STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964318	12/03/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Place At Stuart, The	860 S.E. Central Parkway Stuart, FL 34994	
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 S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR#2014006855, was conducted on & at The Place At Stuart. The facility had deficiencies found at the time of the visits.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on interview and record review, it was determined the facility failed to contact the resident's health care provider when a resident exhibited a significant change in condition, specifically related to a change in status, for 1 of 3 sampled residents (Resident #4).

The findings include:

Review of Resident #4's record noted that this resident was admitted to the facility on . Resident #4's health assessment, dated , indicated diagnoses as progressive non-il ; and . This health assessment also noted or behavioral status as follows: can verbalize needs; requires 24 hour aid and attendance that can be met in a standard assisted living facility; unable to self-preserve at home alone. The special precautions section noted a preadmission history of . Resident #4's Quarterly Nursing Assessment, dated -2013, indicated this resident was independent with eating skills; able to follow directions; independent with decision making; able to locate common areas; independent with ambulation with assistive device (walker).

During interview with the DRS (Director of Resident Services), conducted on at approximately 2:30 PM, she stated that she recalled this resident had been experiencing a change in her mental status and that she appeared to be more and was hearing voices in her apartment approximately 1-2 days prior to transfer to the hospital.

Resident #4's change in condition was reviewed during interview with the Administrator conducted on beginning at approximately 12:30 PM. The nurse's notes reflected that Resident #4 was and attempting to exit through the front door to "go home" on at 3:30 AM. Resident #4 was noted to have been redirected back to her apartment. On

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at approximately 7:30 AM this resident was noted to have been attempting to go into another resident's apartment and states, "I am waiting for my daughter and there is a man and woman in that shouldn't be". The Administrator could not provide an explanation as to why Resident #4's health care provider was not informed of this resident's change in condition.

During subsequent interview with the DRS (Director of Resident Services) and Staff G (employee that was on duty on conducted on beginning at approximately 1:00 PM, they were asked if the level of noted on was customary for Resident #4. They both acknowledged that this level of was unusual for Resident #4. The DRS stated when a change in cognition, such as this, occurs that the facility usually requests an order for a urinalysis from the physician in order to rule out a The DRS and Staff G reviewed Resident #4's medical record and could not locate any documentation to reflect this resident's physician was contacted related to the sudden change in Resident #4's status (increased The LPN (Licensed Practical Nurse) that was on duty on (Staff G) then acknowledged that she must not have contacted Resident #4's physician related to her change in status. She stated it appeared from the medical record that Resident #4 was subsequently sent to the hospital on and admitted.

A review of the hospital ' s emergency reflected Resident #4 was admitted to the hospital on at 2:34 PM with diagnoses of ; and This documentation noted history of present illness as presents with and worsening The psyche section noted this resident as and forgetful. This disposition section reflected Resident #4 was admitted and was stable upon admission to the hospital.

Class III

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

Based on interview and record review, it was determined the facility failed to be able to demonstrate that its written grievance procedure for responding to resident complaints and for residents to recommend changes to facility policies and procedures is implemented upon receipt of a complaint. As evidence that the facility had no documentation of any complaints filed by any residents or on behalf of any residents.

The findings include:

During entrance conference conducted with the DRS (Director of Resident Services), on beginning at approximately 7:50 AM, she stated that the facility maintains a grievance log of all complaints and completed grievance forms. At this time, the surveyor asked for the facility's grievance logs and completed grievance forms for 2014 for review. Approximately 2 hours later she informed this surveyor that the facility staff is having difficulty locating this binder and that is used to be maintained

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by the former Administrator in their office approximately 7-8 months ago. She informed this surveyor that there is a comment/suggestion box that residents can make comments/suggestions and that the Resident Council President opens that box and addresses those during the monthly Resident Council meetings. She was asked if this was the facility's only method of receiving and addressing resident's grievances. She replied that is was not supposed to be, however, the grievance binder has not been located.

During interview with the Administrator, conducted on beginning at approximately 12:35 PM, he was not able to provide any documentation of any grievances filed or any resolution to grievances that had been filed by residents or on behalf of residents of this facility. He stated that he knows there was a binder with the completed grievance forms, but that he nor his staff can locate this documentation. He was asked who is responsible for maintaining the grievance documentation. He responded that the former Activities Director was the last person to have that binder. He acknowledged that the facility is not following its own policy and procedure related to grievances which reflects the Customer Service Representative (Director of Community Relations, also the facility ' s designated Manager) serves as the center's in house " Ombudsman " . This policy indicates the residents are welcome to present a problem verbally or in writing and that they should expect to receive a response as quickly as possible, " certainly within 5 working days " . This policy was located in the Resident Handbook that is provided upon admission to the facility, along with a grievance form. The Administrator also acknowledged that the facility does not currently have any documentation of a functioning grievance procedure that is implemented by facility staff when a resident or their representative files a grievance. He acknowledged that grievances have been filed but he is not aware of the disposition of those grievances or the location of that documentation. Therefore, the facility was unable to demonstrate that it has actively addressed all complaints received on behalf of the residents and implemented a resolution(s).

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on interview and record review, it was determined the facility failed to provide a refund that conformed to 429.24(3), F. S., specifically indicating refunds shall be provided within 45 days of the notice for 1 of 3 sampled residents (Resident #4).

The findings include:

Resident #4 was discharged to the hospital on . The POA (Power of Attorney) faxed a notation to the facility on indicating this resident was transferred from this ALF (assisted living facility) to the hospital on for medical reasons. Her apartment was noted to have been fully vacated on (per this fax). This fax also indicated that due to the change in the resident ' s status it would prevent her from returning to the facility and that her medical condition necessitates services or care beyond which the facility is licensed to provide. An actual letter that

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states this is a 30 day notice was not sent to the facility or received by the facility. However, the BOM (Business Office Manager), during interview on beginning at approximately 2:50 PM conducted in the presence of the Administrator and Manager, acknowledged she understood the intent of this fax to be a 30 day notice. The BOM explained that she was on vacation for 2 weeks (14 days) and that is why the refund due the resident of $4,082.00 security and $230.22 resident account was not refunded until . This is in excess of the 45 day regulatory requirement.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Place At Stuart, The
860 S.E. Central Parkway
Stuart, FL 34994

RE: CCR #2014006855

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on , 2014 and , 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 Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547
XG90

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