STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964453	10/29/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Concorde Loving Care Inc.	13 Pope Lane Palm Coast, FL 32164	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D
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 - 0160 - 58a-5.024(1) Fac - Records - Facility S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR #2014007819,was conducted at Concord Loving Care, Inc. on [redacted] 29, 2014. Deficiencies were identified.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on resident record reviews and interview with the Administrator, the facility failed to obtain complete information on the AHCA form 1823 (Resident Health Assessments) for 3 of 5 sampled residents whose records were reviewed (Residents #1, #2 and #3), and failed to obtain a new Health Assessment following a change in condition for 1 of 5 sampled residents after hospice services were initiated (Resident #4).

The findings include:

A closed record review conducted for Resident #1 found he was admitted to the facility on [redacted] and had an AHCA form 1823 dated [redacted] The resident was noted by the examiner to have diagnoses including, but not limited to, [redacted] The sections on page 1 intended to capture the residents's physical or sensory limitations, nursing, treatment or [redacted] services needed, or any special precautions to be taken for this resident were all left blank by the examiner.

A record review conducted for Resident #2 found she was admitted to the facility on [redacted] and had an AHCA form 1823 and signed by the examiner on [redacted] Section 3, which was intended to itemize the services offered or arranged by the facility for this resident, was signed by the Administrator, but left blank.

A record review conducted for Resident #3 revealed she was admitted on [redacted] and had a health assessment signed by the examiner on [redacted] The sections on page 1 of the assessment, intended to capture the physical or sensory limitations, [redacted] or behavioral status, and any [redacted] services the resident may require, were all left blank by the examiner.

A record review conducted for Resident #4 revealed she was admitted on [redacted] and had a health assessment signed by the examiner on [redacted] A Hospice Team Care Plan dated [redacted] noted a diagnosis of [redacted] and [redacted] The care plan indicated hospice services commenced on [redacted] for Resident #4. Further review of the record found there was not an updated health assessment completed for this resident following the initiation of hospice supports.

An interview was conducted with the Administrator on [redacted] at 12:30 pm. She acknowledged the missing information on the health assessments for Residents #1, #2 and #3. She stated she did not realize she needed to obtain a new health assessment following a change in condition warranting the commencement of hospice services for Resident #4.

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Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on observations, resident record review and interviews with staff, the facility failed to ensure 1 of 2 sampled residents, who were bedridden (Resident #5), met the criteria for continued residency.

The findings include:

Several observations were made of Resident #5 between 8:40 am and 12:25 pm on . He was in his bed, with the head of the bed elevated approximately 45 degrees. Half side rails were observed in the upright position to either side of the resident's bed. Resident #5 did not open his eyes during the observations, and did not respond to this writer's greetings.

An interview was conducted with the Resident Aid at 11:35 am on . She stated Resident #5 did not get out of bed. She explained he had no strength in his legs, and only had movement in one arm. She stated Resident #5 had been bedridden for some time. She explained that she repositioned him in his bed every two hours.

A record review conducted for Resident #5 found he was admitted to the facility on . He had a Resident Health Assessment (ACHA form 1823) dated . Diagnoses included, but were not limited to, , proteinuria, , prostatic hyperplasia, , accident, and . Further record review found Resident #5 received Home Health services, which commenced on . There was no documentation of the resident receiving hospice services.

An interview was conducted with the Administrator at 12:30 pm on . She confirmed Resident #5 was bedridden for more than 7 days and not on hospice services. When told he was not eligible for continued residency, she stated she the thought of discharging him was unbearable. She stated she would speak to the family about hospice services so he could remain in the facility, and die in place.

Class III

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observations and interviews, the facility failed to offer an ongoing activities program consisting of scheduled activities at least 6 days a week for a total of at least 12 hours per week, and failed to post an activities calendar in a common area where residents gathered.

The findings include:

During a tour of the facility at 8:40 am on , Residents #2, #3 and #6 were observed sitting in the living , the television playing. None appeared to actively watch. Staff members were moving about the facility tending to business. Residents #4 and #5 were observed in their beds. There was no activity calendar posted at any location in the home. Multiple observations were made throughout the survey up to 12:25 pm, when the survey concluded. At no time was any activity introduced or offered to any of the residents residing in the home. There was no activity calendar observed in the facility.

An interview was conducted with the Resident Aide at 8:55 am on . She stated there were no organized activities offered to the residents in the facility. She said one resident liked to walk around the home with

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assistance, and another liked to read her magazines. She explained that none of the residents were able to pay attention long enough to participate in an activities program.

