STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966453	08/14/2015
NAME OF PROVIDER OR SUPPLIER **OCEANVIEW RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **3091 NW 43RD STREET** **LAUDERDALE LAKES, FL 33309**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR 2015004778, was conducted from 8/6/15 through 8/14/15 at Oceanview Retirement Home Assisted Living Facility. The facility had a deficiency identified at the time of the survey.

0010 Admissions - Continued Residency

Based on interviews, observations, and record review, the facility failed to assess 3 out of 3 residents (#1, #2, and #3) to ensure that the resident met the criteria for continued residency after significant changes or escalations in their behavior; and to ensure that the facility could provide the appropriate level of care and services to the resident , including supervision. This is evident as the facility failed to reassess Resident #1, #2 and #3 after significant behavior changes were identified by staff, local law enforcement and the Administrator.

The Findings Include:

1. Record review of Resident #1's chart revealed an observation note dated / at 10:45 AM. A search was conducted for Resident #1 on facility grounds and around the area. The staff contacted a nearby hospital to check if he self-admitted. He was not there. The local Sheriff office {city} was contacted. Sheriffs arrived at the facility at 11:05 AM with Resident #1. The note documented the sheriff found Resident #1 at a children prep school in the area asking for pills to take to go to heaven and get high. The local Sheriff office {city} Resident #1.

Resident #1 stated on / at 9:47 AM that he lived at the facility for six years. He stated the people who live here are weird. Resident #1 stated he wrote a note to his doctor that he had visions of going to hell. He began talking about the ' majesty of England ' and vampires. Resident #1 was unable to anything about his wandering.

Record review revealed an admission date of for Resident #1. His current Health Assessment (AHCA form 1823) dated / reveals diagnoses of Seasonal Affect ( ), Axis I, Non- Dependent Milieus ( ), , Dyslipidemia, and an Overactive . Resident #1 ' s or behavioral status is documented as stable with medication, somewhat disorganized with anger management issues. Nursing/Treatment/ Services are documented as assistance with performing some Activities of Daily Living (ADLs) consistently. Further review reveals a diaper is needed at night due to an overactive . Resident #1 ' s ADLs are documented as independent with all except he needs supervision for self-care ( ). The AHCA form 1823 documents he does not pose a danger to himself or others. Resident #1 does not require 24-hour

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nursing or care.

On 8/13/15 at 9:15, a family member of Resident #1 stated he has . This is not documented on his 1823. She stated he wandered away from another ALF previously. She stated he can be difficult to deal with. She stated he has resided at ALFs and a state hospital since his last teens.

2. After interviewing Resident #2 alone on at at 9:40 AM, this writer went to the Administrator's office to review records. Upon reviewing Resident #2 ' chart, a Offender Registry Annual Address Verification Form was found from the {state name}. Another document revealed Resident #2 was registered in {name of city} on as a offender.

A Memorandum for Record in Resident #2 ' s chart dated revealed that on around 2:51 PM, the Administrator received a phone call from a local Sheriff office {city} Detective. She called to inform him of an incident involving Resident #2 that occurred at a local mall around Noon on . The detective informed the Administrator that a female patron was exiting from the Resident #2 pinned her against the wall and groped her above the clothes. The responding office stated the victim did not wish to press charges.

A local Sheriff office {city} Detective stated on at 11:04 PM that she made contact with Resident #2 after the mall incident. When asked if the Detective felt that Resident #2 was a danger to others, she stated, " There a lot of people at that house who could potentially be a victim. " In an interview with another Detective with the local Sheriff office {city} conducted on at 1:25 PM, he confirmed Resident #2 is a registered offender. He stated Resident #2 has no other offenses on record since 1996 (state name). He stated the local Sheriff office {city} checks on Resident #2 every two to three months. He stated his office last checked on Resident #2 on .

Record review of Resident #2 ' s chart revealed an admission date of . An AHCA form 1823 dated documents diagnoses of , Type II , and . Physical or Sensory Limitations are noted as a left eye . Resident #2 ' s or behavioral status documents and . There are no nursing/tx/ requirements noted. Special precaution noted to monitor for as the patient is . Resident #2 is independent with all ADLs. He is not a danger to himself or others per the AHCA form 1823 . The area that notes whether he requires 24-hour nursing or care is blank. The AHCA form 1823 documents his needs can be met in an ALF.

Further review indicated a second AHCA form 1823 with no date in Resident #2 ' s chart. They

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physician ' s name, address, phone number, and medical license is typed in. A post-it note the form documents ' prepared by Assistant Administrator. Given to Resident #2 to take to hospital for completion by one of his doctors ( ). Brought back saying it must go to his attorney. ' All of the information that was on the aforementioned AHCA form 1823 is typed in. Nursing/tx/ services document assistance with performing some ADL tasks consistently and supervision needed. The prior AHCA form 1823 did not have anything documented under this category. Special precautions added are universal precautions used at all times, slips and . A special precaution documented on the completed AHCA form 1823 aforementioned was to monitor for . This AHCA form 1823 notes that Resident #2 does not require 24-hr nursing or care. The prior AHCA form 1823 did not document an answer to this question.

Resident #2 stated on at 9:40 AM that he ' s lived at the facility for 25 years. He spoke about passing his Certified Nursing Assistant (CNA) license and researching how to become a drug addiction . Resident #2 went to the library after the interviews and on the second day of the survey on / .

