STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	10/06/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emeritus At Springtree	4201 Springtree Drive Sunrise, FL 33351

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0090 - 58a-5.0191(11) Fac - Training - S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0152 - 58a-5.023(3) Fac - Physical Plant - Safe Living Environ/other S-S= D
St - A - N278 - 58a-5.031(3) Fac - Lns - Records S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced Assisted Living Facility Relicensure with Limited Nursing Service survey was conducted on and at Emeritus at Springtree. The facility had deficiencies found at the time of the visit.

This survey was conducted in conjunction with licensure complaint survey, CCR# # 201400809, on the same date. Please refer to separate report for findings.

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on record review and interview, the facility failed to ensure 1 out of 3 (Staff B) newly hired staff submit a written statement from a health care provider within 30 days of hire documenting that the individual does not have any signs or symptoms of a communicable

The findings include:

Review of Staff B's personnel record, whose date of hire was , lacked documentation indicating that the individual does not have any signs or symptoms of a communicable

In an interview conducted with the Business Office Manager on at 10:39 AM, she reviewed the file of Employee B and confirmed the findings. She stated no further documentation was available for review.

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	10/06/2014
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0090-Training - 58A-5.0191(11) FAC

Based on record review and interview, it was determined that the facility failed to ensure that all staff members had received 1 hour of training on the facility's policy and procedures regarding for 3 out of 3 sampled staff records reviewed (Staff A, B and C) .

The Findings:

a) A record review conducted on revealed that Staff A, with a hire date of had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

b) A record review conducted on revealed that Staff B, with a hire date of had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

c) A record review conducted on revealed that Staff C, with a hire date of had no documentation indicating completion of 1 hour of training in the facility's policy and procedures regarding within 30 days of employment.

In an interview conducted on at 10:39 AM, with the Business Office Manager she reviewed the files of Staff A, Staff B and Staff C and confirmed that the files lacked the required training.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC

Based on observation, record review, and interview, the assisted living facility failed to ensure the facility menu was followed at all times .

The findings include:

a) A review conducted on at 11:25 AM of the facility's posted dietician approved lunch menu for revealed the menu to be stir fry chicken and vegetables (with a note to serve with starch selection and bread selection), the menu also had a selection of 4 alternate selections of entrees (lamb patties,chicken Florentine,roasted pork, and harvest chicken salad) steamed brown rice, steamed snow

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Springtree	4201 Springtree Drive Sunrise, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

bokchoy mix, dinner roll with margarine , coconut cream pie.

A review conducted on at 11:30 AM of the facility's posted daily lunch menu for revealed the menu to be tomato & herb soup,teriyaki chicken or roast pork with gravy, brown rice,season lima beans, coconut cream pie with some always available items (chicken salad,tuna salad and grill cheese)

In an observation conducted on at 11:40 AM of the facility's lunch meal served to the residents in the main dining , the residents were served soup, either roast pork with gravy or teriyaki chicken with brown rice , season lima beans and coconut cream pie. There was no dinner roll or bread served to the residents having the roast pork with gravy or teriyaki chicken, as indicated on the dietician approved lunch menu .

b) A review conducted on at 4:20 PM ,of the facility's posted dietician approved dinner menu for revealed the menu to be savory seafood casserole (with a note to serve with starch selection and bread selection), the menu also had a selection of 4 alternate selections of entrees (chicken taco salad,baked tex mex chicken,grilled harvest turkey sandwich,roast beef horseradish and blue cheese wraps steamed white rice, buttered broccoli, dinner roll with margarine , chocolate mousse.

A review conducted on at 4:30 PM of the facility's posted daily dinner menu for revealed the menu to be tuna noodle casserole or turkey sandwich with potato chips, buttered broccoli, chocolate pudding with some always available items (chicken salad,tuna salad and grill cheese) .

In an observation conducted on at 4:40 PM, the facility's dinner meal served to the residents in the main dining , the residents were served , either tuna noodle casserole with broccoli or turkey sandwich with potato chips, and chocolate pudding. There was no dinner roll or bread served to the residents having the tuna casserole dietician as indicated on the dietician approved dinner menu .

