RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2015

Administrator
Prestige Manor III
6333 SE Babb Road
Belleview, FL 34420

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on 2014 by representative(s) of this office.

Enclosed 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 . **2015** 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 this office at (386) 462-6201.

Sincerely,

Kriste J. Menhella
Field Office Manager

KJM/amw
Enclosure

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966716 | 12/22/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Prestige Manor Iii | 6333 Se Babb Road Belleview, FL 34420 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

**List of Tags Cited:**

St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0032 - 58a-5.0182(8) Fac - Resident Care - Elopement Standards S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0056 - 58a-5.0185(7) Fac - Medication - Labeling And Orders S-S= D
St - A - 0078 - 58a-5.019(2) Fac - Staffing Standards - Staff S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0162 - 58a-5.024(3) Fac - Records - Resident S-S= D
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D
St - A - 0167 - 58a-5.025 Fac - Resident Contracts S-S= D
St - A - Z815 - 408.809, 435.02(2), 435.06 - Background Screening; Prohibited Offenses S-S= C

**Specific Tag Findings:**

0000-Initial Comments

An unannounced biennial licensure survey was conducted at Prestige Manor III Assisted Living Facility in Belleview, Florida on . Licensure deficiencies were identified as a result of the survey. The facility was not in compliance with 58A-5, FAC and Chapter 429, Part I, FS.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on observation, record review and interview the facility failed to ensure 2 of 2 sampled residents remained free from physical . (Resident #3 and #1).

The findings include:

1. On at 9:00 a.m. Resident #3 ' s bed was observed to have a scoop mattress. Further observations revealed a full side rail attached to one side of the bed. The opposite side of the bed was observed to be pushed against the wall (photographic evidence obtained).

A review of Resident #3 ' s record revealed there is no order for a scoop mattress or the side rail.

On at 1:35 p.m. an interview was conducted with Resident #3 ' s wife. She stated she thinks the facility uses the side rail for her husband at night to keep him from getting out of bed.

On at 4:10 p.m. an interview was conducted with Staff D. Staff D stated Resident #3 tries to get up at night. He further stated Resident #3 cannot get out of bed due to having the scoop mattress and the side rail. He added Resident #3 cannot get out of bed if the side rail is up or if it is down. He also stated Resident #3 cannot remove the side rail.

On at approximately 4:55 p.m. The administrator was interviewed. She stated she was not aware Resident #3 had a scoop mattress and a side rail. She stated she could not find an order for the rails or for the

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966716** | **12/22/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Prestige Manor Iii** | **6333 Se Babb Road Belleview, FL 34420** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

scoop mattress for Resident #3.

2. An observation of Resident 1 on at 10:00 a.m. while in bed showed 1/2 side rails in the up position on both sides of the bed. An observation of Resident #1 on at 3:29 p.m. while in bed showed 1/2 side rails in the up position on both sides of the bed.

A review of the medical record for Resident #1 showed that there was no physician order for 1/2 side rails. Further review showed that there was no annual review for in the medical record for Resident 1.

An interview conducted on at 4:35 p.m. with the Administrator showed that she was unable to find an order for side rails for the resident or an annual review of by the physician for Resident #1.

Class III

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC
Based on record review and interview, the facility failed to have a photographic identification accessible to all facility staff and law enforcement as necessary of for 2 of 2 residents identified as at risk for elopement (Resident #4 and Resident #8).

1. On Resident #4 ' s facility record was reviewed. A review of his health assessment (AHCA Form 1823) dated, , showed Resident #4 is at risk for elopement. Continued review of the record revealed Resident #4 did not have a photograph on file at the facility.

On at 4:50 p.m. the Director of Operations confirmed there is no photograph of Resident #4 available in the facility.

2. A review of the Medication Observation Record book and the resident's health record showed no photo identification for Resident #8.

An interview conducted on at 2:00 p.m. with the Administrator showed that Resident #8 is an elopement risk. "She use to go visit the lady next door but she is more now. She (Resident 8) left without letting us know and we called the police to help us find her."

An interview conducted on at 4:40 p.m. with the Director of Operations showed that there were no photographic identification for Resident #8 available in the facility.

Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on interview and record review, the facility failed to maintain name, strength, and directions for use of each medication on a medication observation record (MOR) for 1 of 2 residents sampled for complete record review (Resident #4). The facility also failed to document when the medication was requested, given or withheld.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966716 | 12/22/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Prestige Manor Iii | 6333 Se Babb Road Belleview, FL 34420 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

The findings include:

On at 9:42 a.m. Resident #4 was interviewed. Resident #4 stated the facility did not provide him with a stool softener, as he requested.