In an interview conducted on / at 11:31 AM, the Administrator confirmed Resident #2 was a registered offender. He stated that Resident #2 ' s behaviors escalated after he threw his medications at a staff member in . The Assistant Administrator stated she has that made attempts to speak with Resident #2 ' s psychiatrist at the hospital but they do not return phone calls. She stated she does not have notes regarding her attempts to contact his psychiatrist. She stated Resident #2 ' s case manager was notified of his behaviors. She stated the case manager does not listen to her concerns. She stated, " We can ' t seem to get him reassessed. We have nowhere to turn. " She stated Resident #2 is harmless and is not a danger to the females living here. She stated Resident #2 sleeps in the nude. She stated the local Sheriff office {city} was contacted on / after Staff A found Resident #2 standing naked in front of Resident #3. She stated the detective told her that Resident #2 and #3 were consenting adults and no charges were pressed. She stated Resident #3 seemed to allow whatever took place.

Record review revealed that the facility has contacted the local Sheriff office {city} several times when he did not come back to the facility, typically after an appointment at the hospital. The Assistant Administrator sated on at 1:41 PM that Resident #2 is a free spirit and will wander when he ' s finished with his appointment at the hospital. She stated Resident #2 is not a danger to others. She thought Resident #2 had purchased a street drug sometimes between and . She stated he was hyper, aggressive, and yelling out. She has seen more behaviors exhibited by Resident #2. She stated Resident #2 came off the city bus on / with no pants or underwear on. She stated he saw nothing wrong with this behavior. She stated that in the , she sometimes finds a resident groping another resident. She stated when this is brought up to case managers, she is told

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they are consenting adults. She stated the case mangers talk to the residents about safe . She stated many of the residents are ' hot and bothered. ' She stated Resident #2 and #3 ( ) sleep in the nude. She stated residents are allowed to do so but they encourage them to put something on as a consideration for their . The Assistant Administrator stated she overheard Resident #3 tell the police that he let Resident #2 come near him before.

The Owner stated on at 10:15 AM that she does not think Resident #2 is a threat to anyone. The Owner stated she sleeps on a rollaway bed in the dining to his . She has never seen Resident #2 grope anyone. She has never seen Resident #2 walk into a female ' s .

The Assistant Administrator stated on / at 11:10 PM that she and the Administrator came to the facility when Staff A called to say Resident #2 exposed himself to Resident #3. She stated Resident #2 denied anything happened. The Assistant Administrator contacted the non-emergency number and two police officers came. The Assistant Administrator stated she overhead Resident #3 tell the police he was fine with whatever happened. She stated the police did not press charges as they told her the two residents were consenting adults.

Staff B stated on at 3:35 PM She stated Resident #10 came into the dining / at 8:35 PM to tell her that Resident #2 touched her. She did not tell Staff B where he touched her. She stated Resident #10 told her that Resident #2 was sitting on the front patio area smoking a cigarette without any pants or underwear on. Staff B stated she went immediately to the patio and saw Resident #2 sitting with no pants or underwear on. She asked him to change which he did. Staff B stated the Assistant Administrator usually works with her until midnight.

Resident #2's financial guardian/attorney stated on at 10:18 AM that he Resident #2 ' s behavior is, ' sort of incidental stuff. ' He stated, " It involves touching or something like that. " He stated Resident #2 ' s behavior at the mall was disturbing. He is aware that Resident #2 wanders from the facility at times.

In an interview conducted on at 10:56 AM, a family member of Resident #2 stated he is not a danger to others. She told Resident #2 to not touch anyone inappropriately. She said he understood.

3. Record review of Resident # 3 ' s chart revealed an admission date of / . Resident #3 ' s AHCA form 1823 dated / / documents diagnoses of , Bell ( ), and , , . He has no physical or sensory limitations. His or behavioral status is noted as , . He receives no nursing/tx/ Services. He needs supervision with bathing, eating, self-care ( ), toileting, and transferring. Resident #3 is independent with ambulation and dressing. He does not pose a danger to himself/others. The AHCA form 1823 notes he

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does not require 24-hr nursing or care.

Further review revealed a note dated 6/1/15 that Resident #3 picks up garbage and stuff everything in his socks, shoes, clothing and private areas.

In an interview conducted on 8/7/15 at 11:49 AM, the Assistant Administrator stated she was not aware of all of Resident #3 ' s behaviors prior to his admission. She stated Resident #3 is a hoarder. She stated he once had an entire manicure stuffed in the sole of his shoe. She stated he shreds his clothes and stuffs pieces in his mattress or shoes. She stated Resident #3 picks up garbage and stuff everything in his socks, shoes, clothing and private areas. She stated, " I him down like he is at an airport, " so that he does not hurt himself. She stated Resident #3 knows right from wrong.

Resident #3 stated on / at 9:16 AM that he has a but could not remember his name. When asked if Resident #2 was his , he stated ' yes. ' Resident #3 stated he does not get along with Resident #2 but he likes him. Another interview attempted was made on at 2:30 PM with Resident #3, in which numerous questions asked revealed the resident was very and not oriented to time, place or date. He also stated, at this time, "He has no problems with his or other residents.

Further record review for Resident #1, #2 and #3 failed to indicate any documentation (an updated AHCA form 1823) indicating the residents had been reassessed for continued residency and to ensure that the facility could meet the care needs of the residents (including supervision) after aforementioned significant changes. The Administrator acknowledged aforementioned and stated no further documentation was available for review.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Oceanview Retirement Home
3091 Nw 43rd Street
Lauderdale Lakes, FL 33309

Re: CCR#2015004778

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on through 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. **Please attach your corrective action and any additional documentation to support correction of identified deficiencies and send to the Field Office no later than , 2015.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 this office at 561 381-5840.

Sincerely,

Arlene o-Davis
Field Office Manager

AMD/sf
Enclosure

XG90

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