| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11967884 | 02/28/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Orchids Home | 2960 Meadows Oaks Dr S Clearwater, FL 33761 | |
| 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= G
St - A - 0077 - 58a-5.019(1) Fac - Staffing Standards - Administrators S-S= G
St - A - 0091 - 58a-5.0191(12) Fac - Training - Documentation & Monitoring S-S= B

**Specific Tag Findings:**

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014001679, was conducted on - .

The Orchid's 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 observation, interview and record review, the facility failed to honor the rights of one of five sampled residents (Resident #1) to live in a safe environment, free from by facility staff (the facility's administrator.)

Findings include:

On at 12:40 PM, Resident #1 was interviewed and, when asked about any concerns about treatment by facility staff, Resident #1 named the facility's administrator and stated "Her hit me on the arm."

Clearwater Police Department report CW14-19040 was reviewed and indicates that a neighbor witnessed an incident on between Resident #1 and the administrator while they were in the driveway of the administrator's other facility. According to the police report, the witness saw the administrator and Resident #1 sitting on chairs in the driveway, then saw the administrator stand up, face Resident #1 and strike Resident #1 on the arm. According to the report, the witness heard Resident #1 crying out and stating "don't hit me" and Resident #1 was putting her hands up to the administrator. The report notes that Resident #1's shorts were "wet with ." and she was "visibly upset." The report also notes that the administrator was for abusing a / person.

On at 10:25 AM, an adult protective investigator with the Department of Children and Families reported that she has conducted an investigation and is verifying the allegation of based on the statements of Resident #1 and the neighbor who witnessed the incident.

On at 2:20 PM, the neighbor who witnessed the incident was interviewed and confirmed the account in the police report. The neighbor said the administrator initially stated she did not hit Resident #1 and was trying to prevent her from going into the street. The neighbor stated Resident #1 was sitting in the chair when she was hit and said she was nowhere near the street. The neighbor stated that Resident #1 appeared fearful and upset and must have on herself when the administrator hit her.
The neighbor stated the administrator struck Resident #1 with her hand 2-3 times.

On at 2:15 PM during a telephone interview, the administrator stated she had nothing to say about

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the incident and had "already told the story to the police."

Class II

**0077-Staffing Standards - Administrators 58A-5.019(1) FAC**

Based on interview and record review, the facility's administrator failed to provide adequate care and keep one of five (Resident #1) sampled residents safe and free from . The administrator was physically to Resident #1.

Findings include:

On at 12:40 PM, Resident #1 was interviewed and, when asked about any concerns about treatment by facility staff, Resident #1 named the facility's administrator and stated "Her hit me on the arm."

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The neighbor stated the administrator struck Resident #1 with her hand 2-3 times.

On at 2:15 PM during a telephone interview, the administrator stated she had nothing to say about the incident and had "already told the story to the police."

According to Floridahealthfinder.gov, the person named in the police report who was for hitting Resident #1 is the person listed as the administrator of the facility.

Class II

**0091-Training - Documentation & Monitoring 58A-5.0191(12) FAC**

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| **Orchids Home** | **2960 Meadows Oaks Dr S Clearwater, FL 33761** | |
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Based on interview and record review, the facility failed to include all required documentation on the training certificates for two of four sampled staff (Employee A and Employee B.) The facility's training certificates for two required in service trainings did not include both the date of the training and the length of the training.

Findings include:

During a review of the employee record for Employee A conducted on , it was noted that Employee A's record contained a training certificate indicating Employee A had been trained on recognizing and neglect and resident rights. The certificate was signed by the manager/designee. The training certificate did not have a date, indicating when the training was completed.

A review of the employee record for Employee B was also conducted on . Employee B's record contained a certificate indicating Employee B was trained on resident rights and recognizing and neglect on . The certificate did not indicate the number of hours of training Employee B received.

When the manager/designee was interviewed on at 11:00 AM, she said she did not have any additional documentation of the trainings.

Class

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Orchids Home
2960 Meadows Oaks Dr S
Clearwater, FL 33761

Dear Administrator:

Re: **CCR# 2014001679**

This letter reports the findings of a state licensure survey that was conducted on 20-28, 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. 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

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

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone (727) 552-2000; Fax (727) 552-1161

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

*Better Health Care for all Floridians*

ELIZABETH DUDEK
SECRETARY

, 2014

Orchid's Home
2960 Meadows Oak Drive
Clearwater, FL 33761
Attn: Rose Waje, Administrator/Owner
Velma Tizon, Manager/Designee

Dear . Waje:

This letter reports finding of a complaint survey conducted on 20-28, 2014, by representatives of the Agency for Health Care Administration. **Within 10 business days from receipt of this letter, you are directed to comply with the tangible steps outlined below in order to correct the deficient practices.** Attached are the deficiencies noted in the survey.

The survey resulted in findings of noncompliance with the following area:

1) A 030 – Resident Care – Rights and Facility Procedures – Class II – Your assisted living facility failed to provide a safe environment, free from by facility staff (the facility's administrator.)

2) A 077 – Staffing Standards – Administrator – Class II – Your assisted living facility failed to have an administrator providing appropriate oversight and care to the residents. The administrator of the facility was observed being physically to one of the residents and was and criminally charged as a result.

Your facility must comply with the following:

1) The assisted living facility must develop and implement a policy and procedure which reflects how the facility will address allegations of to facility residents and what steps facility staff must take to protect residents from , neglect and . All staff of the facility must be trained on the facility's policy. **This shall be completed within 10 days of the date of this letter.**

2) All facility staff having contact with and providing care to residents must be re-trained on resident rights and recognizing and reporting and neglect. This training must be provided by a representative of the Department of Elder Affairs or the Department of Children and Families or an approved provider of one of the two agencies. Your facility must have documentation indicating the training was completed. **This training shall be scheduled within 10 days of the date of this letter.**

3) Effective immediately, the current administrator of record, who was charged with battery on an elderly or person, shall not be allowed to visit, contact, or provide care to any residents residing in a health care facility in the state of Florida.

4) Your assisted living facility must submit written notice to the Agency for Health Care Administration advising of a change of administrator. The new designated administrator must have the required core training. **This shall be completed within 10 days of the date of this letter.**

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact **Paul Brown**, ALF Supervisor, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager