AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	05/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FLORIDA SHORES ASSISTED LIVING	1229 MANGO TREE DRIVE EDGEWATER, FL 32132	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR #2015002699 , was conducted on . Florida Shores Assisted Living had deficiencies found at the time of the visit

0007 - Admissions - Criteria - 429.26(11) FS; 58A-5.0181(1) FAC

Based on interview and record review the facility failed to ensure 1 out of 4 sampled residents were appropriate for admission to the facility. (Resident #3).

The findings included:

A medical record review was conducted on . for Resident #3. There was no documentation observed of an 1823 Health Assessment Form deeming the resident appropriate for admission. Resident #3 was admitted .

An interview with the Administrator at 12:10 PM confirmed the facility does not have an 1823 Health Assessment Form for Resident #3. The Administrator stated" I gave the 1823 form to the Power of Attorney (POA) and requested it be filled out and returned by a physician. I have called her numerous times and requested she obtain and 1823."

Class III

0008 - Admissions - Health Assessment - 429.26(4-6) FS; 58A-5.0181(2) FAC

Based on resident record reviews, and interview with staff, the facility failed to obtain or provide complete information on the Resident Health Assessment (AHCA form 1823) for 3 of 3 sampled residents whose records were reviewed (Residents #2, #3 and #4).

The findings include:

1) A medical record review was conducted on . for Resident #3 revealing an admission date of . There was no documentation observed of an 1823 Health Assessment Form in the medical record.

An interview with the Administrator at 12:10 PM on . confirmed the facility does not have an 1823 Health Assessment Form for Resident #3. The Administrator stated" I gave the 1823 form to the POA and requested it be filled out and returned by a physician. I have called her numerous times and requested she obtain an 1823.

2) A record review for Resident #2 found a Resident Health Assessment dated . The assessment was not completed by the examiner to indicate whether Resident #2 required assistance with the self-administration of

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	05/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FLORIDA SHORES ASSISTED LIVING	1229 MANGO TREE DRIVE EDGEWATER, FL 32132	

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

0008 Continued From page 1

medications, or the level of assistance he required. Section 3, which identified services provided to the resident by the facility, was not signed by the Administrator or designee, and had not been signed by the resident or a guardian.

3) A record review for Resident #4 found a Resident Health Assessment dated . . . Section 3, services offered by the facility, was left completely blank.

An interview was conducted with the Administrator at 1:00 pm on . He reviewed the records and stated the 1823's were not completed for Residents #2 and #4. He stated he would have to correct them.

Class III

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

Based on record review and staff interview, the facility failed to document notification of family after two . . with injury requiring medical treatment for 2 of 3 sampled residents (Resident #1 & #4).

The findings include:

1) Record review for Resident #1 revealed an female with diagnoses including: Alzheimer's . . . . accident, and She was receiving hospice services.

Review of hospice note dated revealed Resident #1 had sustained a fall with laceration to the right forehead with . The . . were to be removed on . Review of the facility record revealed there was no documentation of the . or notification of the family. An interview was conducted with the administrator on at 3:30pm. When asked if Resident #1 had a . on . He stated he would have to check the record. After reviewing the record, he stated he had not documented the . or notified the family.

On , Resident #1 sustained a from the wheelchair and struck right side of her forehead. The facility note stated ice was applied and she was taken to the emergency . r treatment. Review of the hospice note dated 4/13/15 revealed an order was obtained for dressing changes to the forehead. There was no documentation the family was notified. An interview with the administrator confirmed he did not document he had notified the family.

2) An interview conducted with Resident #4's sister and legal representative at 10:22 am on 5/29/15 found he resided in the facility since . of 2014. Resident #4 had a hit his head on the floor, and had to go have in his forehead.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	05/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FLORIDA SHORES ASSISTED LIVING	1229 MANGO TREE DRIVE EDGEWATER, FL 32132	

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

0025 Continued From page 2

A review of the hospice records for Resident #4 found a note dated which indicated this resident was status post with laceration to his left forehead. Orders were to cleanse with normal and apply dressing for 2 days and as needed. The note dated stated the patient reported he out of bed yesterday, hit his head, and had to go to the emergency stitches. Resident #4 was noted to receive 14 to his forehead. There was no documentation in the facility's resident record regarding the change in condition resulting in the transfer to the emergency to his forehead.

