STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964826	11/19/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Flo-Ronke, Inc.	1513 East Ellicott Street Tampa, FL 33610	
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
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCRv#2014010917 in conjunction with a biennial survey was conducted on

The Flo-Ronke Assisted Living Facility had deficiencies at the time of the visit.

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

Based on interviews and record reviews, the facility failed to maintain a written record of a resident's illness and change in condition, nor did the facility contact the resident's family and case manager regarding a discharge for 1of 2 resident's reviewed.

Findings Include:

Resident #6 was admitted to the facility on with a mental health diagnosis and a history of hospitalizations related to it. Interview with the resident's case manager on at 1:15 P.M. revealed that the resident was doing very well at the facility. She visited him weekly during his stay there. She stated that he is frequently in and out of the hospital for reasons but that for nearly 2 months he had not been hospitalized. She was aware that he went to the hospital sometime in late but was not sure why, and that he was there a few days and was then sent back to the facility.

Resident #6 was referred to a Partial Hospitalization Program after discharge from the hospital on . While meeting with the psychiatrist in the afternoon of , he was to the hospital. The resident's mother called the facility at approximately 5:00 P. M. and was told that he was not there. He should have returned home from his program around 3:30 P.M. The residents case manager received a telephone call from the mother and visited the facility at 8:00 P.M. Staff did not know where the resident was. The case manager told the staff to call the police who were able to advise the facility and case manager that he was at a local hospital.

There was no evidence that the facility attempted to locate the resident once he did not return home from his program on his first day of attendance. Interview with Staff A revealed that he became aware of the situation when the resident ' s case manager came to the facility that night and had him call 911. There was also no evidence of contact with the family.

An interview was conducted with the Administrator on at approximately 2:30 P.M. She stated that she gave Resident #6 a notice of discharge on because of his constantly breaking the rules and being a threat. A review of the facility and resident records revealed NO indicators of rule breaking or bad behaviors to warrant discharge or any documentation of contact with the family or case manager regarding a discharge. A review of

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facility daily progress notes for 2014 revealed all good comments such as, " had a good day ", " behaving well today ". On and there was documentation that the resident was banging walls with no further documentation .

Interview with the resident's sister on at 9:30 P.M. revealed that neither she nor her mother were ever informed by the facility of any behaviors or reason to discharge the resident. If she or her mother knew he could not return they would have called his case manager to discuss. She and the case manager tried to talk the administrator into taking him back but she was determined not to.

CLASS III

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

Based on interview and record reviews of resident's who had been discharged, the facility failed to appropriately discharge 1 of 2 resident's reviewed.

Findings Include:

During an interview with the administrator at 11:00 am on , she stated that she gave Resident #6 a written notice of discharge on . When asked why, she said that he constantly broke the rules and fought with others; would wake people up during the night, bang the walls, grab at people, tense up and then not respond. She stated that she called 911 several times and that the resident never met the criteria for . When asked to provide documentation of this, she said " it's in the file ".

A review of the facility and resident records revealed NO indicators of rule breaking or bad behaviors to warrant discharge or any documentation of contact with the family or case manager regarding a discharge. A review of facility daily progress notes for 2014 revealed all good comments such as, " had a good day ", "behaving well today ". On and there was documentation that the resident was banging walls.

A review of the file did reveal the original notice of discharge to the resident. It was dated with a note at the top in the Administrator's handwriting that said " refused to sign ". The notice stated:
"You have received this notice because you continuously failed to abide by the facility policies and put yourself and others in danger. By signing, you acknowledge the 45 day notice and agree to move out from above date."

Interviews were conducted with the resident's sister and case manager on and they both stated that they were never informed of any rule breaking or behaviors that would warrant a reason for discharge of the resident. The resident's mother and case manager visited the resident almost weekly since his admission on and were never advised of a possible discharge. During a visit to the facility by the resident's mother on , it was noted that the resident's bed had already been occupied by another resident.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Flo-Ronke, Inc.
1513 East Ellicott Street
Tampa, FL 33610

RE: CCR #2014010917 & a Biennial survey

Dear Administrator:

This letter reports the findings of a complaint survey and a biennial state licensure survey completed on , 2014 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

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

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