AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932563	**05/04/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIAMOND SPRING RETIREMENT HOME	**7873 SUNDOWN DRIVE SAINT PETERSBURG, FL 33709**

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

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey was conducted on .

Diamond Spring Retirement Home, had deficiencies at the time of visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on observation, interview, and record review the facility failed to follow standards for continued residency for 1 of 4 residents reviewed. One of the criteria for continued residency in an assisted living facility is that the resident may not be bedridden for more than 7 consecutive days unless qualifying for and being admitted to a licensed hospice.
Findings include:
During a biennial survey on , initial discussions took place with the surveyors and staff A. Staff A stated that resident #4 was under hospice care. A surveyor observed the resident being fed lunch in his bed.
During an phoned interview with resident #4's sister at approximately 1:45 p.m. on . She stated that the resident is bedridden and that hospice care is being phased out. This information was discussed with Staff A who stated that she was notified by hospice that Resident #4 ' s hospice service was being terminated.
A review of Resident #4's file did not show a discharge notice from hospice.
A review of hospice face sheet provided by Suncoast hospice staff on revealed an admit date of and discharge date of having an primary diagnosis of for resident #4.
During a telephone interview on with Resident #4's hospice organization. The surveyor spoke with a case manager (CM) at approximately 2:10 p.m. CM confirmed that resident #4 was discharged from hospice care on .
During a telephone interview on with resident #4's Advanced Registered Nurse Practitioner (ARNP). ARNP stated that she was not aware of Resident #4 ' s discharge from hospice care. She stated that she sees him approximately every 2 weeks and has not seen any in the past year. She also stated that the resident is bed bound.
During a telephone interview on at approximately 3:50 p.m., the surveyor spoke with Resident #4's hospice nurse, a registered nurse (RN). RN stated that the facility was notified of his discharge from hospice care. She stated that the resident is not capable of bearing weight and is bed bound. She stated that she does not see his current condition of being bed bound changing. She also stated that he does not meet hospice's criteria for continued care.
The resident does not meet the hospice criteria and does not meet continued residency requirements.
Class III

0055 - Medication - Storage and Disposal - 58A-5.0185(6) FAC

Based on observation, interview, and record review, the facility failed to ensure that 1 of 3 sampled residents,

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0055 Continued From page 1

(Resident #3) medications were centrally stored a in a safe and secure manner.
Findings include:
A record review of resident #3's file on the surveyor found a health care provider's order written for and The order was written for the resident to self-administer the
During a interview with the owner of the facility on at approximately 2:28 P.M. The owner was asked where the was stored for resident. She showed the surveyors a small refrigerator that is situated under the common area's water cooler, adjacent to the front door. She opened the door and took out 12 syringes with Levemir INJ 100/U/M contained within them, pre-measured. was observed having a filled dated of , and expiration dated revealed used by Surveyors observed no lock on the refrigerator and it is within easy access to anyone who passes by. While speaking with the owner, she stated that they don't keep the refrigerator locked.
Class III

0161 - Records - Staff - 429.275(2) FS; 58A-5.024(2) FAC

Based on interview and record review the facility failed to ensure that staff had all the required documentation for three (Staff A, B, and C) of sampled three staff records. Review of personnel records revealed that there was no evidence of an application and references marinated on premises for staff A, B, C.
Findings include:
During an interview with the Administrator on 11:46 a.m. The owner reviewed employee files for staff A, B, C and confirmed findings.
A record review of staff A files on revealed Staff A ' s was hired on . Staff A file did not have evidence of an required application and references on file.
A record review of staff A files on revealed Staff B ' s was hired on . Staff B file did not have evidence of an required application and references on file.
A record review of staff A files on revealed Staff C ' s was hired on Staff C file did not have evidence of an required application and references on file.
Class III

0162 - Records - Resident - 58A-5.024(3) FAC

Based on interview, and record review the facility failed to maintain documentation of the appointment of a health care surrogate proxy, guardian, or existence of a power of attorney were applicable on premises for 1 of of 3 sampled residents (Resident #3).
Findings include:

During an record reviewed on Resident #3 records did not show evidence in record of a appointment of health care surrogate proxy or a power of attorney. A review of the resident contract dated reveals documentation of current contact signed by resident #3 daughter. Documentation on physical contract reads," Herein after refereed to as the appointees, with the legal guardianship, POA(power of attorney), or trustee, acting

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0162 Continued From page 2

on behalf of the resident."

Conducted an interview with the administrator on , 10:15 a.m. The owner reviewed resident #3 record and confirmed findings. No further information in regards to legal documentation of an appointment of health care surrogate proxy or a power of attorney for resident #3 was provided by the facility. The owner states, "we do not keep any legal documented on file for appointment of health care surrogate proxy or a power of attorney for residents."

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Diamond Spring Retirement Home
7873 Sundown Drive
Saint Petersburg, FL 33709

Dear Administrator:

This letter reports the findings of a biennial 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,

FV Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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