RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
[redacted] Residences
2300 S.W. 21st Circle
Ocala, FL 34471

RE: CCR #2015011953

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2015 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 a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** 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. Should you have any questions please call this office at 386-462-6201.

Sincerely,

Charles Bonfort

Kriste J. Mennella
Field Office Manager

KJM/bh

Alachua Field Office
14101 N.W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965252	12/29/2015
NAME OF PROVIDER OR SUPPLIER RESIDENCES	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 S.W. 21ST CIRCLE OCALA, FL 34471	

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

0000 Initial Comments

A complaint investigation (CCR 2015011953) was conducted at Residences at Cala Hills on Residences at Cala Hills had a deficiency at the time of the investigation.

0025 Resident Care - Supervision

Based on interview, record review, and policy and procedure review the facility failed to ensure the residents' family was contacted for a significant change in condition for 2 of 3 residents sampled, Residents #1, and #2.

Findings:

Record review of the Nurses Notes for Resident #1 showed:

Dated: at 4:45 PM Hundreds of small ants in bed under pillow, bites noted on neck and back. Resident up dressed and put in chair. Ants noted on skin and "out of closet also".
Dated: at 1:00 AM At 8:00 AM Called to resident ' s . Ants found in Resident's bed and ant bites noted right eye, abdomen. Maintenance was notified yesterday by 11-7 nurse to spray . The sprayed yesterday. Called maintenance today, sprayed and outside building. Notified Hospice of Resident itching. Seen by Hospice RN (Registered Nurse). New order received 25 mg 3 X day and plus cream 3 X day.

There was no documentation in the record of the family/Responsible Party being notified of the ant bites.

An interview was conducted on at 11:41 AM with the Director of Resident Services and she stated I would assume the nurse notified the family about the ants, but it is not here in the notes. When asked if the Director of Resident Services could show documentation of the family being notified the Director of Resident Services stated, "I can't for sure say that the nurse notified the family if it is not written here, so No."

An interview was conducted on at 11:08 AM with the RN Supervisor Resident #1's Hospice agency via telephone and she stated we were notified by the facility the patient had ant bites and that they moved her from her a different . It was on the week-end and my nurse called the Patient's daughter about the ant bites. The Daughter had not been notified by the facility.

Record review of the attending Hospice agency for Resident #1 notes showed Dated: at 10:40 AM Visit made at request of the RN who received report form facility staff that patient had ant

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bites. On arrival to the facility spoke to the LPN, Staff B who reports that patient had a few bites yesterday that was not reported to facility management or Hospice. The LPN advised that today patient found to have ants on her bedding and more bites. The LPN confirmed that she had spoken to nursing director who will call patient's family and report the incident.

Dated at 2:02 PM on at 12:30 PM Visit to patient with RN. Patient has multiple (more than 50+) ant bites. Call to daughter. Updated her on patient overall status including the multiple ant bites noted on her skin. She had no previous knowledge of this from the facility. I explained the new meds in effect since Sunday. She voiced she was very upset that no one notified her.

Record review of the Social Worker Notes from Resident #1 's attending Hospice agency showed dated Comments: Support call to patient's daughter to discuss daughter's concerns about patient's bites. Daughter expresses much frustration regarding how the situation was handled. She is mostly upset by the fact that the ant bites occurred on the weekend and she was just informed of this issue on this date. She is also concerned by the fact that she was informed by Hospice and not the ALF (Assisted Living Facility) where patient resides. In addition, daughter informs writer that she just had a call with the ALF Director, who stated to her that the Hospice was the responsible party for calling and informing her of the ant bites and Hospice is to blame for her not knowing of the ant bites sooner. Writer informs daughter that per the on call voicemail that was left by the Hospice nurse, the ALF staff informed Hospice the ALF would contact the daughter regarding the ant bites.

An interview was conducted on at 2:28 PM via telephone with Staff B, the attending LPN for Resident #1 on the date of the incident and she stated on there were a couple of red marks on Resident #1 ' s neck. We weren't really sure what they were. I called maintenance and removed Resident #1 from the . I called the Director of Resident Services and she stated she would notify the family.

An interview was conducted on at 2:46 PM with the Director of Resident Services and she stated no one called me and told me about the bites. I didn't tell anyone I would contact the family.

Record review of the Nurses Notes for Resident #2 showed:

Dated: at 10:00 AM Resident at breakfast put back to bed. Hard to arouse. Hospice notified. At 10:30 AM Hospice nurse here assessed resident. Did arouse when talked to. Dated: / at 8:45 PM New orders 1. apply triple ointment to 5th digit right toe once a day (open to air) till healed X 5-10 days. 2. 12% Lachydrin cream apply to both feet once a day till healed. (3-4 weeks) start / at 8:00 PM.

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There was no documentation in the record of the family/responsible party being notified of the Resident becoming on / and the new order for triple ointment to the 5th digit of the right toe and 12% Lachydrin cream to both feet on / .

An interview was conducted on at 11:34 AM with the Director of Resident Services and she stated when asked if the family was notified of changes in condition for Resident #2 the Director of Resident Services stated I can't say notification was done. It was not charted so it probably wasn't done. I can't say. The nursing rule is if it is not charted it is not done. When there is an incident the staff is to notify me, the doctor, and the family. We don't notify the family with every medication change.

An interview was conducted on at 11:59 AM with Resident #2 ' s Emergency Contact and she stated she was not made aware of the Resident having a period of being in . I wasn't made aware of medication having to be applied to her toe, or a cream to both of her feet in .

An interview was conducted on at 12:12 PM with the Director of Resident Services and she stated this is our policy and procedure for Incident Reports. It doesn't say in the policy and procedure the family is to be notified, but the form the Incident Report policy and procedures refers to as the Incident Report is our First Responder Event Worksheet and that is where it would be documented the family member was notified.

The Director of Resident Services did not provide documentation of the family or responsible party being notified of the significant change in condition for Resident #1 and Resident #2.

Record review of the Policy and Procedures showed titled," Incident Report" Effective Date: / , Policy Number: 3.02. An Incident Report must be completed in the event that a resident or visitor experiences an incident that is unusual, improper, or harmful. Such incidents include injuries, , unexplained absences, and combative behavior. Other unusual events should be recorded on an Incident Report as they occur. Procedure 4. The Incident Report must be properly completed with all requested information. All sections MUST be completed. The Incident Report must be completed in permanent black ink.
Record review of the First Responder Event Worksheet showed Notifications: Was Physician Notified? Yes or No. By Whom? Name of Physician, and date and time. Family member/responsible party notified? Yes or No. By Whom? Date and time.

Class III