STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942886	**04/24/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
COUNTRYSIDE HAVEN	**6960 CR 95 PALM HARBOR, FL 34684**	

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

0000 - Initial Comments

Assisted Living Facility

A Complaint Investigation survey, CCR# 2015001005, was conducted on

Countryside Haven, Assisted Living Facility, had a deficiency found at the time of the visit.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28 FS

Based on observation and interview the facility failed to allow one (#1) of 19 census residents unimpeded access to the hallway from the

Findings Include:

On a facility tour was conducted at 7:05 a.m. accompanied by the resident caregiver on duty. Resident #1 was observed in her on a mattress that had been placed on the floor. The resident was dressed in bedclothes and the mattress was covered with a sheet. Clean blankets were on the resident. A wheel chair was positioned between a recliner chair and a small night stand to the resident's access to the door. The resident appeared to be alert with extreme There was no evidence of distress as the caregiver spoke to her in a calm and warm manner.

The caregiver stated: "She has the mattress on the floor because she is a high risk for We put the mattress on the floor so that she doesn't roll off the bed and hurt herself. We put the wheel chair here to prevent her from crawling out of her possibly hurting herself. She cannot walk at all but she can crawl. The nighttime caregiver might be assisting other residents and can't watch her every minute."

The administrator was interviewed on arrival to the facility at 9:15 a.m. She re-iterated that the purpose of the wheel chair positioning to "To protect the resident from hurting herself. I understand that she should not be blocked in and we'll stop doing that immediately. Her hospice nurse knows about it and has no problem with it."

At 9:30 a.m. the Resident #1 was observed initiating extreme agitation and striking the caregiver. She was attempting to get up from her wheel chair and continued with aggressive behaviors that are consistent with her medical diagnosis of The hospice nurse was called and medication provided to the resident which had a calming effect.

The hospice nurse arrived at 10:35 a.m. and was interviewed. When asked about the wheel chair blocking the resident in her nurse stated: "We have had her since and just had her re-certified for I work closely with her physician's assistant (PA) and we have been adjusting her medications. About 2 or 3 weeks ago we increased her to 50 mg twice a day. We also started her on 7.5 mg at bedtime because she wasn't sleeping at night. I am going to talk to her P.A. today and

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0030 Continued From page 1

recommend we increase the to 15 mg to help her sleep at night and to add 0.25 mg three times a day. I think the steady dose of will settle the and her behavior episodes. The is getting worse and I am watching her medications carefully. I usually see her 2 or 3 times a week and I stay anywhere from 2 to 4 hours. (She) can be hard to handle. She doesn't like to be woken up. She is usually pretty good with (the caregiver). She actually has improved with the medication change...I am still concerned about her not sleeping at night because that's when she tries to crawl of her

The Administrator and the Hospice Nurse concurred that blocking the resident's access to the door of her with the resident's rights to free movement. They stated they would remove the wheel chair from blocking the resident from crawling out of her night and try to adjust her sleep medications as an alternative.

CLASS III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2015

Administrator
Countryside Haven
6960 CR 95
Palm Harbor, FL 34684

RE: CCR #2015001005

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/src
Enclosure: State (5000-3547) Form

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