161-Records - Staff 58A-5.024(2) FAC

Based on observation, record review and interview, the facility did not provide a personnel record for, 3 out of 12 sampled employees (Employees #5, #11 and #12).

The findings are:

a) In an observation on . . . . at 11:00 AM in the administrative office, Employee #5 was assisting the Administrator to retrieve facility and resident records needed for this survey. In an interview with Employee #5 on . . . . at 11 AM, she stated that she is presently working for the facility and has been working in the facility for approximately 3 weeks.

Review of the facility employee records revealed the records did not contain an application, references or any other documentation to represent Employee #5 was a staff member.

b) Upon request of Employee #11 and #12' s employee file from the Administration at 11 AM. It was noted neither employee had a personnel file available for review. In an interview with the Administrator on . . . . at 3:10 PM, she confirmed both have been working in the facility for a few weeks.

During a further interview with the Administrator at 3:15 PM on . . . . , she confirmed aforementioned information. She stated no further documentation was available for review for Employee #11 and #12.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Heritage
608 NE 2nd Ave
Okeechobee, FL 34972

Re: CCR #2013008698 and #2013008709

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 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/jw
Enclosure
XG90

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