STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968125	01/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Garden Of Roses	3629 SE 2nd Street Boynton Beach, FL 33435	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

0000-Initial Comments
An Assisted Living Facility biennial relicensure survey was conducted on . at Garden of Roses. The facility had licensure deficiencies identified at the time of the visit.

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, interviews and record review, the facility failed to ensure all residents met the criteria for continued residency for 1 out of 1 sampled residents on hospice (Resident #2). As evidence of the facility's failure to monitor Resident #2 pressure . . . for improvement and that the hospice plan of care was integrated with the facility staff to ensure all interventions were provided, specifically those interventions to be done by assisted living facility staff.

The findings include:

On . . . at 9:30 AM, Resident #2 was observed lying in bed with a hospital gown on, eyes closed, in a supine position (on her back). She was again observed lying in this position at approximately 11:30 AM on this date. At 1:00 PM, the Administrator and this surveyor observed the resident in her . . . the same position. The Administrator was interviewed at this time and stated the resident did not get out of bed until after the other residents finished their lunch as she did not want to be disturbed. An interview with the resident was attempted at this time and she was unable to respond to any inquiries appropriately. The resident was observed at 2:00 PM in her wheelchair in the living . . . . this date when another attempt to interview the resident was made. She was unable to answer questions appropriately and smiled when spoke to.

On . at 2:15 PM, the Administrator stated during interview that Resident #2 had a pressure . . . that was cared for by hospice. When asked for the integrated plan of care that the facility was required to have with hospice to ensure ongoing care and monitoring of the pressure . . . was conducted, she was not able to locate one. She was unable to locate documentation showing the initial finding of the pressure . . . (date and size or status) and subsequent documentation of monitoring the improvement or decline.

Record review of Resident #2's Health Assessment dated . documented the resident's diagnosis as . . . with . Further review of the

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resident's record revealed hospice documentation indicating the resident's diagnosis as right . . . . resident desires no treatment.

Review of the resident's record revealed a monthly health care provider's note dated documenting that the "staff reports pressure . . . . (on) . . . . . x2 weeks" and that it was a pressure 2.5 cm, to the sacral region". There was no documentation of the discovery of this pressure . . . . found on file prior to this date. At this time (order dated a home health agency (HHA) was notified and started treatment on , noting that the was 3.8 cm x 3.5 cm. The . . . . . was measured again on . . . . . (2.5 cm x 2.5 cm x 0.2 cm), (2.5 cm x 2.5 cm x 2.2 cm), ... (1.5 cm x 1.0 cm) and a . . . . . care referral was made on . . . . . A 45 day notice for the resident to vacate the premises was on file dated . . . . . and an observation note dated . . . . showed the resident was given a 45 day notice to leave. On another measurement was done on the last day a HHA cared for the . . . . and it was 2.5 cm x 2.0 cm. These findings were acknowledged on . . . . at 2:30 PM during interview by phone with the HHA nurse who cared for the . . .

The hospice Registered Nurse (RN) who currently monitored the Resident #2's pressure . . . . was interviewed by phone at 2:45 PM on . . . . She stated that the facility was made aware of the status of the pressure . . . . which had shown improvement but the resident had developed a different pressure . . . . higher on her . . . and one on each of her hips. She stated she started caring for the . . . . . as a . . . pressure . . . . when she took over for the HHA on . . . . and did not have access to their notes. She was not aware of a plan of care that was supposed to be integrated with facility staff with specific interventions and individualized for this resident's needs. She was also unaware of the ALF regulation that requires a . . . pressure . . . . to show improvement within 30 days of onset. She stated this resident's initial pressure . . . . on her . . . had healed but that the resident developed another one that showed improvement on her . . . . and two others, one on each hip.
While at the facility, faxed documentation of the . . . was received by hospice for visits conducted on . . . and . . . as well as a Hospice POC (plan of care) Report.

Review of Hospice POC Report revealed the following:

a) Noted on . . . a need for facility staff care coordination.
b) Reviewed hospice plan of care with facility staff

. . . .

a) . . . to sacrum and . . . . . to . . . hips

a) Interventions provided by hospice included reviewed hospice plan of care with facility staff and expected outcome met: facility staff is knowledgeable and involved in hospice plan of care for patient.

a) SNF (not a skilled nursing facility)-hospice nurse coordinated with facility staff implementation of hospice plan of care for skin care
b) Reviewed hospice plan of care with facility staff: Details/Comments: Reviewed responsibilities of nursing staff (none at this ALF) regarding hospice patient's plan of care.
c) Expected outcome met: facility staff is knowledgeable and involved in hospice plan of care for patient.
d) ALF staff educated about importance of repositioning.
e) Staff encouraged to reposition patient every so often.

Hospice's "ALF Integrated Plan of Care" dated listed under "Interventions" that the hospice nurse "will assist in coordinating needs of the patient" and that the ALF staff "will continue to assist...with simple treatment as identified in the plan of care". The "Outcome" of this intervention was that the "patient will be attended to by coordinated efforts of hospice and ALF". A Plan of Care Update report dated noted that the "Current Problem List" included "Need for facility staff care coordination".

During interview with the Administrator at 3:00 PM on , she acknowledged that the was not monitored with supporting documentation to adhere to the regulatory guidelines related to pressure sores. Additionally, a hospice plan of care addressing all interventions in place to ensure the pressure healed was not present and available for review at this time. The hospice RN stated during interview as noted above that she kept the facility informed of the status of the but not the improvement or lack of and the interventions with specific parameters for facility staff to follow for the continuum of care when hospice aides or nurses were not at the facility.

During interview with Staff A and B at 3:30 PM on , they were unaware of a plan of care, where to find it, what information was on it and any specific interventions required to assist the resident with healing or prevention of more wounds. They stated they had no repositioning instructions as to how often, when the resident was to be taken out of bed and for how long she was to be seated in the wheelchair and no discussions were recalled with any hospice nurse related to the resident's care.

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Review of the resident's record revealed there was no integrated plan of care with instructions or expectations for the facility staff to follow, including repositioning times, hydration and nutrition to prevent further , toileting and peri-care schedule and instruction to prevent further , and frequency and instruction for the application of a barrier cream to maintain the resident's intact skin.

These findings were acknowledged by the Administrator during interview at 4:00 PM on .

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Garden Of Roses
3629 SE 2nd St
Boynton Beach, FL 33435

RE: Relicensure Survey

Dear Administrator:

This letter reports the findings of a state relicensure survey that was conducted on , 2014 by representatives 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 after **2014** 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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