RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Prestige Manor
6040 Southeast Front Road
Belleview, FL 34420

**RE: CCR #2014007813**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Enclosed 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 ***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 surveyor(s). Should you have any questions please call this office at (386) 462-6201.

Sincerely,

for

Kristie J. Mennella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11911157 | 10/30/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Prestige Manor** | **6040 Southeast Front Road Belleview, FL 34420** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**

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 - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

**Specific Tag Findings:**

0000-Initial Comments

On unannounced complaint survey CCR #2014007813 was conducted at Prestiage Manor Assisted Living Facility in Belleview Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record reviews and interviews the facility failed to ensure that 5 of 5 resident 1823 health assessments were completed as required for residents #1, #2, #6, #9, and #10.

Findings:

On a record review was conducted on resident #2 1823 health assessment dated It was observed that her assessment was incomplete for required comments on page 2 and 3. It was observed that the physician checked the box on page 4 which states the resident needs total administration of medication and not assistance with self-administration of medication.

On at approximately 12:36 PM an interview was conducted with staff A in reference to her assisting resident #2 with self-administration of medication. She stated she does assist resident #2 with her medication on Monday mornings. She was asked if there are any licensed staff working in the facility or giving resident #2 her medication. Staff A stated there is a Home Health agency that sends a nurse out once a month that gives resident #2 her shot. But the rest of the time unlicensed staff assists her with her medication in the morning and evening.

On at approximately 12:45 PM it was observed that resident #2 was sitting at the dinning feeding herself without any difficulty.

On at approximately 1:03 PM the Administrator was asked if the 1823 in the resident record was the current 1823 health assessment and she stated yes. She was asked to look at the assessment and explain what was missing. After she examined resident #2 assessment she stated it was missing the comments in the comment section and the box which was checked total administration of med's was wrong because the resident just needs assistance with self-administration of med's.

On a record review was conducted on resident #10 1823 health assessment dated It was observed that page 2 and 3 were missing the required comments for activities of daily living and tasks.

On at approximately 11:26 AM an interview was conducted with the Administrator in reference to resident #10 1823 health assessment being incomplete. She stated that resident #10 had a change in condition

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when he eloped from the facility on . She said she asked the hospital to complete a new 1823 health assessment for the resident before he returned to the facility but they refused. When resident #10 returned to the facility she never contacted his primary physician and asked for an update 1823 for the resident. She said the missing information from the assessment was an oversight on their part.

Record review of the medical records for Residents #1, #2, #6, #9, and #10 showed the health assessments were not complete. The assessments did not explain the extent and type of supervision or assistance needed for ADLs and self care tasks.

An interview was conducted on at 4:38 PM with the Administrator and she stated verification that the 1823s for Residents #1, 2, 6, 9, and 10 were incomplete and did not provide the extent of the supervision or assistance needed for activities of daily living and self-care tasks for the Residents. The Administrator further verified the 1823s were inaccurate for Residents #2 and #9 which were completed stating Residents #2 and #9 required to have their medications administered. Resident #2, and Resident #9 only require assistance with self-administration. I will contact their physicians and will have the 1823s completed, and corrected for Residents #1, 2, 6, 9, and 10.

Class III

0010-Admissions - Continued Residency 58A-5.0181(4) FAC
Based on record reviews and interviews the facility failed to have a face to face medical examination after a significant change for 1 of 5 residents (resident #10).

Findings:

On a record review was conducted on resident #10 facility records. It was observed that resident #10 had a current 1823 health assessment dated which shows he was not an elopement risk. A facility incident report documented that on resident #10 eloped from the facility.

On at approximately 11:26 AM an interview was conducted with the Administrator in reference to resident #10 eloping from the facility. She stated the resident has been living in the facility for over a year and had never eloped from the facility before. She stated that his elopement was a change in condition. She was asked why didn't she have the resident have a face to face examination to update his 1823 health assessment. She stated she asked the hospital to update his 1823 after the elopement but they refused. She was asked if she had contacted his primary physician to get an up to date health assessment and she stated no.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on record review and interviews the facility failed to file an adverse incident report for 2 of 2 residents #9 who and broke his ankle in the facility and needed a higher level of care. Resident #10 who eloped from the facility and was recovered by law enforcement near a busy highway.
Findings:

On a record review was conducted on resident #9. It was observed that an incident report was completed on the resident was found on the floor crying. He was sent out to the hospital and he was

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found to have his right ankle. he was discharged to rehab facility and returned 6 days latter to the facility.

On a record review was conducted on resident #10. A facility incident report shows on law enforcement contacted the facility because they had found the resident out by the highway disorientated and . The resident was sent to the hospital for evaluation.

On at approximately 1:00 PM the Administrator was asked if the facility filed an adverse incident report with the Agency for Health care Administration in reference to the incidents involving resident #9 when he and broke his right ankle or resident #10 when he eloped from the facility, she stated no.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on interview and record review the facility failed to ensure the Resident Agreement was complete for 1 of 5 sampled residents (resident #6).

Findings:

Record review of the Resident Agreement for resident #6 showed the agreement did not contain the rate per month, the contract was not dated, and the contract was not signed by the Administrator.

An interview was conducted on at 2:56 PM with the Manager and she stated verification the agreement for resident #6 was not complete. The contract was not dated, and not signed by the Administrator, and did not have the rate per month.

An interview was conducted on at 4:04 PM with the Administrator and she stated verification that the Resident Agreement for Resident #6 was incomplete.

Class III