| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11911165 | 02/12/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Rustic Retreat Retirement Home | 1120 North Federal Highway 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
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**
A biennial relicensure survey was conducted on [redacted] at Rustic Retreat Retirement Home. The Facility had licensure deficiencies found at the time of the visit.

**0010-Admissions - Continued Residency 58A-5.0181(4) FAC**
Based on observation, record review and interviews, the facility failed to ensure that a medical examination is completed upon a deterioration of health (significant change) status, for 1 out of 7 sampled residents (Resident #7).

The findings include:

A record review of the current Resident Health Assessment (AHCA Form 1823) dated [redacted] indicates that Resident #7 has diagnoses of Parkinson's [redacted] and [redacted] Physical limitations are noted as, "walker outside, [redacted] extremities." The 1823 reflects that Resident #7 needs supervision with ambulation and is independent with toileting and transferring. The resident was admitted to the facility on [redacted].

Prior to entering the medication [redacted] at 8:13 AM, Resident #7 was observed sitting on the floor next to his bed. A chux (large disposable [redacted] used for [redacted] or bowel incontinence) was lying on the floor in front of him. Staff A stated at 8:14 AM, that Resident #7 [redacted] to the floor at times because he cannot always walk. Staff A stated that the resident will remove the chux and sometimes will not wear his pull-ups and urinates in empty soda bottles or plastic cups.

In an interview conducted on [redacted] at approximately 4:35 PM, Resident #7 stated he cannot always make it to the [redacted] time to urinate so he will wet the bed at night or urinate in soda bottles or cups during the day. He stated he gets lazy and does not want to wear pull-ups sometimes and when asked why, Resident #7 responded, " dignity. " He stated he had a urinal but the cap was missing but did not know for how long. During observation of the resident 's [redacted] it was noted he does not have a [redacted] his [redacted] uses 1 of 2 [redacted] each approximately 20 to 25 feet away from his [redacted]

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SUMMARY STATEMENT OF DEFICIENCIES
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During further interview with Resident #7, he stated he to the floor this morning while trying to walk from his bed to his wheelchair. When asked if he a lot, he stated he did not know. In an interview conducted with Staff D on at 2:20 PM, she confirmed that the resident does not always want to wear pull-ups and has in soda bottles.

In an interview conducted on at 8:38 AM, a family member stated that the resident will not always wear pull-ups. She confirmed that he does urinate in empty soda bottles and cups. She stated that when he has to urinate, he cannot get to the time because his feet "get stuck" due to his shuffling related to his Parkinson's

The resident's family member added that the resident has had a lot of but believes a change in medication has helped to lessen the number of them. She stated that a conversation took place between her and the Administrator regarding a commode for the resident. They spoke about the small size of the that a commode may not fit. She stated if her family member used the commode, he may She added that the resident, "seems to have learned how to have He just on his knees if that makes sense. She said he seems to know when he has the strength to walk.

In an interview conducted with the Administrator on at 4:25 PM, she stated the resident does have to the floor" and added that he slides off the bed onto the floor. She added that she was not aware that Resident #7 was missing a cap to his urinal.

During observations made on at approximately 1:00 PM and 2:15 PM, Resident #7 was seen walking with unsteady movement holding onto chairs while entering and exiting the dining There was no staff members observed in the vicinity near the resident at these times although his health assessment form called for supervision when ambulating.

The findings were acknowledged by the Administrator on at 5:05 PM. She further stated that Resident #7 ' s Health Assessment form was not current or reflective of the resident ' s care needs.

Class III

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
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| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

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

Based on observation and interviews, the facility failed to ensure that 4 out of 4 sampled residents (Residents #1, #8, #9, and #10) were assisted with self-administration of medication utilizing proper procedure.

The Findings Include:

1. On [redacted] at 8:13 AM, it was observed that 12 plastic cups with resident names written on them were sitting on top of the medication cart in the medication [redacted]. In an interview conducted on [redacted] at 8:15 AM, Staff A stated he pre-pours the medications because it is hectic in the morning and he has a system that works.

2. On [redacted] beginning at 8:15 AM, Staff A was observed dispensing medication to Resident #8, who was seated in the dining [redacted], without telling him the names of the medications. During this time, the medication [redacted] observed unlocked and the pre-poured medications were left in the open and unattended.

3. On [redacted] at 8:21 AM, Staff A was observed dispensing medication to Resident #9 without stating the names of the medications and leaving the door to the medication [redacted] and the pre-poured medications left in the open and unattended. Resident #9 dropped one 100 mg tablet of [redacted]. Staff A stated that sometimes he would put dropped medications in a Ziploc bag and the pharmacy would pick them up. He stated that today, he would just trash it. The pill was thrown in the garbage can in the medication [redacted].

4. On [redacted] at 8:28 AM, Staff A was observed dispensing medication to Resident #10 without telling him the names of the medications. At this time, Staff A asked this surveyor how a medication should be disposed of as he stated the regulations keep changing. When asked what he thought the regulation was, Staff A stated he would normally dissolve the medication and pour it into the sink but did not want to ask writer as he stated, "the rules always change".

5. On [redacted] at 8:40 AM, Staff A was observed dispensing medication to Resident #1 without telling him the names of the medications and left the door to the medication [redacted]. Staff A asked the surveyor if he should lock the door to the [redacted] the medication cart is locked. Plastic cups of pre-poured medication observed at this time unattended.

These findings were acknowledged by the Administrator during an interview at 5:05 PM on [redacted].

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Class III

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

Based on record review and interview, the facility failed to ensure that 2 out of 2 sampled resident contracts included a 30-day rate increase provision notice.

The Findings Include:

A record review of two resident contracts (Resident #6 and #7) revealed no 30-day rate increase provision notice included.

In an interview conducted on at 3:45 PM, the Administrator stated she did not put a 30-day rate increase provision in any of the residents' contracts since she has not raised the rent in years. She acknowledged the findings.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Rustic Retreat Retirement Home
1120 North Federal Highway
Boynton Beach, FL 33435

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2014 by a representative from 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 (30) 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 3020
XG90

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924