AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968636	**03/25/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
ANGELS SENIOR LIVING AT NEW TAMPA, LLC	**14712 N 42ND ST TAMPA, FL 33613**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

ASSISTED LIVING FACILITY

A Change of Ownership (CHOW) and Extended Congregate Care (ECC) survey was conducted on .

The Angels Senior Living At New Tampa assisted living facility had deficiencies at the time of the visit.

This survey was conducted in conjunction with a 2nd revisit to a complaint survey. (I35L13). The deficiency was corrected on the revisit.

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview, observation and record review, the facility failed to notify the physician of a significant change and maintain documentation of the change for 1 of 5 residents reviewed for placement in the Memory Care Unit. (Resident #9)

Findings include:

Resident #9 was admitted to the facility on with diagnoses of , diverticulosis and kidney . The Health Assessment indicated that he was alert and oriented, but forgetful at times. On he was transferred from the assisted living section of the facility to the Memory Care Unit (MCU) for increased wandering throughout the halls and increased forgetfulness.

An interview was conducted with the Administrator and Director of Nursing at approximately 3:00 P.M. to determine what the criteria was for admission to the Memory Care Unit (MCU). The Administrator stated that it is an diagnosis or exit seeking behavior. Resident #9's record did not contain documentation that would justify admission to the MCU. The Administrator also stated that the family agreed to the admission based on his increased forgetfulness.

An interview was conducted with Resident #9 on at 11:40 A.M. He stated that he was "on the other side" and some other residents heard him talking about "breaking out". He did not get along with the Administrator and gave up trying to talk to her and made the comment. The resident was able to answer all questions appropriately during the interview.

The resident record contained progress notes dated stating "resident doing well in Memory Care unit. He had gone home for a month but returned a couple of weeks ago". An entry stated "resident transferred from Memory Care Unit to the Assisted Living side. Has made the transition well and stated he enjoys his "new digs" very much". A entry states "resident doing very well at this time. Spends a lot of time in the common area and likes to joke around with people. Likes to help staff set the tables for lunch and dinner. No problems or concerns voiced at this time." A entry states, "Resident has opened up tremendously, very social in the

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community. He is independent with all his ADLs".

On [redacted] a note was found in the record that stated the resident was noted with increased wandering throughout the halls and increased forgetfulness and was transferred to the MCU. "Difficulty adjusting at this time. Resident understands reason for transfer". [redacted] documentation states "resident with difficulty adjusting to [redacted] Some behaviors during shift, expressing desire to leave" ARNP aware and orders were obtained for psych consult and "u/a c&s".

Prior to the [redacted] documentation that the ARNP was aware of status, there was no evidence that the changes taking place with the resident's placement in the facility and behaviors that would warrant admission to the MCU was discussed with the health care provider. In addition, an updated Health Assessment was not obtained to reflect the resident's change in condition.

CLASS III

0052 - Medication - Assistance with Self-Admin - 58A-5.0185(3) FAC

Based on observations, record reviews and interviews, unlicensed staff were assessing residents conditions and assisting with medication administration for 3 of 5 residents who are not capable of describing the need for P.R.N.. medications. (Resident #12, #14 and #16).

An interview was conducted with Staff D at 10:45 A.M. and she stated that "we have P.R.N. meds back here and the residents can't ask for them. I determine escalating behavior and combativeness and I can make the decision about when a resident has pain. Other staff may not be able to because they don't really have the proper training and some don't even have previous experience in health care. I think the residents need to be re-evaluated for the need for some of these medications and for their ability to request them." revealed that.
Staff D is a licensed nurse in another state but not in Florida at the present time.
A review of the [redacted] 2015 Medication Observation Record (MOR) for Resident #12 revealed the following orders for P.R.N. medications:

[redacted] 50 mg one tab by mouth 4 times a day as needed for pain. The MOR revealed that the medication was given on [redacted] by unlicensed staff. The reason for giving the medication was documented on the reverse side of the MOR by the same unlicensed staff. [redacted] pain, [redacted] leg pain, [redacted] at 0900 and 7:45 pm leg pain, and [redacted] all over body pain [redacted] body pain.
A review of the [redacted] 2015 Medication Observation Record (MOR) for Resident #14 revealed the following orders for P.R.N. medications:

Risperadone 0.25 1 tab by mouth 2 times a day as needed for agitation. The MOR revealed that the medication was given on 3/9 and [redacted]
The reason for giving the medication was documented on the reverse side of the MOR by unlicensed staff on 3/9

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for agitation and their was no reason documented on . There was no other documentation maintained in the file or on the unit to describe the residents behaviors that led up to the need for the medication to be given. A review of the 2015 Medication Observation Record (MOR) for Resident #16 revealed the following orders for P.R.N. medications:

0.5 1 tab daily as needed for . The MOR revealed that the medication was given on 3/4 ,3/6, 3/7, 3/8, 3/9, .
The reason given on the reverse side of the MOR was for . This was documented by unlicensed staff each time. On 3/7 and 3/9 there were no documented reasons for giving it.
An interview was conducted with the Administrator and Director of Nursing at approximately 3:00 P.M. to determine what the criteria was for admission to the Memory Care Unit (MCU). The Administrator stated that it is an diagnosis or exit seeking behavior.

CLASS III

0054 - Medication - Records - 58A-5.0185(5) FAC

Based on 3 of 3 observations made during the medication pass at 12:10 P.M .in the Memory Care Unit, the facility staff failed to update the medication observation record immediately each time the medication was offered or administered. (Resident #17, #18 and #19).

Findings include:

Staff D was observed assisting residents with medication administration in the Memory Care Unit between 12:10 P.M. and 12:35 P.M. on for Residents #17, #18 and #19. During all 3 observations, Staff D documented the medication given prior to actually giving it to the residents.

Staff D removed the medications from their containers, compared the medication observation record to the label on the container, signed with her initials in the medication record, placed the medication in a souffle cup, placed the cup in a container, took it to the table where the resident was sitting, and explained to the resident what he or she was getting.

When Staff D was asked by the surveyor if she normally documented that the medication was given prior to giving it, she stated yes but that once it was pointed out to her, she realized that it should be documented after the resident actually consumes the medication.

Class III

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

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Based on record review and interview, the facility failed to obtain required statements of communicable status and freedom from status for 1 of 3 employee files reviewed.
Findings include:
During a review of employee files on , it was discovered that employee B ' s file was missing appropriate statements from a healthcare provider verifying freedom from communicable including Employee B ' s personnel record showed a hire date of . The facility had 30 days to obtain the statements and the time has expired.
At 5:34 P.M. on this same date, the missing forms were discussed with the administrator and members of the facility ' s corporate ownership. The surveyors were told that the forms could not be located.
Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Angels Senior Living At New Tampa, Llc
14712 N 42nd St
Tampa, FL 33613

Dear Administrator:

This letter reports the findings of a change of ownership (CHOW) with an extended congregate care (ECC) state licensure 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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