In an interview conducted on at 4:45 PM with Resident # 19 who was having the tuna noodle casserole, she stated she had not been served a dinner roll, or offered a dinner roll. In an interview conducted on at 4:50 PM with Resident # 20 who was having the tuna noodle casserole, she stated she had not been served a dinner roll, or offered a dinner roll and would like one.

In an interview conducted on at 4:55 PM with the line cook, she confirmed that they did not serve dinner rolls at either the lunch or dinner meal as the facility did not have any rolls available.

In an interview conducted on at 5:00 PM with the Food Service Director, he confirmed that they did not serve dinner rolls at either the lunch or dinner meal as the facility did not have any rolls

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Springtree	4201 Springtree Drive Sunrise, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

available.

c) A review conducted on at 11:25 AM of the facility ' s posted dietician approved lunch menu for revealed the menu to be Salisbury steak(with a note to serve with starch selection and bread selection), the menu also had a selection of 4 alternate selections of entrees (lamb patties,chicken Florentine,roasted pork, and harvest chicken salad) mashed potatoes, buttered carrots, dinner roll with margarine , tapioca pudding.

A review conducted on at 11:30 AM of the facility's posted daily lunch menu for revealed the menu to be yellow split soup low chicken soup,Salisbury steak or grilled chicken with Dijon mustard sauce, baked potato,season french green beans, lemon pudding with some always available items (chicken salad,tuna salad and grill cheese)

In an observation conducted on at 11:40 AM of the facility ' s lunch meal served to the residents in the Memory Care dining , the residents on pureed diets (Residents #24,#26, #27, #28, #29 and #30) were served soup, puree Salisbury steak,pureed mashed potato, puree season french green beans. Residents # 24, #28 and #29 were served a dinner roll as dessert and not served a dessert and Residents # 26, #27 and # 30 were not served a dinner roll according to the dietician approved lunch menu.

In an interview conducted on at 12:10 PM with the Memory Care Director, she confirmed the findings and stated that she will immediately provide an in-service training to her staff.

Class III

0152-Physical Plant - Safe Living Environ/Other 58A-5.023(3) FAC
Based on observation and interview, the assisted living facility failed to maintain a safe living environment which was free of hazards and maintained in good working order.

The findings include:

1) An observation made on at approximately 10:15 AM, revealed the carpet in the foyer area entering #1119 and # 1120 were heavily soiled.

2) An observation made on at approximately 10:20 AM, revealed a substantial amount of accumulated debris between the handrail and the wall on the first floor west wing.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Springtree	4201 Springtree Drive Sunrise, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

3) An observation made on [redacted] at approximately 10:25 AM, revealed the vinyl flooring was peeled upwards adjacent to [redacted].

4) An observation made on [redacted] at approximately 10:27 AM in the foyer area when entering [redacted] from the main hall,was missing a portion of carpeting by the threshold exposing the sub floor.

5)) An observation made on [redacted] at approximately 1:12 PM in the foyer area when entering [redacted] from the main hall,was missing the threshold exposing the sub floor.

6) An observation made on [redacted] at approximately 1:15 PM in the foyer area when entering [redacted] from the main hall,was missing the threshold exposing the sub floor.

7) An observation made on [redacted] at approximately 1:19 PM in the foyer area when entering [redacted] from the main hall,the vinyl flooring was peeling upwards.

8) An observation made on [redacted] at approximately 1:25 PM in the main hallway adjacent to [redacted] revealed frayed carpet, a hospital bed framed stored against the wall, and heavily soiled windows.

9) An observation made on [redacted] at approximately 1:35 PM in the screened porch area adjacent to [redacted] # [redacted], the screening was hanging down and in disrepair.

10) An observation made on [redacted] at approximately 1:40 PM in the main hallway on the 3rd floor west wing revealed the carpet to be heavily stained.

