STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963853	11/27/2013
NAME OF PROVIDER OR SUPPLIER **Evergreen Manor Retirement Home**	STREET ADDRESS, CITY, STATE, ZIP CODE **3297 S.R. 580** **Safety Harbor, FL 34695**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An extended congregate care (ECC) monitoring visit was conducted on .

The Evergreen Manor Retirement Home, assisted living facility, had deficiencies at the time of the visit.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on interview, observation and record reviews the facility failed to obtain physician orders or consent from the resident or family for physical for 7 of 13 residents residing in the facility.

Findings include:

During a tour of the facility on at approximately 9:40 a.m. half-bed rails were observed on 6 of 22 licensed beds in the facility #'s 2, 4 (2 beds), 9, 12 and 13). In addition, a full bed-rail was observed in Resident . This resident is also receiving hospice services.

When the owner of the facility was asked why these residents had bed-rails on their beds, he explained that they are the facility owned beds and are just what is provided to the residents. He was not aware of having received any physician orders for the bed-rails or consent from the residents or families.

A review of the resident record for Resident #1 in dated indicated the need for a half bed-rail with hospital bed. The Hospice Care Plan for this resident indicated that the resident is unaware of her limitations and she is being monitored for safety issues. There is no evidence of physician orders for full bed-rails.

An interview was conducted on at 11:25 a.m. with the Hospice Registered Nurse who visits with the resident. She states that the resident cannot bear weight and tends to try to stand on her own. She does not know if Hospice provided the bed for the resident or if there are physician orders for a full bed-rail, but she feels that the resident needs it. She is also not familiar with what evidence there is to ensure that communication is taking place between the Hospice, the facility and the resident and/or family related to the treatment planning of the resident, including the use of a full bed-rail.

An interview was conducted on 11 at approximately 11:00 a.m. with the facility Administrator who stated she was not aware of the need to obtain physician orders for half bed-rails or full bed-rails. She stated that the 6 residents who have beds with half rails may not even need them. She confirmed that there is no evidence that the residents have been assessed for the need for bed- rails, that physician orders were obtained for them, or

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that consent was given by the resident and/or responsible party.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observations, interviews and record review the facility failed to serve a diet as ordered or maintain documentation of a resident's refusal of a therapeutic diet for 1 of 1 residents whose diet order specifies thickened liquids/mechanical soft diet.

Findings include:

Resident #1 receives Skilled Nursing and Home Health Aide visits from Hospice. The Health Assessment contained an order for a thickened liquid/mechanical soft diet. The resident has has a The staff on duty on was asked if the resident is served thickened liquids or a mechanical soft diet and she responded no. She thought that at one time the resident may have had her liquids thickened but did not like it.

An interview was conducted on at 11:25 a.m. with the Hospice Nurse assigned to this resident and she stated that there have been intermittent concerns with the resident's swallowing related to the but that the resident refuses the thickened liquid. There is no evidence that the physician has been notified of the resident's refusal and the diet order has never been changed to a regular diet which is what she is served.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Evergreen Manor Retirement Home
3297 S.R. 580
Safety Harbor, FL 34695

Dear Administrator:

This letter reports the findings of an extended congregate care (ECC) monitoring visit that was conducted on , 2013, by representative(s) of 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 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
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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