A review of Resident #4 ' s medication orders revealed an order dated for The order states, " [patient] will ask for it (the " A review of Resident #4 ' s medication observation records (MORs) for through revealed the was not transcribed on the MORs. There was no indication Resident #4 was given during the above stated time period.

On at 4:32 p.m. the Administrator was interview. She stated the facility med techs and the pharmacy are responsible for checking the MORs for accuracy. She further stated she has no explanation as to why the is not transcribed on the MOR or if it was provided to the resident.

Class III

0056-Medication - Labeling and Orders 58A-5.0185(7) FAC
Based on interview and record review, the facility failed to assist 1 of 6 residents sampled for interviews with PRN (as needed) medication (Resident #4) and failed to obtain a written physician order to crush medications for 1 (Resident #1) of 1 residents.

The findings include:

On at 9:42 a.m. Resident #4 was interviewed. Resident #4 stated the facility did not provide him with a stool softener, as requested.

On at approximately 2:50 p.m. a bottle of pills with Resident #4 ' s name on it were observed stored in the medication cart.

A review of Resident #4 ' s medication orders revealed an order dated for The order states, " [patient] will ask for it (the " A review of Resident #4 ' s medication observation records (MORs) for through revealed the was not transcribed on the MORs. There was no indication Resident #4 was given during the above stated time period.

An interview conducted on at 2:p.m. with Staff B showed that the medications for Resident #1 are crushed and that there is a doctors order for them to be crushed.

A review of the medical record for Resident #1 showed no written order for medications to be crushed.

A review of the Medication Observation Record for Resident 1 showed no direction for facility staff to crush medications.

An interview conducted on at 4:45 PM with the Administrator confirmed that she could not find a

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966716** | **12/22/2014** |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Prestige Manor Iii** | **6333 Se Babb Road Belleview, FL 34420** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

physician order for crushed medications for Resident #1.

Class III

0078-Staffing Standards - Staff 58A-5.019(2) FAC
Based on interview and record review, the facility failed to ensure that 3 of 3 staff (Staff A, B, and C) were given job position descriptions at time of hire.

Findings:

On at 12:42 p.m., an interview was conducted with the facility administrator. She stated the facility census is 27 residents.

Record review of Staff A's personnel record showed hire date of . Record review of Staff A's personnel record showed no documentation of a job position description.

Record review of Staff B's personnel record showed hire date of . Record review of Staff B's personnel record showed no documentation of a job position description.

Record review of Staff C's personnel record showed hire date of . Record review of Staf C's personnel record showed no documentation of a job position description.

On at 1:36 p.m., an interview was conducted with the facility administrator. She stated she went over the job duties with Staff A, B, and C, but she did not provide Staff A, B, and C with a job position description.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview, the facility failed to post substitute meal items, notably dessert and beverage items, prior to the lunch meal being served. The facility failed to maintain a substitution log.

Findings:

On at 10:00 a.m., an observation showed the facility menu posted on a bulletin board in the . The lunch menu was observed to include 1/2 cup of chocolate pudding and 8 ounces of milk. Observation showed no substitutes posted for the lunch menu.

On at 11:40 a.m., an observation of lunch being served in the facility residents were not served milk, but were served an orange colored beverage. Continued observation showed residents were not served chocolate pudding, but were served slices of marble cake with white icing.

On at 12:35 p.m., an interview was conducted with the facility cook. She stated she served the marble cake instead of pudding because they are out of pudding. She stated the marble cake was a substitute for the pudding. She stated the residents were served Tampico orange juice instead of milk.

On at 2:42 p.m., an interview was conducted with the facility cook. She stated substitutions are usually

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966716 | 12/22/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Prestige Manor Iii** | **6333 Se Babb Road Belleview, FL 34420** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

posted on menu board, but today was kind of crazy, so she is not sure if it was posted today. She stated, after walking out to the bulletin board in the dining , that substitutions of marble cake for pudding and Tampico juice for milk, were not posted.

On at 3:30 p.m., an interview was conducted with the facility administrator. She stated they do not have log of substitutions for last 6 months, she is unable to find a substitution log.

Class III

0162-Records - Resident 58A-5.024(3) FAC
Based on interview and record review, the facility failed to maintain an interdisciplinary care plan on file for 2 of 2 hospice residents reviewed (Resident #1 and #3).The facility failed to obtain a semi annual weight record for 1 of 1 residents (Resident #1).

