STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964785	**02/02/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Vineyard Inn (The)	**10929 Ridge Road Largo, FL 33778**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

Assisted Living Facility

An unannounced complaint survey, CCR# 2014011570, was conducted on .

The Vineyard Inn Assisted Living Facility had deficiencies cites at the time of survey.

0008-Admissions - Health Assessment 58A-5.0181(2) FAC

Based upon observation, record review & interview the facility failed to ensure that the health assessments record (AHCA Form 1823) for 2 (#1 & #2) of 3 sampled residents were accurate, comprehensively updated & addressed all required information.

Findings Include:

1. A closed record review was conducted on of the health assessment record for Resident #1 dated with the following medical history and diagnoses of and abscess of foot except toes, acute and left foot abnormality of gait, lack of coordination, with type II and . The physical limitation section was left blank while the nursing/treatment/ service required section reads HHC (home health care) for left foot . The activities of daily living for ambulation reveals S (needs supervision with ambulation) and an additional note that read "needs reminders to use cane/walker" and bathing S with a note that read "SBA (stand by assistance) for safety."

A review of the staff observation notes dated - reveals the resident would forget to use his cane or walker. Further review of the medical records of the initial evaluation dated revealed behaviors such; , excessive , restless, trembling/shaking, and poor executive functioning, disruptive behavior, and .

Interview with DON on at 11:50 a.m. confirmed health assessment form for Resident #1 as needing supervision for ambulation. She stated that "usually assistance just means to remind them (the residents) to use their walkers or canes."

Review of the facilities Resident Care Standards services to meet the Resident's needs policy.
A review of the policy states "The Vineyard Inn will provide personal supervision as appropriate for each resident, including the following as needed." The DON explained the policy basically means the staff will give verbal reminders to use their walkers or canes, but the staff do not escort residents around.

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2. Observation of Resident #2 on at 2:00 p.m. in her a wheel chair with use of continuous .

During an interview she stated "the staff helps her do a lot but she cannot stand for very long."
A review of Resident's health assessment record dated reveals a diagnoses of but not limited to , and . The physical or sensory limitation section left blank, or behavioral status marked with an X and the nursing/treatment/ services requirements is unleadable additionally the special precautions documents . The activities of daily living indicates Resident #2 requires A (assistance with all activities with daily living.

During an interview with the DON she reviewed Resident's 1 and 2's health assessment form and stated staff are there to help with their baths but remind the residents to use their walkers or canes. The DON added "I do not interpret that (the needs assistance) to mean to help them walk."

Interview with Staff B, he stated "we provide what they need but try to encourage them to do as much as they can on their own." "We try to let them do as much as possible however that is why we are here to help them" and further stated "the staff will remind the residents to use their walkers, cane or wheel chairs."

Class III

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

Based on interview and record review the facility failed to provide proper care and supervision appropriate to meet the needs for one (Resident #1) of three Residents to prevent .

Findings Include:

A review of closed record for Resident #1, conducted on , of the health assessment dated revealed a medical history and diagnoses of abnormality of gait, lack of coordination, with and . The physical limitation section was left blank and the nursing/treatment/ service required revealed HHC (home health care) for left foot . The activities of daily living section revealed; Ambulation- S (needs supervision) with ambulation and notes "needs reminders to use cane/walker" and bathing S with a note "SBA (Stand by Assistance) for safety."

Review of the staff observation notes dated - indicated the resident was forgetful to use cane or walker. A note dated by the DON revealed "On at approximately 8:35 a.m. resident was FOF (found on the floor) at base of stairs". A Resident Aide reported earlier in the day the resident was seen following a female resident up the stairs to the second floor. A few minutes later, the resident was seen leaving a female resident's . A dietary aide stated around 8:30 a.m. she was escorting (Emergency Medical Services) up the staircase she saw the resident coming down the last section of stairs and seconds later they heard a "thud" and resident was lying on the floor at the base of the stairs.

Review of the medical records of the initial evaluation dated revealed behaviors such; , excessive , restless, trembling/shaking, and poor executive functioning, disruptive behavior, and .

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Review of the Resident #1's paramedic run sheet, dated , revealed a narrative note at 9:00 a.m. for Resident #1 revealed he had "A witnessed down a flight of 5 steps at about 4 feet. Witness reports a + LOC (positive loss of) post . Patient (Resident #1) is and staff states that he may be more than his baseline."

Review of the hospital emergency 's notes, dated at 10:40 a.m., revealed the resident sustained a 'all down the flight of stairs at the assisted living facility. In the Emergency Department the resident received a CT (computed tomography) scan of his which revealed acute ( ), ( ), right bone (skull) , failure secondary (') to status. The occurred during the emergency and while in the CT. The Resident was transferred to the ( ) on vent support. Other documented injuries and observations from the emergency revealed coming from his right ear, over the occipital (at the back of the head) scalp, over both hands and elbows, with an amputated big toe on his left foot which had a small shallow ( ) area measuring 2.5 centimeters. The resident went into during at 12:00 p.m. The Resident's past medical history revealed diagnoses including, but not limited to, , and , acute of the left foot and on the following medications , , , , , , and .

The "Discharge Summary" revealed the resident's "condition remained unchanged and he had limited improvement in his status and was initiated on . It was noticed that his (residents) vital signs and diagnostic imaging have remained unchanged. The resident was discharged to Hospice care."

In an interview on at 10:30 a.m. with the Administrator, she stated that she considered all of the residents as assisted n the facility.

