STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953535	03/03/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Good Hope Manor	2251 NW 29th Court Oakland Park, FL 33311	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0025 - 429.26(7) Fs; 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D
St - A - 0079 - 58a-5.019(3) Fac - Staffing Standards - Levels S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR# 2014011739, was conducted on [redacted] at Good Hope Manor. The facility had deficiencies found at the time of the visit.

0025-Resident Care - Supervision 429.26(7) FS; 58A-5.0182(1) FAC
Based on record review, interview and observation, the facility failed to provide care and services appropriate to the needs of residents accepted for admission to the facility and to document significant changes within the resident's records (including notification to legal guardian and physician). As evidenced of the facility failure to document a significant change in condition, for 2 of 3 records reviewed (Resident #1 & #3).

The findings include:

1. A request was made to the Assistant Administrator on [redacted] at approximately 9:15 AM for the facility incident log book or documentation of incidents from the past six months. The Assistant Administrator stated they did not have a log book and provided incident reports form [redacted] There was no evidence of an incident regarding Resident #1' s transfer to the hospital on [redacted] The Assistant Administrator stated she was not aware of any problems with Resident #1 at that time. At 10:10 AM the Administrator/Owner was contacted by phone. She stated she was not aware of the situation and referred us to the hospital transfer book which was provided by the Assistant Administrator. It was documented that Resident #1 was transferred to the hospital on [redacted] at 1:25 AM " complained of breathing problem " returned [redacted] 8:35 PM.

Review of Resident #1 ' s record revealed an admit to the facility on [redacted] The resident was sent to the hospital on [redacted] and returned [redacted] on hospice. A review of the AHCA form 1823 dated [redacted] has a diagnosis to include [redacted] unspecified, hospice, and assistance with all activities of daily living.

Progress note dated [redacted] complained of breathing problem [redacted] heavy, 911 called transferred to hospital and returned to the facility on [redacted] at 7:00 PM. [redacted] at 3:55 difficulty breathing sent to hospital for evaluation returned on [redacted] complained of pain and breathing problem sent to hospital for evaluation and returned on [redacted] There was no additional documentation regarding the resident ' s condition.

During an interview on [redacted] at 10:40 AM with the Administrator/Owner it was unable to be determined

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when the resident started having problems since there was no time on the notes and the facility had no additional documentation.

An interview at 11:00 AM with the med tech #1 regarding Resident #1, she state she works from 7:00 AM- 5:00 PM and she wrote the note in the chart on 12/2. She stated the aide told her what happened when she arrived the following morning. She did not know how long the resident was in distress or how long she waited before receiving help from the aide. A telephone interview at 11:05 AM with the Staff #A who worked from 12:00 PM - 8:00 AM and assisted Resident #1 on 12/2. She stated the resident was complaining of chest pain after she arrived. She did not remember the time and did not know how long the resident was not feeling well before she clocked in for her shift. The aide stated " It happened and we called 911. She further stated that 3 people were on the night shift on that night. I was trained to write things in the book but we had to take care of people on the other side too ". It was hard communicating with the aide as English is her second language. It is unknown how long the resident was in that condition before receiving assistance and being transported to the hospital.

2. Resident #3 was admitted to the facility on . A review of the AHCA form 1823 dated has a diagnosis to include schizo, and The resident was independent with ambulation, toileting and transfers requiring supervision for bathing, dressing and self-care. Further review of the record revealed a progress note dated has an MD notified. Note dated " has a and chest x-ray ordered stat ". Second note dated /15 " difficulty breathing 911 called, as rescue got here, he went unresponsive ". The notes are not timed and there was no additional documentation in the record. It is unknown the last time staff observed the resident and how long the resident was in that condition before receiving assistance.

Review of the hospital transfer book with the Administrator documents " 8:25 " reason for transfer " unresponsive " " ". The Administrator stated the incident occurred at night and confirmed the facility had no additional documentation. A telephone interview on at 12:30 PM with the facility med tech#1 regarding Resident #3, she stated she was called to the resident's an aide on "around 7 PM". She stated she does not know the last time someone saw the resident until they called her because he was having difficulty breathing. Telephone interview at 12:40 PM with the Staff B, she stated she saw Resident #3 get his x-ray. Around 6:00 PM she went to his found him not breathing well. They called 911. It was hard communicating with the aide as English is her second language. Due to the lack of documentation and the inconsistency in the time frame from the staff interviews, It is unknown the last time staff observed the resident and how long the resident was in that condition before receiving assistance.

During a tour of the facility random residents were interviewed (confidential interviews) at 12:00 PM on . Confidential interview #1, he stated he has been in the facility about a year and "it takes them a while to get to me, mostly at night." Confidential interview #2 at 12:04 PM on (resident sitting in a gerri chair totally dependent on staff, watching TV) stated "it takes them a long time at night it ' s the worst. They are low on staff sometimes I have waited hours in a dirty diaper, no call system so I yell". Confidential interview #3 at 12:10 PM on , stated " it takes them long at

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night". Confidential interviews with residents in the dinning . . . . . i it takes a while at night. Confidential interview #4 with a resident at a second table in the dining . . . . . i they " you wait a while, tries not to call for help a lot." "I wait a while, don' t like to ask and don't want to get any trouble". Confidential interviews conducted with a third table of residents stated "they wait a long time for help at night and in the day."

Class III

0079-Staffing Standards - Levels 58A-5.019(3) FAC

Based on record review and interview, the facility failed to ensure enough qualified staff are available to provide resident supervision, and to provide or arrange for resident services in accordance with the residents ' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in Rule 58A-5.0182, F.A.C.

The findings include:

A review on . . . . . with the Administrator/Owner of the facility's staffing schedule from . . . . . revealed 3 employees are scheduled to work the 11 PM-7 AM shift with a census currently averaging 83 and a capacity of 90. After review of the facility incident reports and hospital transfer log it was unable to be determined how many accident/incidents occur on the overnight shifts due to lack of documentation. The Administrator/Owner acknowledged that some of the residents require more assistance and they could use more staff in the evening hours.

During a tour of the facility random residents were interviewed at 12:00 PM on . . . . . Confidential interview #1, he stated he has been in the facility about a year and "it takes them a while to get to me, mostly at night." Confidential interview #2 at 12:04 PM on . . . . . , (resident sitting in a gerri chair totally dependent on staff, watching TV) stated "it takes them a long time at night it ' s the worst. They are low on staff sometimes I have waited hours in a dirty diaper, no call system so I yell". Confidential interview #3 at 12:10 PM on . . . . . stated " it takes them long at night". Confidential interviews with residents in the dinning . . . . . i it takes a while at night. Confidential interview #4 with a resident at a second table in the dining . . . . . i they " wait a while tries not to call for help a lot." "I wait a while, don' t like to ask and don't want to get any trouble". Confidential interviews conducted with a third table of residents stated "they wait a long time for help at night and in the day."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Good Hope Manor
2251 NW 29th Court
Oakland Park, FL 33311

RE: CCR #20140111739

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

Arlene o-Davis
Field Office Manager

AMD
Enclosure

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