STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953381	11/21/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Arlington Gardens, Llc	7550 60th Way North Pinellas Park, FL 33781	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D

Specific Tag Findings:

0000-Initial Comments

A biennial state licensure survey was conducted on [redacted] in conjunction with a complaint survey, CCR# 2013011436.

The Arlington Gardens, assisted living facility, had deficiencies at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, interview and record review, the Assisted Living Facility failed to ensure 1 of 13 (#1) sampled residents met continued residency criteria. Resident #1 requires total care for all Activities of Daily Living (ADLs) and requires staff to perform total lifting of resident to a Geri Chair.

On [redacted] at 9:45 AM, the surveyor observed resident #1 in a reclined Geri Chair (chair utilized for residents with [redacted] mobility). The resident was non responsive to questions. At that same time the resident ' s [redacted] observed to have an [redacted] concentrator and full bed rails on the resident ' s bed. The surveyor observed a printed note above the resident ' s bed that read, " Please keep (resident #1 ' s) bed rail up at all times when (resident #1) is in her bed, she is to get up on every shift. "

On [redacted] at 12:10 PM, staff were observed feeding resident #1. The resident was unable to hold any utensils or assist in any manner.

On [redacted] at 1:24 PM, a staff interview was conducted. The staff stated that he provides bathing, dressing, feeding, and helps the resident get out of bed. He also stated the resident is unable to stand at all and is dependent and requires staff to lift her from the bed to the chair.

On [redacted] a review of resident #1 ' s Health Assessment (AHCA 1823) dated [redacted] in file noted that the resident "doesn't walk" .

On [redacted] at 1:52 PM, an interview was conducted with the facility administrator designee, owner and Staff A. The administrator designee and owner stated that the resident was recently discharged from hospice and they were waiting to see if the resident would be re-admitted to hospice prior to placing the resident on Extended Congregate Care (ECC).

On 11 [redacted] at 3:45 PM, a telephone interview was conducted with a Suncoast Hospice nurse and she stated

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the resident received supportive care services (baths) and never qualified for full hospice. The resident ' s hospice score did not change from admission date in until her discharge on . She stated the resident is total care and likely needs a higher level of care.

Class III

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

Based on observation and interview, the assisted living facility failed to ensure that an unlicensed staff (Staff D) followed the assistance with self-administration of medication procedure in accordance with FS 429.256 for 5 of 5 residents (#3, #9, #11, #12, #13). Staff D failed to read the medication labels in the presence of each resident.

On at 12:00 PM, the surveyor observed staff D perform noon medication pass to 5 residents. During that time the staff failed to read the medication labels in the presence of each resident.

On at 5:30 PM, an interview was conducted with the facility administrator designee who acknowledged the findings and stated he would complete an in-service training for all unlicensed staff completing assistance with self-administration of medications.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC

Based on interview and record review the facility failed to ensure 1 of 3 sampled staff (staff B) obtained a statement from a health care provider stating that the employee was free from communicable within 6 month of hire. The facility also failed to ensure that Staff B obtained a freedom from statement from a health care provider.

On the surveyor completed a record review of the employee file for staff B. This surveyor noted a intake sheet" in the staff file completed on The form notated that the employee's test was interpreted by a certified nursing assistant (CNA). No other documentation was found in the staff file related to freedom from or communicable

On at 5:30 PM and interview was conducted with the facility administrator designee who acknowledged the findings and stated a new health care statement will be obtained to for the staff.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Arlington Gardens, LLC
7550 60th Way North
Pinellas Park, FL 33781

Dear Administrator:

Re: **CCR# 2013011436 & Biennial**

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

Attached are the provider's copies of the State (5000-3547) Forms, which indicate no deficiencies were cited relative to the complaint survey and the deficiencies that were identified relative to the biennial state licensure survey. 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 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 **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
FO Field Office Manager

PRC/kpr

Enclosures: State (5000-3547) Forms

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