11) An observation made on [redacted] at approximately 1:55 PM revealed the carpeting in [redacted] #1223 and #1227 were heavily stained.

12) An observation made on [redacted] at approximately 1:55 PM, revealed the laundry [redacted] to [redacted] to have heavily stained walls with a black substance, and the baseboard peeling away from the wall exposing disintegrated wood.

13) An observation made on [redacted] at approximately 2:00 PM revealed [redacted] to have television [redacted] attached from the corner of resident ' s [redacted] the center of it causing a potential safety hazard.

14) An observation made on [redacted] at approximately 4:00 PM with the Maintenance and Housekeeping Director revealed the women's [redacted] the 1st floor by the main dining [redacted] not have handles or

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Springtree	4201 Springtree Drive Sunrise, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

a locking mechanism on the stall doors, and a hole where the handles were previously placed.

In an interview conducted on at 11:24 AM with Resident #21, who resides in , he stated that he has been a resident at the facility since and that the vinyl flooring has been peeling upwards since he moved in.

In an interview conducted on at 2:40 PM with Resident # 25, who resides in # and utilizes a walker, she stated that the missing carpet has been like that for a while and she has learned to raise her walker to get over the missing patch of carpeting in the threshold.

On at approximately 3:30 PM a tour was conducted with the Executive Director, the various findings were discussed and addressed, an interview was conducted and she acknowledged the findings and stated they were aware of most of the issues and were in the process of addressing them.

On at approximately 2:25 PM a tour was conducted with the Maintenance and Housekeeping Director, and he confirmed all of the findings and stated that they are going to be addressing the issues.

A photograph of the evidence presented is in the file.

Class III

N278-LNS - Records 58A-5.031(3) FAC

Based on observations, interviews and record reviews, the facility failed to ensure accurate records were maintained for 3 of 5 residents identified as receiving Limited Nursing Services (LNS), Residents #1, #2 and #3, and failed to assess the status of a resident with arm and leg braces for Resident #4 not identified as receiving LNS.

The findings include:

1) Resident #1 was admitted to the facility on with a diagnosis of functional decline, and right arm with a . The was being monitored by the facility nursing staff up to when the was removed and a right hand brace was applied. Review of the resident record revealed documentation of a Healthcare Provider Communication Form dated for Limited Nursing Services assist with brace right hand, written by the Wellness Coordinator and signed

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Springtree	4201 Springtree Drive Sunrise, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

by the physician on . . Review of the Limited Nursing Services Log reveals documentation dated . . . . . for Resident #1 to apply hand brace; frequency daily; duration of service - ongoing. Review of the LNS Monthly Nursing Assessment dated . documents 'Resident requires assistance with applying brace daily and monitor for , color and sensation.'

Further review of the resident's record revealed she was admitted to the hospital on . . . . . with issues and readmitted back to the facility on . . . . . with documentation stating she returned to the community alert and oriented with periods of . . . . . Review of documentation on , ... and . revealed no documentation of the right hand brace and no physician order to discontinue the right hand brace. Resident #1 was sent to the hospital for evaluation of a . . . . and after an admission to a rehabilitation center returned to the facility on . . . . . Review of documentation in the resident's record revealed no documentation of a right hand brace and no physician order to discontinue the use of the brace from . . . . through 10/05.

Review of the LNS Log, order dated , revealed Resident #1 remained on the list of residents receiving LNS to apply the hand brace daily.

On . . . . . at 11:25 a.m. Resident #1 was observed in the Memory Care Unit with no right hand brace applied. An interview was conducted with the Memory Care Unit Director at this time who stated Resident #1 has not had a brace on since her return from the hospital. On . . . . . at 3:59 a.m., an interview was conducted with the resident's care aide who stated she has not seen a brace on the resident for a couple of months.

On . . . . . at 4:00 p.m., an interview was conducted with the Wellness Coordinator who stated the resident did not come back from rehab with a brace. An inquiry was made if the resident was reassessed after both readmissions to the facility if the brace was still required and she stated the doctor was in on Friday. However he was the resident's primary care physician and not the orthopaedic physician who initially ordered the hand brace. The Wellness Coordinator could not comment on why Resident #1 remained on the current LNS Log.