In an interview with the Administrator at 1:00 pm on he stated he was not in the facility the day of Resident #4's accident. He said maybe he filed an adverse incident report, apologizing for not knowing if he did or not.

Class III

0026 - Resident Care - Social & Leisure Activities - 58A-5.0182(2) FAC

Based on observations and interviews with staff, the facility failed to post an activities calendar reflecting 12 hours per week of scheduled activities, and failed to provide activities for 5 of 5 sampled residents (Residents #1, #2, #3, #4 and #5) and for 8 unsampled residents on the day of survey.

The findings include:

During a tour of the facility on at 9:20 am, 6 residents were observed playing a game of ball catch with the resident aide. A television set was on in the background. The game of catch lasted approximately 8 minutes. Observations throughout the survey between 9:00 am and 3:00 pm this same day found no activities were offered to the residents other than lunch and television.

An observation of the facility found there was no activity calendar posted in any of the resident common areas.

An interview was conducted with the med-tech at 12:50 pm on She searched for an activity calendar, and confirmed there was none posted in the facility.

Interview with the Administrator at 1:00 pm on confirmed there were no organized activities offered to the residents on the day of survey, and no activity calendar posted.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	05/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FLORIDA SHORES ASSISTED LIVING	1229 MANGO TREE DRIVE EDGEWATER, FL 32132	

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

0026 Continued From page 3

Class III

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

Based on observation and interviews with residents and staff, the facility failed to provide a decent living environment that recognized personal dignity and individuality by failing to provide individual needed for personal care. This had the potential to affect all 13 residents living in the facility at the time of survey.

The findings include:

A tour of the facility conducted at 9:20 am on found a common contained no toilet paper or disposable hand towels for resident use. a shared between resident s and #5, also contained no paper towels. A single cloth hand towel was observed on a rack in the was observed to contain no disposable hand towels, and was void of both toilet paper and paper towels.

In an interview with Resident #4 at 12:40 pm on , he stated there had been no disposable hand towels in the months. When he washed his hands, he stated he had to dry them on his shirt.

An interview was conducted with the Administrator at 1:00 pm on He stated one of the residents often plugged the toilet with paper towels. He did not know why there were no paper supplies in the shared resident The Administrator stated residents should not be using the same cloth hand towel.

Class III

0053 - Medication - Administration - 58A-5.0185(4) FAC

Based on interviews with residents and staff, and resident record reviews, the facility failed to provide a licensed staff member to assist with treatments for 3 of 3 sampled residents who had orders for and whose records were reviewed (Residents #2, #3 and #5).

The findings include:

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	**05/29/2015**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLORIDA SHORES ASSISTED LIVING	**1229 MANGO TREE DRIVE EDGEWATER, FL 32132**

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

0053 Continued From page 4

1) An interview was conducted with the med-tech at 9:20 am on . She stated Resident #2 received continuously, and required assistance to adjust the valve to set the proper flow rate. She stated that she assisted Resident #2 with this. She confirmed she was a med-tech and had no nursing license. The med-tech also stated that Residents #2, #3 and #5 all received regular (breathing) treatments. She assisted these residents by filling the reservoirs with the inhaled medications, placing the mask on the residents' faces, and turning the machines on. Each of these residents received nebulizer treatments three times daily.

An observation of Resident #2 at this time found he had a nasal canula in place, and a portable tank beside him. This resident was observed again at 12:08 pm on departing the facility with a family member. The nasal canula and portable tank were in place.

Resident #2 was interviewed in his 9:42 am on . Two portable inhalers were observed at this time on the top of his bedside table. Resident #2 confirmed he used his for breathing treatments two to three times daily, stating staff (or "whoever was handy") assisted him with placing the medication into the machine's reservoir. He confirmed he used the inhalers as needed, and although he tried to do it himself, staff assisted when asked.