Interview with the DON confirmed on that the elevator was not working and fire rescue was called to the facility due to the elevator not functioning. She confirmed that staff were not monitoring the stairs and the doors to the stairs and did not have a monitoring device. She further confirmed Resident #1 while walking unattended up the stairs while the elevator was not available for use. She added the resident from the first step and hit his head and sustained a head laceration and he was sent out to the hospital by ambulance and later .

Interview with DON on at 11:50 a.m. confirmed the health assessment for Resident #1 indicated that he needed supervision for ambulation. She stated the needs supervision "usually assistance just means to remind them (the residents) to use their walkers or canes." The DON further added they (the facility) wouldn't allow canes or walkers on the stairs and that the main stairs were not monitored on a regular basis to stop residents from using them and the stairs were not roped off or blocked.

Review of the facility policy; Standards services to meet the Resident's needs policy stated "The Vineyard Inn will provide personal supervision as appropriate for each resident, including the following as needed." Bullet #2 read "observing resident's daily for general health, safety, and well-being of the Resident" and Bullet #3, be aware of the resident's general whereabouts."

Interview with the DON stated the policy basically meant the staff would give verbal reminders to use their walkers or cane but the staff did not escort residents around. The DON reviewed two health assessment records for Residents #1 & #2 which revealed "assisted" in ambulation or all other ADL's. The DON stated staff are there to help with their baths but remind the residents to use their walkers or canes. The DON added, "I do not interpret that to mean to help them walk."

Class II

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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 did not have an internal risk management and quality assurance program. The facility failed to complete a 1 day and 15 day adverse incident report as required that resulted in a , and .

Finding Include:

On at 3:15 p.m. the DON confirmed a 1 day and 15 day report was not completed. She stated "at first she wasn't aware that the resident was still in the hospital as it was not uncommon for the family to take the resident off with them."

Interview at 3:30 p.m. with the DON and Administrator both stated and confirmed a 1 day or 15 day adverse incident report was not submitted as required. The DON stated they (indicating the Administrator with a hand gesture) discussed if a report needed to be filed after finding out Resident #1 sustained a hematoma from the and later .

A review of closed record for Resident #1 on of the health assessment dated revealed Resident #1 had a medical history and diagnoses of; abnormality of gait, lack of coordination with , the physical limitation section was left blank and the nursing/treatment/ service required reads HHC (home health care) for left foot . The activities of daily living section reveals; Ambulation- S (needs supervision) with ambulation and notes read needs reminders to use cane/walker and bathing S with a note that reads SBA for safety.

Review of the staff observation notes dated - review the resident was forgetful to use cane or walker.

A note dated by DON reveals " On at approximately 8:35 a.m. resident was FOF (found on the floor) at base of stairs. A Resident Aide reported earlier in the day the resident was seen following a female resident up the stairs to the second floor. A few minutes later the resident was seen leaving a female resident's . A dietary aide stated around 8:30 a.m. she was escorting (Emergency Medical Services) up the staircase when she saw the resident coming down the last section of stairs and seconds later they heard a "thud" and the resident was lying on the floor at the base of the stairs.

Review of the medical records of the initial evaluation dated revealed behaviors such; , excessive , restless, trembling/shaking, and poor executive functioning, disruptive behavior, and .

A review of the resident medical records of the paramedics run sheet dated at 9:00 a.m. revealed the resident had "a witnessed down a flight of 5 steps at about 4 feet. Witness report at + LOC (positive loss of) post ". Patient (Resident #1) is and staff states that he may be more than his baseline.

Review of the hospital emergency 's notes dated at 10:40 a.m. revealed the resident sustained a down the flight of stairs at the assisted living facility. Per the emergency

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department records the resident received at CT (computed tomography) scan of his revealed

acute ( ), ( ), right
bone (skull) failure secondary ( ) to status.

Discharge summary reveals the resident's " condition remained unchanged and he had limited improvement in his status and was initiated on on ". It was noticed that his (residents) vital signs and diagnostic imaging has remained unchanged. The resident was discharged to Hospice care.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
The Vineyard Inn
10929 Ridge Road
Largo, FL 33778

RE: CCR #2014011570

Dear Administrator:

This letter reports the findings of a complaint survey, CCR#2014011570, 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/src
Enclosure: State (5000-3547) Form

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Vineyard Inn (The)
10929 Ridge Road
Largo, FL 33778

Dear Administrator:

This letter reports the findings of a complaint survey conducted on , 2015, by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **thirty calendar days** of receipt of this hand delivered report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D
St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= G
St - A - 0165 - 429.23(1-4 & 6-10) Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Directed Corrective Actions:

The Assisted Living Facility is required to:

1) Review the Heath Assessment (AHCA Form 1823) for all residents currently at the facility to ensure accuracy, especially in determining whether the resident requires supervision or assistance with the activities of daily living. The Health Assessment (AHCA Form 1823) is to have no blank spaces and care must be taken to ensure the form is written legibly and signed by the health care provider who conducted the face to face medical examination.

2) Establish a written policy and procedure in response to resident . and intervention practices. All direct care staff shall be retrained in said policy. Additionally, all direct care staff are required to have updated training in the area of Assisting residents in the Activities of Daily Living (ADL's), specifically defining what constitutes "supervision" and "assistance".

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
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Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Vineyard Inn (The)
, 2015

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . **Laura Manville**, Survey and Certification Support Branch, at (727) 552-1955, or **Paul Brown**, Area 5/6, 727-552-2000

Sincerely,

FOR Patricia Reid Caufman
Field Office Manager

PRC/kpr

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