STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910074	02/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Ruby's Residential Care, Inc.	5906 North 32nd Street Tampa, FL 33610	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0052 - 58a-5.0185(3) Fac - Medication - Assistance With Self-Admin S-S= D
St - A - 0167 - 58a-5.025(1) Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on , in conjunction with a complaint survey, CCR# 2013012807.

The Ruby's Residential, Inc., assisted living facility, had deficiencies at the time of the visit.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC

Based on interviews, observations and facility records, the facility failed to provide an ongoing activities program with diversified individual and group activities in keeping with each resident's needs, abilities, and interests. Although the facility consulted with the residents' in planning activities (during a Resident Council Meeting) dated), the facility did not respond to their requests and/or suggestions.

Resident interviews were conducted throughout the day of the survey. When residents were asked "Do you get to participate in making choices regarding facility activities in addition to what do you do during the day here?", the following were their responses (Resident #'s 1 through 5):

"there aren't any"

"usually have TV, bingo, and other games". (they would like more; no meeting with the administrator)

"nothing every day, bingo off and on,... wouldn ' t even know where there were cards or puzzles"

"like to sit outdoors...bingo ... TV"

The 2014 ACTIVITY CALENDAR reflected the following

Mondays POLISH ME UP 2-4

Tuesdays BIRTHDAY PARTIES/MOVE YOUR BODY 2-4 (on alternate weeks)

Wednesdays BINGO/BIRTHDAY PARTY/RESIDENT COUNCIL/BINGO 2-4 (alternate weeks)

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Thursdays MUSIC 2-4

Fridays MOVE YOUR BODY 2-4

Sundays WATCH TV/SUNDAY PROGRAMMING WITH THE GAITHER FAMILY

At 2:30 P.M. on an observation was made of the activity taking place. 9 residents were sitting at 3 dining for bingo. The Administrator was setting people up and calling numbers (between phone calls and surveyors questions). The residents were asked if this was a normal activity and they said "not really".

When asked about other activities listed on the calendar, they were not familiar with MOVE YOUR BODY or POLISH ME UP. They did not know what those meant. They did agree that they sometimes have birthday parties and food.

The surveyor reviewed Resident Council Meeting minutes between and . There was no mention of activities except for the meeting. The notes stated "what other activities/games they want .....suggestions from residents to enhance their activity/enjoyment for daily living". Suggestions listed were 1.Bingo 2. Play with a Beach Ball 3. Walking 4. Kick ball

There was no further discussion of or responses to these suggestions.

Class III

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 2 of 10 residents residing in the facility (Resident #6 and Resident #7).

During a tour of the facility on at approximately 9:30 A.M. the surveyor noted 2 beds with half bed-rails attached to them. Both residents receive services from Hospice. When the administrator was asked if she had physician orders for the bed-rails, she stated that these are Hospice residents, therefore it is not her responsibility.

A review of the resident record for Resident #6 revealed a physician order dated stating " use 1/2 rails on hospital bed. Patient a risk. The and Hospice care plans contained documention that indicated the resident had: unsteady gait, mobility, legally , mobility diminished due to progression. There was no mention of the need for a bed-rail in the Hospice care plan. In addition, there was no semi-annual, updated order for the bed-rail since .

A review of the Resident record for Resident #7 contained no orders for a half bed-rail for this resident. Hospice notes did not contain evidence to support the order.

Resident #6 stated during an interview on at 2:00 P.M. that "don't know why, they are just there...I can get around them".

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An attempted interview was conducted with Resident #7 on at 9:35 A.M. The resident did not understand the question or answer why the rail was there or how she used it.

Class III

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

Based on observation, the facility did not fully follow all steps in the provision of assistance with self-administration of medications to three of three residents noted (#1, 2; 4), as described in Section 429.256, F.S. Findings include:

At approximately 12:35pm on , the following was observed:

The caregiver staff was noted to give Resident #1 her Hydrazaline 50mg, Daily , 600mg, and 60mg pills by means of placing them into a souffle cup. The staff person stated "take these pills for me! Put them in your mouth!" The employee did the same for Resident #2, putting his pills into a small souffle cup-- 81mg, and 400unit. She was heard saying, "Put this one in your mouth and here's your other pill." Finally, the staff placed Resident #4's medication into a cup (0.1mg and Senexa 50-8.6mg), and stated "here's your pill and here's your other pill." At no time did this staff person read any of the medication labels to the residents, or tell them what specific medications they were taking.

Class III

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

Based on record review and interview with the Administrator, the files for two of two residents sampled (#1 and #2) contained contracts that were incorrect with respect to their verbiage and/or were incomplete. Findings include:

A review of resident records during the survey indicated that the residency agreement for Residents #1 and #2, both admitted , had the following problems:
a) under its refund policy, it stated: "no refund will be given with giving a (blank) day notice;
b) with respect to the termination notice requirement, the document stated: "the resident is responsible for providing the facility with 45 days notice prior to moving;" and
c) "upon admission, the resident is responsible for providing the facility with a health assessment completed no more than 10 days prior to admission and 30 days after." (The resident only is required to provide up to 30 days notice, and the initial assessment may be completed up to 60 days prior to admission).

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Ruby's Residential Care, Inc.
5906 North 32nd Street
Tampa, FL 33610

Dear Administrator:

Re: **CCR# 2013012807 & Biennial**

This letter reports the findings of a complaint survey and a biennial state licensure survey that was conducted on , 2014, 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 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,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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