An interview was conducted with Resident #2 at 10:48 am on . When asked about organized activities in the facility, she replied "They don't have any." She stated she could listen to her Jackson Five compact disk whenever she wanted to.

A telephone interview was conducted with Resident #2's sister at 11:08 am on . She stated there were no activities offered by the facility, and her sister went to day care twice weekly so she could have some social stimulation.

An interview was conducted with the Administrator at 11:20 am on . She stated she did offer some activities to the residents; she would sing and dance for them on occasion. She was unable to produce an activity calendar during the survey. The Administrator acknowledged she was required to provide twelve weekly hours of scheduled activities over 6 days during the week. She acknowledged that an activities calendar was required to be posted in the facility.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observations, resident record reviews, and staff interviews, the facility failed to ensure 2 of 6 sampled residents were free from . (Residents #4 and #5) and that 2 of 6 sampled residents were ensured the right to privacy and dignity during personal care and toileting (Residents #2 and #4).

The findings include:

1. A tour of the facility was conducted at 8:40 am on . Resident #5's entered after knocking. The resident was in his bed, with the head of the bed elevated approximately 45 degrees. Half side rails were observed in the upright position to either side of the bed. Resident #5 did not open his eyes during the observations, and did not respond to this writer's greetings. Resident #5 remained in the bed until the survey ended at 12:35 pm on .

During the facility tour at 8:40 am, Resident #4's entered after knocking and requesting permission (resident was unable to respond). Resident #4 was in her bed, with the head of her bed elevated. One side of the bed was placed against the rear wall of the , and full bed rails were observed in the upright position on either side of the bed. The resident remained in her bed during the entire survey, which concluded at 12:35 pm on .

A record review conducted for Resident #4 revealed she was admitted on and had a health assessment signed by the examiner on . A Hospice Team Care Plan dated noted a diagnosis of , and . The care plan indicated hospice services commenced on for Resident #4. Resident #4 had an order for half bed rails which was signed by the physician on . The Resident Health Assessment dated noted in section C (Additional comments/observations) that the patient required full bed rails due to safety and risk. Further review of the record found no written consent for the use of bedrails for this resident.

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There was no annual review of side rails completed by Resident #4's physician available in the resident's records.

A record review conducted for Resident #5 found he was admitted to the facility on . He had a Resident Health Assessment (ACHA form 1823) dated . Diagnoses included, but were not limited to, , proteinuria, , prostatic hyperplasia, , accident, and . Further record review found Resident #5 received Home Health services, which commenced on . There was no documentation of the resident being on hospice services. He had a signed physician's order dated for full bed rails. A second written order dated , specified half bed rails. Further review of the record found no written consent for the use of bedrails for this resident. There was no annual review review of side rails completed by Resident's physician available in the resident's record.

In an additional interview with the Administrator at 12:30 pm, she acknowledged the requirement to obtain semi-annual physician reviews and informed consent from the legal guardian for the use of the half bedrails for Resident #5 and Resident #4.

2. At 8:45 am on , Resident #2 was observed in the . The door was open, and she was sitting on the toilet with her pants and undergarments around her ankles. Resident #2 was accompanied by the Resident Aide. This surveyor closed the door to ensure privacy. Then at 9:05 am, Resident #4 was observed being attended to by the Aide. Resident #4 was in her bed, and the door to the open. The resident's bare legs and protective undergarments were exposed during the brief observation.

An interview was conducted with the Administrator at 8:45 am on . She stated she herself had left the open, as she had been in the , Resident #2. She acknowledged the door should have been closed for the privacy and dignity of the resident. In another interview with the Administrator at 9:15 am , she stated the Aide liked to keep the door partially open when providing care to the residents, especially when she in the facility alone. That way, she could hear the other residents if they needed assistance. She acknowledged privacy should be afforded the residents during toileting and personal care.

Class III

0160-Records - Facility 58A-5.024(1) FAC
Based on a review of facility records, and interview with the Administrator, the facility failed to maintain an up-to-date admission and discharge log indicating the date and location of all discharged residents.

The findings include:

A review of the facility admission and discharge log reflected a total of 8 residents residing in the facility. The licensed capacity was 6 residents.

An interview was conducted with the Administrator at 9:15 am on . She reviewed the log and admitted she had neglected to enter two discharged resident's information onto the log. She stated she had not kept the log up to date.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Concorde Loving Care Inc.
13 Pope Lane
Palm Coast, FL 32164

RE: CCR #2014007819

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014 by a representative 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 **11/04** 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. Should you have any questions please call this office at .

Sincerely,

Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

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