The findings include:

A review of Resident #1 and #3 ' s record revealed Resident #1 and #3 were admitted to hospice. Further review revealed there was no interdisciplinary care plan developed in consultation with the facility, which specified the services being provided by hospice and those being provided by the facility in Resident #1 and #3's record.

On at 5:07 p.m. the Administrator was interviewed. She stated she was not involved in the development of care plan for Resident #1 and Resident #3.

Findings:

A review of the facility Resident Weight Log for 2013 showed that the facility failed to record a weight for Resident #1.

A review of the Prestige Manor Resident Weight Log for showed that the facility recorded a weight for Resident #1 of 83 lbs.

A review of the Prestige Manor Resident Weight Log for showed that the facility was "unable to get" a weight on Resident 1.

An interview conducted on at 4:30 p.m. with the Administrator showed that when it says "unable to get" on the weight log for Resident #1 it means that she cannot get on a scale. She further stated that Hospice has a way to assess weights with measurements. The administrator confirmed that there was no current weight on record for Resident #1.

Class III

0165-Risk Mgmt & QA; Adverse Incident Report 429.23(1-4 & 6-10) FS; 58A-5.0241 FAC
Based on interview and record review the facility failed to file an Adverse Incident Report following an elopement of 1 of 1 residents (Resident 8).

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966716 | 12/22/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| Prestige Manor Iii | 6333 Se Babb Road Belleview, FL 34420 | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

Findings:

An interview conducted on at 12:29 PM with Staff B stated that Resident #8 eloped last year. She further stated the resident went for a walk and knows the code on the door and can leave the building.

An interview conducted on at 2:00 PM with the Administrator showed that Resident #8 is an elopement risk. "She use to go visit the lady next door but she is more now. She left and we called the police to help find her."

A record review of the operations report from local Police Department stated that on at 2:00 p.m. an elderly resident (Resident #8) who suffered from , walked away from the facility where she lives. The Police Department found the resident and contacted the facility to come and pick up the resident and returned her to her home at the facility.

A review of Agency internal reporting system confirmed there was no adverse incident report filed for Resident #8.

An interview conducted on at 4:41 p.m. with the Director of Operations. She confirmed there was no adverse incident filed with the agency.

Class III

0167-Resident Contracts 58A-5.025 FAC
Based on interview and record review, the facility failed to have a refund policy which provides the residents' or responsible party to an entitled prorated refund based on the daily rate for any unused portion of payment beyond the termination date of the contract for 2 of 2 residents contracts reviewed (Resident #1 and Resident #3).

A review of Resident #1's record revealed a contract dated . Further review of the contract revealed the refund policy stated "If the resident or responsible party fails to give thirty (30) days notice then no refund will be issued." The contract is not contingent on the residents' date of termination.

A review of Resident #3 ' s record revealed a contract dated . Further review of the contract revealed the refund policy stated "If the resident or responsible party fails to give thirty (30) days notice then no refund will be issued." The contract is not contingent on the residents ' date of termination.

On at 5:07 p.m. the Administrator was interviewed. She confirmed that the facility refund policy stated that there is no refund given to the resident or responsible party without a 30 day notice. She stated she will have to amend the contract.

Class III

Z815-Background Screening; Prohibited Offenses 408.809, 435.02(2), 435.06
Based on observation, interview and record review, the facility failed to ensure that 1 of 3 sampled staff (Staff C) had the required Level II background screening on or before as required.

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11966716 | 12/22/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE | |
| **Prestige Manor Iii** | **6333 Se Babb Road Belleview, FL 34420** | |
| SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) | | |

Findings:

On at 8:40 a.m., Staff C was observed inside the facility and working.

On at 8:40 a.m., an interview was conducted with Staff C. She stated that she is a care aide. She stated that she is currently in charge of the facility.

On at 1:24 p.m., record review of Staff C's personnel record showed Staff C's hire date as Further review revealed Staff had documentation of a Level I background screening dated Staff C did not have documentation of a Level II background screening being completed.

On at 2:02 p.m., an interview was conducted with the facility administrator. She stated she is not sure if Staff C has had a Level II background screening since the Level I Background Screening on

On at 2:18 p.m., a search of Agency for Healthcare Administration website showed no record of a Level II background screening completed for Staff C.

On at 2:30 p.m., an interview was conducted with the facility administrator. She stated Staff C was in charge of the facility today, prior to her arrival.

Unclassified