STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942886	12/19/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Countryside Haven	6960 Cr 95 Palm Harbor, FL 34684	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

An unannounced Extended Congregate Care monitoring visit was conducted on

The Countryside Haven, assisted living facility, had deficiencies found at the time of this visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based on observation and record review, the facility failed to ensure a medical examination is completed within 60 calendar days prior to an individual's admission to a facility, addressing all of the required information, and that the facility administrator, or designee, completes Section 3 of the form, Services Offered or Arranged by the Facility, for 1 of 2 sampled residents.

Findings include:

AHCA Surveyor conducted a limited record review of 2 resident files on beginning at approximately 11:45am. One of the 2 records reviewed did not contain a Resident Health Assessment for Assisted Living Facilities (AHCA Form 1823) properly completed by the resident ' s licensed health care provider.

Resident #1 was admitted to the facility on Surveyor found Two Health Assessments (AHCA Form 1823) in Resident #1 ' s record:

1.) A blank Form 1823 (no items completed on form) signed by one doctor with no date & stamped by a different doctor dated

2.) A partially completed Form 1823 signed by a 3rd doctor, dated or not resident needs help with taking medications is blank; Type of assistance with medications needed is blank; List of medications prescribed is blank; Services provided or arranged by the facility is also blank.

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Class III

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

Based on observation and record review, the facility failed to ensure that staff providing residents with assistance with self-administration of medication do not provide services requiring licensed personnel. Specifically, assistance with self-administration of medication does not include administration of medications through intermittent positive pressure breathing machines or a , medication doses, or provision of medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

Findings include:

AHCA Surveyor conducted an interview with Resident #2 ' ' s Private Caregiver on at approximately 9:15am -- Caregiver was visiting with resident in resident ' s the time of visit; stated he is not employed by the facility, that he took care of Resident #2 in resident ' s private home prior to facility admission, and accompanied resident to assisted living facility. Caregiver stated he visits the resident 2 times per week. When asked about in use at the time of visit, Caregiver stated: " I take care of it when I ' m here, and staff do it when I ' m not here. " Caregiver stated: " It is always set at 3 liters-unless resident has an episode of not breathing, then it is cranked up to 4 liters. " Private Caregiver stated he is not a nurse.

Staff A stated at approximately 10:00am) that Resident #2 ' s personal Caregiver taught facility staff how to adjust Resident #2 ' s . Staff A stated: " If air goes down to 2 or 3, we change it to 4-the one in her n-or 3.5 on her portable. " Staff A stated she is not a nurse.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC

Based on observation and interview, the facility failed to ensure a safe living environment for facility residents, maintained free of hazards, and failed to ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. The facility has placed residents at risk of adverse medical consequences.

Findings include:

AHCA Surveyor toured the facility on beginning at approximately 9:00am.

AHCA Surveyor entered resident observed the i with clutter, leaving a path to one bed and a path to one recliner. Surveyor asked Resident #4 at approximately 9:30am if (s)he is comfortable with all that clutter-resident replied: " Not really, No I ' m not. " Resident stated (s)he has 1 bureau (of 2 adjacent bureaus piled with clutter) & top drawer of another bureau against entry wall (also piled with clutter) & part of the

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closet to hang some things. Surveyor observed another large pile of resident ' s personal items (belonging to --Resident #1, per interview) heaped in front of closet door. Resident #1 stated at approximately 9:40am): " The floor has been cleaned and swept 2 times since mid- " Resident #4 stated at approximately 9:45am): " We have to beg to have linens done. That sheet has been on the bed for 2 months. "

Surveyor observed the the above described at approximately 10am): clean, no toilet paper, water marks suggestive of leaks on walls; shower. Resident #4 stated the shared by the 3 residents in the alcove ' s adjacent and occasionally used by other residents. Resident #4 had stated at 9:55am): " I finally snagged a bucket to clean the toilet before using. We got our own Lysol wipes to wipe the toilet seat before using it-that <Resident #1> bought. " Resident #4 stated she and Resident #1 were told by the Administrator that they are not allowed to use their because it leaks, so they have to use the shower down hallway to back of house to the right. Both residents use walkers for ambulation assist.

Resident #1 confirmed not being allowed to use take a shower and having been told by the Administrator that (s)he is not allowed to take a shower in because shower leaks.

Surveyor observed the Resident #2 ' s at approximately 10:10am): shower obstructed, not clean, separated by curtain & shower doors to adjacent Surveyor asked Resident #2 (10:15am) where (s)he takes a shower; resident replied that (s)he is not sure where she gets a shower.

Observed kitchen at approximately 11:20am) in need of cleaning and repair: kitchen tiles cracked; stove & oven need cleaning; freezer door kept closed with cord-rubber not sealing--iced; refrigerator identified as residents ' refrigerator needs cleaning. Per facility Consultant present at the time of visit, the kitchen is old and needs renovation.

Class III

0167-Resident Contracts 58A-5.025(1) FAC

Based on observation and record review, the facility failed to ensure each resident or legal representative has executed a contract with the facility which contains a list of the specific services, supplies and accommodations to be provided by the facility to the resident and the daily, weekly, or monthly rate, plus any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates.

Findings include:

AHCA Surveyor conducted a record review of 2 resident contracts on beginning at approximately

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11:45am. Two of the 2 contracts reviewed were not properly completed.

Resident #1 ' s contract was signed by the resident on her date of admission and witnessed by Staff A- No daily, weekly, or monthly rate is provided in the contract; the section allotted for facility charges left blank.

Resident #3 ' s contract was signed by the resident on her date of admission and signed by a facility representative. Per review of Resident #3 ' s Health Assessment (AHCA Form 1823), the resident has a Legal Guardian-There was no guardian signature on the contract.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06

Based on record review and interview, the facility failed to ensure that Level 2 background screening pursuant to chapter 435 has been conducted for all employees providing direct care services to residents. Failure to ensure residents receive care and services safely, securely, and from persons who have not committed offenses that preclude them from employment directly placed the residents at risk for exposure to persons whom the Florida Legislature has deemed inappropriate to provide care or services.

Findings include:

One of four employee records randomly selected for review on at approximately 11:30am contained no evidence of Level 2 background screening pursuant to chapter 435. The facility ' s census on is 21 residents.

Staff A stated on at approximately 11:30am that Staff B just returned to facility employment, so the facility may not have her new employee file. Staff A stated at approximately 12:15pm: " Facility has old file but staff here can ' t find it. "

Surveyor interviewed Staff B on at approximately 11:35am - Staff B stated she worked at the facility " about a year ago, quit, & returned last week. " Staff B stated she left employment at the end of 2012 and did not get fingerprinted when she returned. Staff B stated she works 1st shift, and, after referencing a calendar, found her new hire date is . There was no record of Level II background screening deeming Staff B eligible for employment prior to rehiring.

Unclassified

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Countryside Haven
6960 Cr 95
Palm Harbor, FL 34684

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,

Paul H Brown

For Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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