STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953519	10/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paradise Care Cottage	2277 S.E. Lennard Road Port Saint Lucie, FL 34952	
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 - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0092 - 58a-5.020(1) Fac - Food Service - General Responsibilities S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D

Specific Tag Findings:

0000-Initial Comments
Unannounced licensure complaint surveys, CCR#2014009591 and CCR#2014009905, were conducted on 22 and 23, 2014 at Paradise Care Cottage. The facility had deficiencies found at the time of the visit.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on record review and an interview, the facility failed to ensure the health assessment (Form 1823) was completed for 1 out of 3 sampled residents, Resident #1.

The findings include:

Review of Resident #1's health assessment (Form 1823) dated revealed the following omissions:

a) The level of assistance required with eating was blank.
b) Whether or not the resident required 24-hour nursing or care was blank.
c) The statement that the resident's needs could be met in an assisted living facility was blank.

During interview with the administrator on at 4:30 PM, she acknowledged the above findings.

Class III

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0010-Admissions - Continued Residency 58A-5.0181(4) FAC

Based on observation, record review and interviews, the facility failed to monitor the continued appropriateness of placement of a resident in an assisted living facility for 1 out of 3 sampled residents, Resident #1. As evidence of the facility failure to ensure that a resident who no longer meets the criteria for continued residency may only reside in an assisted living facility with a standard license if an interdisciplinary plan of care is developed and implemented by hospice in consultation with the facility, with hospice coordinating and ensuring the provision of any additional care and services needed.

The findings include:

On [redacted] at 4:00 PM, Resident #1 was observed from the hallway laying in bed calling out, "Please get me up". During interview with the resident, he repeatedly stated he wanted to "get up" and that he was "hungry". Staff E entered the [redacted] was asked what the resident's schedule was. She stated the resident is in bed every day during her shift and that she did not know what he did during the other shifts. A handwritten sign posted on the wall above the resident's bed documented the resident was to be "turned every 2-3 hours, and the bed raised 45 degrees during meals". When asked if the resident was assisted out of bed for meals, Staff E (with assistance from another aide) transferred the resident into his wheelchair, but the resident was not able to bear weight on his feet. While the resident was being transferred into the wheelchair, the administrator opened the resident's door to notify staff that she was leaving. She did not comment on the resident being assisted out of bed. The resident was then propelled into the dining [redacted] both feet propped on to the left foot rest of the wheelchair as staff were not able to locate the resident's right foot rest. The resident appeared calm and answered simple questions appropriately while seated at the table next to another resident. He was able to pick up a small egg roll from his plate and put it into his mouth. He was not able to hold his fork securely enough, due to [redacted] in his right hand, to feed himself. He was then fed by Staff E from 4:30 PM until 5:00 PM while seated in an upright position in his wheelchair. At 5:00 PM, Staff F was asked for the resident's plan of care and was not able to locate one.

On [redacted] at 10:00 AM, the hospice nurse stated during interview that the resident was bedridden and had been for at least 3 months. During interview with the administrator, facility nurse and hospice nurse, the physician's orders for the resident to remain bedridden and interdisciplinary care plan to address the resident's care needs were requested. The facility nurse was unable to locate the current plan of care or "bedbound" orders for this resident. Subsequently, a plan of care or "case conference summary" dated was delivered to the facility by hospice and identified as the interdisciplinary care plan with the administrator. The plan included the following to address the resident's total care needs for ambulation, transfers, dressing, bathing, eating, [redacted] and toileting:

a) Patient will safely tolerate diet.

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b) Patient will not develop complications of immobility.
c) Patient will be able to communicate at optimal level.
d) Patient will be able to interact with environment at optimal level.
e) Patient will maintain intact skin.

A plan of care for staff at the facility to follow, related to the resident's total care needs with interventions to prevent further provide socialization, provide activities, assist with exercise (passive or active range of motion) and to address care could not be identified in the case conference summary. There was no indication that what was identified as the "plan of care" had been developed and implemented in consultation with the facility. The administrator, facility nurse and direct care staff were not able to identify the resident's individual care needs in the hospice "plan of care".

The physician's orders dated that were delivered to the facility documented the resident was to be "kept bedbound, turn side to side every 2 hours".

The criteria for continued residency in an assisted living facility (ALF) is the same for the criteria for admission, with additional criteria listed below. Some of the components an individual must meet are:

a) Be able to perform activities of daily living (ADL's), with supervision or assistance if necessary.
b) Be capable of taking his/her own medication with assistance from staff if necessary.
c) The resident may be bedridden for up to 7 consecutive days.
d) Not require 24-hour nursing supervision.
e) Have been determined by the facility administrator to be appropriate for continued residency based on a health assessment (Form 1823) and the services the facility is prepared to provide or arrange for to meet the resident's needs. See A 0008 for additional information related to Resident #1's health assessment.

A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility only if the following conditions are met, including:

a) The resident consents to services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed.
b) A disciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility.
c) Documentation of the requirements of this is maintained in the resident's file.
d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.

e) If the facility is unable to meet the resident's needs, as determined by the administrator, the resident shall be discharged.

Review of the resident's health assessment (Form 1823) dated showed the resident's diagnoses as and His congnition and behavioral status listed resists care at times". "Medication Administration" was noted as a nursing service requirement. "Needs medication administration" was also marked on page 4. His diet was documented as "pureed, may have mechanical soft upon request". Additionally, the level of assistance required with eating was blank; whether or not the resident required 24-hour nursing or care was blank; and the statement that the resident's needs could be met in an assisted living facility was blank.

Although Resident #1 was determined to be ill and was admitted to hospice with a start of care date on , the resident's extensive and permanent bedridden status, total care needs with all ADL's and documented requirement that medication must be administered (by licensed staff) deemed this resident inappropriate for continued residency at this ALF as the aforementioned criteria had not been met. A licensed nurse was not available at the facility to administer the resident's ordered "PRN" or "as needed" and medications for and/or pain without delaying the care and services. The resident did not have an interdisciplinary plan of care coordinated and implemented in consultation with hospice and the facility to address the additional care and services needed.

These findings were reviewed and acknowledged by the administrator during interview on at 5:00 PM.

Class III

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

Based on observation and interviews, the facility failed to ensure control precautions were taken, for 1 out of 5 sampled residents (Resident #4) .

The findings include:

On at approximately 12:30 PM, the laundry the south side of the facility was observed with the door ajar from the hallway and nobody inside. Residents' soiled laundry was present in a hamper on the floor and other items were in the process of being washed and dried. A sign was posted

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on the left side of the doorway on the wall that read, "Laundry Personnel Only". Resident #4 entered the laundry stated this is where she does her own personal laundry. She confirmed that the soiled personal laundry and linens of other residents' were also washed in the same machines and that she had access to the to do her own laundry with no key required. The door knob was observed with a lock that could only be manually released from the inside and key locked from the outside. The same again observed with the door open or unlocked on this date at 1:15 PM, 2:50 PM and 3:45 PM.

During interview with the administrator on at approximately 3:00 PM, she acknowledged that the resident had full access to the laundry anytime to do her personal laundry and that staff also at anytime were able to wash and dry the laundry for other residents, including laundry with bodily fluids. She did not know if there was a key available for staff to use to ensure the laundry locked in order to prevent residents from entering the

During interview with the facility nurse on at approximately 10:00 AM, she presented the facility's control policy which documented, and body fluid precautions should be consistently used for all residents". It was discussed that residents' laundry with bodily fluids was regularly washed in the laundry staff, so in order for all residents to be kept safe from possible the have to be secured when staff were not present and if used by residents then only after it was sanitized.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS

Based on interviews and record review, the facility failed to demonstrate that the grievance policy and procedure was implemented upon receipt of a complaint for 2 out of 2 sampled residents (Residents #4 and #5). The procedure is to be followed for receiving and responding to resident complaints, and for residents to recommend changes to facility policies and procedures.

The findings include:

On at 9:30 AM, the administrator stating during interview that she had received complaints by residents but that they were addressed verbally and residents were to bring concerns to the attention of staff or write them down on a complaint form and given to her for them to be resolved. When asked if

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she kept a record of the complaints, she provided a complaint binder that had no complaint forms filed inside since She stated residents "won't write them down on the form". The front foyer table was observed at this time and there were no complaint forms available. When asked how a resident who had difficulty writing or wanted to present a complaint privately was to submit something, she stated there was a suggestion box on the front foyer table for them and that staff would write the complaint for them if needed.

Review of the facility's grievance/complaint policies and procedures revealed the complaint form was to be completed and delivered to administration. Administration would then investigate the complaint, complete the form with the resolution documented on it, and provide the resident (or the representative) with a copy. The resident was to sign the form and the form would be filed in the binder.

During interview with the administrator on at 10:00 AM, she acknowledged she had received grievances/complaints from residents, including Resident #4, but had not followed the procedure noted above. Resident #4 stated she had complained to administration about various concerns but had not written them on the complaint form. During interview with Resident #5's representative on at 11:20 AM, she stated she had complained to administration about various subjects, at least once on the form, but was never given a copy of the complaints with the resolutions documented.

Class III

0092-Food Service - General Responsibilities 58A-5.020(1) FAC
Based on observation, record review and interviews, the facility failed to ensure 1 out of 3 sampled residents received a therapeutic diet as required (Resident #1).

The findings include:

On at 4:30 PM, Resident #1 was observed eating chicken and rice with an egg roll for dinner. During interview with the cook on at approximately 11:00 AM, he stated he had no residents who were to receive a special therapeutic diet, only residents who were lactose intolerant or No texture modified diets were provided to residents at this time. Review of the health assessment (Form 1823) signed by a physician and dated revealed the resident was to be provided a "pureed, no added salt" diet, with a "mechanical soft" diet upon request of the resident. No additional documentation was found to indicate the resident's diet had been changed to a regular textured diet. This finding was acknowledged by the administrator during interview on at 4:30 PM.

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

Based on observation, record review and interviews, the facility failed to ensure all items on the approved menu were served or substituted with an item of comparable nutritional value; failed to ensure substituted items on the approved menu were documented at the time the meal was served or before; and failed to use standardized recipes as required in assisted living facilities with a capacity of 17 or more beds.

The findings include:

On [redacted] at 4:30 PM, the residents in the dining [redacted] served chicken and rice, an eggroll, a vegetable and pudding.

a) Review of the approved menu revealed the planned dinner was listed as barbeque chicken, baked potato, a vegetable, bread, pudding and milk. During observation of the meal from 4:30 PM until 5:00 PM, no staff were observed offering milk to residents. None of the residents were observed drinking milk. During interview with the cook at 11:00 AM on [redacted], he stated the residents didn't ask for milk, so it was not served. When asked how residents with [redacted] were able to request items on the menu when not served to them, he acknowledged that the milk was on the menu and, therefore, should be provided to the residents. A milk or milk equivalent is to be served twice a day per the recommended dietary allowances (RDA) and the facility's menu. The menu item was not substituted with an item of comparable nutritional value.

b) Review of the approved menu revealed the planned dinner was listed as barbeque chicken, baked potato, a vegetable, bread, pudding and milk. The menu was reviewed on [redacted] at approximately 11:00 AM with the cook who acknowledged the procedure followed by the facility when substituting the meal or items on the menu is to document the substitutions directly on the menu and keep the copies in a box. He stated he had not documented the substituted dinner items from [redacted] on the menu yet.

c) On [redacted] at approximately 11:00 AM, the cook was asked for the standardized recipe used for the dinner meal on [redacted]. He stated he did not use standardized recipes, did not have any recipes and that he prepared the meals the way he chose to, pointing to his head to indicate he had his own recipes memorized. He was unaware that standardized recipes are required to be used in assisted living facilities with 17 or more beds.

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These findings were acknowledged by the administrator during interview on . . . . at 4:30 PM.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Paradise Care Cottage
2277 S.E. Lennard Road
Port Saint Lucie, FL 34952

RE: CCR #2014009591 and #2014009905

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 22-23, 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 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 Davis
Field Office Manager

AMD/dso
Enclosure: 5000-3547
XG90

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