A record review for Resident #2 found a Resident Health Assessment (AH form 1823) dated 5/14/15. ient #2 was diagnosed with and . The 1823 conf he received 2.5 milligrams (mg), 1 puff every 6 hours as needed, inhale. Resident #2's hospice Active Medication Profile dated noted orders for inhale 2.5 liters per minute (lpm) via nasal canula continuously for . It also noted inhalation vial-neb 2.5 mg / 3 milliliters (ml), empty 1 ampule into and inhale by mouth every 6 hours as needed for and for inhalation aerosol 160-4.5 micrograms (mcg), inhale 1 puff by mouth twice a day . A review of the medication administration record found Resident #2 received these medications as ordered. Most of the signatures on the MAR were the Administrator's.

2) A record review for Resident #5 confirmed orders for Ipratropium Bromide/Albuterol Sulfate inhalation ampule-neb 0.5 - 3 mg/3 ml, empty 1 ampule into nebulizer and inhale by mouth every 4 hours as needed for or .

An interview was conducted with the Administrator at 1:00 pm on . He confirmed he had seen unlicensed staff fill the reservoir for residents who require treatments. He confirmed Residents # 2, #3 and #5 received these treatments three times daily, and acknowledged a nurse was required for this service. The Administrator also acknowledged these residents qualified for Limited Nursing Services under his exist license. He denied unlicensed staff assisted with insisting he was the only person who provided assistance to Resident #2. He confirmed he was not a licensed nurse. The Administrator then changed his story and said Resident #2 managed his own independently. He concluded by insisting his staff were at fault for assisting the residents without proper credentials/licenses.

AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	05/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FLORIDA SHORES ASSISTED LIVING	1229 MANGO TREE DRIVE EDGEWATER, FL 32132	

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

0053 Continued From page 5

3)A medical record review was conducted for Resident #3 with an admission dated . An observation of Resident #3's a on bedside table. Pictures are included.

A record review of Medication Observation Record (MOR) for 2015 revealed Resident #3 receives 0.5mg/3mg, use as directed three times daily via Resident was documented as receiving three times a day. Picture of MOR included.

An interview was conducted with Resident #3 on at 11:00 AM. Resident #3 stated" the staff fill up the machine and get it ready. I put it on."

An interview with Employee B on at 9:30 AM revealed three residents receive treatment. Employee B stated "Resident #3 can hold the mouthpiece in her mouth and I just fill up the machine."

Class III

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

Based on observation, record reviews and staff interviews, the facility failed to maintain centrally stored prescription medications under lock and key.

The findings include:

During a tour of the facility at 9:32 am on , an observation of the rolling medication cart revealed it had been left unlocked. The keys to the cart were also left in the lock on the front of the cart.

The med tech was interviewed at 9:32 am on She confirmed the medication cart was unsecured, stating that she forgot to lock it.

Class III

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

Based on observation, interview and record review, the facility failed to provide documentation of an updated negative examination for one of three sampled employees (Employee C).

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	05/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FLORIDA SHORES ASSISTED LIVING	1229 MANGO TREE DRIVE EDGEWATER, FL 32132	

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

0078 Continued From page 6

The findings included:

A review of the employee file for Employee C revealed the last documentation of a examination was dated The first employee training was documented in 2012. Requested date of hire for employee and never received.

An interview with the Administrator on at 1:05 PM revealed the last documented was The Administrator confirmed there was not an updated

Class III

0160 - Records - Facility - 58A-5.024(1) FAC

Based on record review and staff interview, the facility failed to ensure staff participated in resident elopement response drills which had the potential to affect all 13 of 13 residents.

The findings include:

Review of the elopement response drill log revealed the last drill was conducted on Review of the facility's elopement policy and procedure revealed elopement drills were to be performed every 6 months.

An interview was conducted with the administrator on 5/29/15 at 2:15pm. When asked if there had been any elopement drills since 13, he stated he could not find any documentation and did not think any had been done.

Class III

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

Based on record review and staff interview the facility failed to obtain a written consent acknowledging unlicensed staff assisting with self administration of medications and failed to produce resident contracts with the facility for 3 of 3 sampled residents. (Residents#'s 1, 2, & 3).

