STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967892	11/05/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Adkinson Retirement Home	2050 58th St N Clearwater, FL 33760	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision

Specific Tag Findings:

Assisted Living Facility

A complaint survey, CCR# 2014008073, was conducted on [redacted].

The Adkinson Retirement Home, assisted living facility, had a deficiency at the time of the visit.

0025-Resident Care - Supervision 58A-5.0182(1) FAC

Based on record review and interview, the facility failed to maintain a written record documenting significant changes of 3 (#1, 3, & 4) of 4 residents whose records were review.
A review of the record for Resident #1 revealed that she was admitted on [redacted]. Her diagnoses include Parkinson ' s [redacted], chronic [redacted], history of [redacted] with [redacted] and iron deficiency, [redacted] and [redacted]. She needed assistance with most ADL ' s and safety was listed as a special precaution.

Findings Include:

On [redacted] Resident #1 became extremely hostile to others and was asked to calm down. She then called the police who only spoke to her and did not take a report or feel that she was a threat. On [redacted] the psychiatrist visited the resident in the facility for comments she made on the same day about wanting to die. The resident ' s Power of Attorney (POA) and primary care physician were not notified.

On [redacted] the facility noted that the resident is now sitting in a wheelchair, not like a few months ago. She can still walk but unsteady and now completely wheelchair dependent. A [redacted] progress note states resident did not eat her lunch.

On [redacted] the facility noted resident is "acting differently today and not really responding quick like the last few days. The POA and physician were called and staff to monitor. On [redacted] at 11:00 am, the resident was not really responding to staff, can ' t even sip from a straw which she could do in past few days. She also has a [redacted] on foot that is turning black. 911 was called".

An interview was conducted with the Administrator and Assistant Administrator on [redacted] at approximately 3:15 p.m. When asked about the extreme change in condition of the resident from admission until [redacted] they stated that the home health was seeing the resident and is responsible to call the physician and treat the resident.

Interview with the Administrator and Assistant Administrator revealed that they do not have a system in place for reporting a change in condition of a resident and when to notify family, guardian/POA and physician.

A record review of Resident #3 revealed a [redacted] progress note by the facility that " resident was sitting in the dining [redacted] all of a sudden he smashed the table using both arms breaking the table itself. **Resident will be monitored for any changes " . No further documentation was available. There was no notification to the POA or physician.**

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The Assistant Administrator stated it is the Home Health Agency ' s responsibility to notify the physician. When asked what happens when a problem occurs such as this for any resident, he stated staff will watch over them.

Resident #4 whose diagnoses include below the knee amputation and iron deficiency experienced a change in condition on

Facility progress notes reveal the following:
on his hands currently getting ot and home health nurse; they are responsible to call and report to doctor right away. need to inform facility what plan of care is.
home health nurse visit today concern about the hand again that is nurse said she will call doctor staff found a lot of staff called doctor office to see if doctor will prescribe
doctor ordered informed primary care physician and poa and home health

res not thinking straight today. has thoughts of flying every time he has nurse will increase visits

staff called 911 resident not responding but breathing normal.....

Interview with the Assistant Admin on at 2:45 revealed that they do not have home health notes or a plan of care to determine what course of action was being taken to treat the resident. The resident did not receive treatment for in his hands from when they first noticed it on until when an order was received for an and the resident's condition was worsening. The resident was hospitalized on for

The facility did not respond in a timely manner for treatment stating that since he was receiving home health services, it was their responsibility to contact the physician and get treatment for a hand and to advise the facility of the plan of care.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Adkinson Retirement Home
2050 58th St N
Clearwater, FL 33760

RE: CCR #2014008073

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 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,

For Patricia Reid Caufman
Field Office Manager

PRC/clt
Enclosure: State (5000-3547) Form

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