STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965596	01/26/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Of Florida Assisted Living	301 South 10th Street Haines City, FL 33844	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0010 - 58a-5.0181(4) Fac - Admissions - Continued Residency S-S= D

Specific Tag Findings:

Assisted Living Facility

A complaint survey CCR #2014011139, was conducted on .

of Florida Assisted Living, assisted living facility, had a deficiency identified at the time of the visit.

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

Based on record review and interview, the administrator had not adequately monitored the continued appropriateness of placement for one of two residents sampled (#1).

Findings Include:

A review of Resident #1's file during the survey revealed progress notes from and / where the resident "was refusing medications " Further refusals were documented - , , as well as not complying with a series of lab tests in order to change health care providers .
In addition, staff observations included an altercation with another resident , a 25 minute elopement acting aggressively by hitting a staff member and "threatening the resident assistant...requiring a " , and refusing meds two (2) days after promising the administrator he would take his medications. Finally, two weeks after documenting the administrator was concerned that the resident was not taking his meds, a note from / stated "that the resident was getting very angry with staff, cursing and having outbursts for no apparent reason." Review of an incident report from / indicated that Resident #1 had eloped from his/her doctor's office--eluding the supervision of the facility staff person who had taken him/her there.

In an interview with the administrator at approximately 2 p.m. on , she stated that although a number of different inappropriate trigger behaviors had been documented over the course of Resident #1's stay at the facility, her primary concern was his/her refusal of medications. Further interview with the administrator revealed that "although she claimed to have been in contact with the resident's guardian regarding his/her conduct issues, none of these conversations had been documented. In addition, the administrator explained that when "the medication supervisor claimed that the resident hit her", this technically did not qualify as anything "significant." She attempted to qualify additional behaviors of Resident #1, as described in the record. However, these clarifications were inconsistent with what was evident in the file: that the resident was no longer appropriate for an Assisted Living Facility setting. Furthermore, the administrator had no response to Resident #1 not taking his/her Carbamazepam, other than "it was his right to refuse it."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Of Florida Assisted Living
301 South 10th Street
Haines City, FL 33844

RE: CCR #2014011139

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 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 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 **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

For Patricia Reid Caufman
Field Office Manager

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

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