The findings include:

1) Record review for Resident #1 revealed she was admitted There was no resident contract or consent regarding unlicensed staff assisting with self administration of medications.

An interview was conducted with the administrator on at 1:20pm. When asked for the consent and contract

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	05/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FLORIDA SHORES ASSISTED LIVING	1229 MANGO TREE DRIVE EDGEWATER, FL 32132	

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

0162 Continued From page 7

he stated he did not have consent for unlicensed staff for self administration of medications. He stated there was a contract for the resident with the facility, however he was not able to locate it. He stated his wife kept them in a separate book and she was not at the facility and was unable to reach her.

2) Record review for Resident #3 revealed she was admitted . There was no resident contract or consent regarding unlicensed staff assisting with self administration of medications.

An interview was conducted with the administrator on at 1:20pm. When asked for the consent and contract, he stated he did not have consent for unlicensed staff for self administration of medications. He stated he did not have a signed contract with the resident or consent for unlicensed staff assisting with medications. He stated he had been waiting for the daughter to sign the paperwork.

3) A record review for Resident #2 found he was admitted to the facility on . Further review of the record found there was no executed resident contract.

Per interview with Administrator at 12:30 pm on he could not locate any of the resident contracts. His wife maintained them in a book, but he did not know where the book was.

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on record review and staff interview the facility failed to obtain a written consent acknowledging unlicensed staff assisting with self administration of medications and failed to produce resident contracts with the facility for 3 of 3 sampled residents. (Residents#'s 1, 2, & 3).

The findings include:

1) Record review for Resident #1 revealed she was admitted . There was no resident contract or consent regarding unlicensed staff assisting with self administration of medications.

An interview was conducted with the administrator on at 1:20pm. When asked for the consent and contract, he stated he did not have consent for unlicensed staff for self administration of medications. He stated there was a contract for the resident with the facility, however he was not able to locate it. He stated his wife kept them in a separate book and she was not at the facility and was unable to reach her.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	05/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
FLORIDA SHORES ASSISTED LIVING	1229 MANGO TREE DRIVE EDGEWATER, FL 32132	

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

0167 Continued From page 8

2) Record review for Resident #3 revealed she was admitted . . . . There was no resident contract or consent regarding unlicensed staff assisting with self administration of medications.

An interview was conducted with the administrator on . . . . at 1:20pm. When asked for the consent and contract, he stated he did not have consent for unlicensed staff for self administration of medications. He stated he did not have a signed contract with the resident or consent for unlicensed staff assisting with medications. He stated he had been waiting for the daughter to sign the paperwork.

3) A record review for Resident #2 found he was admitted to the facility on . . . . Further review of the record found there was no executed resident contract.

Per interview with Administrator at 12:30 pm on , he could not locate any of the resident contracts. His wife maintained them in a book, but he did not know where the book was.

Class III

Z815 - Background Screening; Prohibited Offenses - 408.809, 435.02(2), 435.06

Based on observation, interview and employee record review, the facility failed to provide an eligible background screening for one of three sampled employees (Employee D).

The findings included:

An employee record review was conducted for Employee D on . A background screen was not observed in the record. Employee D's date of hire was requested and never received. There was medication training documentation dated . . . .

An interview was conducted with the Adminstrator at 2:14 PM on . He stated Employee D does have a background screen, but he does not have a copy.

The Agency for Health Care Administration's background screening website was checked on . . . . at 2:35 PM. The Background Screening Website showed a new screening was required for Employee D.

Unclassified

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Florida Shores Assisted Living
1229 Mango Tree Drive
Edgewater, FL 32132

RE: CCR #2015002699

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 29, 2015 by representatives 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. **Please forward documentation of correction to the Field Office.** 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 surveyors. Should you have any questions please call this office at .

Sincerely,

Jana Meyering,
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/JM/sm
Enclosure

Jacksonville Field Office
921 N. Davis St., Bldg. A, Suite 115
Jacksonville, FL 32209
Phone:(904) 798-4201; Fax:(904) 359-6054
AHCA.MyFlorida.com