STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966523	12/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Hawthorn House	1200 Hawthorn House Dr Shalimar, FL 32579	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0011 - 58a-5.0181(5) Fac - Admissions - Discharge S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced complaint survey was conducted at Hawthorn House for CCR's 2014010920 and 2014011126 from [redacted] 15 -16, 2014. Deficient practice was found at the time of the survey.

0011-Admissions - Discharge 58A-5.0181(5) FAC
Based on staff interview, and record review, the facility failed to provide a 45 day notice to 1 of 3 (#9) residents reviewed for discharge.

The Findings are:

Discharge record review revealed that resident #9 was admitted to the facility [redacted] and discharged on [redacted]. Resident #9 chart indicates she was sent out of the facility several times in [redacted] on [redacted] she was sent to the Emergency [redacted] left knee [redacted] she was sent to her primary care physician, and [redacted] sent again to the Emergency [redacted] disorientation, and incontinence. Her last Resident Health Assessment for Assisted Living Facilities (1823) was completed on [redacted]. It indicates she is independent of all Activities of Daily Living, requires a walker for [redacted] and needs assistance with her medications.

Her last time to be sent to the Emergency [redacted] Nursing notes indicate she was having problems identifying her applesauce as applesauce thinking it was ice cream. She was taken to the emergency [redacted] facility staff.

An interview was conducted with the Emergency [redacted] treating the resident on [redacted] about 10:15 am. He stated the resident had been brought to the emergency [redacted] there was no medical reason for her to be there. He stated, "I felt she was a difficult patient to care for and they sent her to the emergency [redacted] to find a higher level of care. No, I did not send her back to the facility because I wondered is she going to be safe there".

The Administrator was interviewed twice regarding issuing a discharge letter for Resident #9. She said she would have taken the resident back to the facility if she had been sent back to them from the

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emergency . . . . . In exit on . . . . . about 10:30 am she was asked again about the 45 day notice. She stated, "If she had been given one we would have had to keep her that long".

Class III

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on staff interview and resident record review the facility failed to notify the family of 1 of 3 (#9) that she was being sent to the emergency . . . .

The findings are:

Record Review of resident #9 indicates that she was confusing applesauce as ice cream at 8:20 on the date she went out to the emergency . . . . . There is not a note indicating she was going out the building.

An interview was conducted with the Director of Nursing (DON) by telephone on . . . . . about 8:40 am. She was asked about the process for reporting changes in condition. What is the process for reporting changes in condition? She stated," If a person goes out of the building the notification process for non-emergency is we will notify the family first.
She was asked specifically about Resident #9. Was the family notified when she was taken to the emergency . . . . (ER)the last time. She stated, "I am not sure she was notified. The resident was hallucinating . She was extremely . . . . . A staff member transported her to ER." Was it an emergency transfer? She stated, "No, staff took her. I did not notify daughter not sure if the administrator did".

The Administrator was interviewed on . . . . . about 8:15 am. She was asked if she notified the family of Resident #9 that she was going out of the building. She said she did notify the daughter but it was after the emergency . . called her. She also confirmed that staff did transport her to the emergency . . . .

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Hawthorn House
1200 Hawthorn House Dr
Shalimar, FL 32579

RE: CCR #2014011126 and 2014010920

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 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 surveyor(s). Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg
Field Office Manager

DH/dh
Enclosure

XG90

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