2) Resident #2 was admitted to the facility on . . . . . with diagnoses , ... and retention requiring the ongoing use of a .

On . . . . . at 12:15 p.m., an interview was conducted with Resident #2 and observation was made of a slightly soiled looking . . . . . dressing to his right . area. An inquiry was made as to what was under the dressing and the resident stated he picked at a spot and it broke open when he was at his urologist appointment last Monday around the 29th, and the nurse at the doctor's office put some . . . . . cream on it and put the dressing on. Resident #2 confirmed the right . dressing has been on for the entire

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963865	10/06/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Springtree	4201 Springtree Drive Sunrise, FL 33351	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

week. The resident was asked what the facility nurses do for him with the and he stated they help with changing the big bag to a leg bag during the day and help with emptying the drainage bag.

Review of the resident's record revealed no evidence of documentation of the appointment and no documentation of the status of the resident's to his right

On at 3:51 p.m., an interview was conducted with the Administrator and Wellness Coordinator who were not aware the resident had a dressing to his right area and further stated he wears pants a lot. They were advised the resident's legs are not covered today and the right dressing is very visible.

Review of the LNS Log revealed Resident #2 as of is listed as receiving LNS for care. Further review of the resident's record revealed almost daily LNS Progress Notes of the status of the

3) Resident #3 was admitted to the facility on with diagnoses to include and difficulties requiring a

Review of the LNS Log revealed as of Resident #3 is listed as receiving LNS for care PRN (as needed), duration of service - ongoing.

On at 11:15 a.m., an interview was conducted with the resident inquiring what the facility nurses do for him related to his to which he stated they keep an eye on it and help with emptying the bag sometimes. He further stated they sometimes help with putting the leg bag on in the morning when he gets up.

On at 3:51 p.m., an interview was conducted with the Wellness Coordinator and Administrator inquiring where the assessment of the resident's would be as he is listed as receiving LNS for care to which the Administrator stated the resident is self sufficient with the and he is being followed by a home health agency. An inquiry was made which home health agency was following the resident and after searching their files they were unable to find out which home health agency the resident was being followed by.

Review of the resident's record revealed no evidence of documentation of an assessment or monitoring of the since his admission on

4) Resident #4 was admitted to the facility on with diagnoses to include with right sided

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	AL11963865	10/06/2014
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and aphasia (unable to verbally communicate).

On at 3:00 p.m., Resident #4 was observed sitting outside of the front door of the facility in an electric wheelchair. Further observation was made of his right arm in an arm brace.

Review of the resident's record revealed documentation dated the resident 'needs new right leg brace and right arm brace, diagnosis . The resident was wearing long pants at the time of observation at 3:00 p.m. on and a right leg brace was not observed.

Review of Resident #4's record revealed no evidence of documentation of the arm or leg brace. Review of the LNS Log revealed Resident #4 is not listed as receiving LNS for application of the arm and leg brace.

On at 4:40 p.m., an interview was conducted with the evening medication technician who stated the resident has a brace to his leg and hand but cannot remember if it is on the left or right. She further stated he needs assistance with everything but can feed himself with his good arm.

On at 3:54 p.m., an interview was conducted with the Wellness Coordinator in the presence of the Administrator who stated the resident has a private aide for 2 hours in the morning and she puts the braces on. The Wellness Coordinator stated she was not sure about the leg brace and the Administrator stated she has seen a brace on the resident's leg but not on his right arm. The Administrator stated the resident is being followed by home health however was unable to state which home health agency and the frequency of the home health visits. An inquiry was made to the Wellness Coordinator and Administrator who was monitoring the resident's status with the braces and how long the braces are applied for, to which they were unable to comment.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Emeritus At Springtree
4201 Springtree Drive
Sunrise, FL 33351

RE: Relicensure with Limited Nursing Services (LNS)

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 days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 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/jw
Enclosure

XG90

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