STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965330	03/28/2016
NAME OF PROVIDER OR SUPPLIER **ARCADIA OAKS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1013 EAST GIBSON STREET** **ARCADIA, FL 34266**	

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

0000 Initial Comments

An unannounced complaint survey, CCR #2016000890 was conducted on / at Arcadia Oaks Assisted Living, an Assisted Living Facility in Arcadia.

The complaint contained 2 allegations, of which 1 was substantiated with deficiencies.

The following is a description of the deficiencies.

0008 Admissions - Health Assessment

Based on resident records reviewed and staff interview, the facility failed to ensure Resident #1's health assessment was accurate, ensuring the appropriateness of her admission and continued residency for 1 (Resident #1) of residents reviewed.

The findings included:

A review of Resident #1's health assessment dated showed the physician documented Resident #1 requires 24-hour care for nursing/ care.

An interview was conducted with the Administrator at 11:30 a.m. on / . She read the health assessment and confirmed this documentation. She stated this was an oversight and will call the physician for clarification.

Class III

0010 Admissions - Continued Residency

Based on observations, resident record reviews, facility license review, home health agency and facility staff interviews, the facility failed to ensure 2 (Residents #1 and #2) of 3 residents continued residency is appropriate.

The findings included:

1. A review of the facility's license showed they have a Standard license.

2. A review of Resident #1's health assessment dated / showed she requires assistance with all of her Activities of Daily Living (ADLs), which includes: ambulation, bathing, , dressing, eating,

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toileting and transfer. An assessment was conducted with Resident #1 on / at 10:36 a.m. to see what type of assistance she needs with her ADLs. Staff A asked Resident #1 to comb her hair and take her sweater off.

Observation showed Resident #1 would not participate in these two tasks. Staff A put the comb in Resident #1's hand and she did not comb her hair after many prompts by Staff A. Staff A then asked Resident #1 to take her sweater off. After many prompts from Staff A, Resident #1 did not take her sweater off. Staff A took Resident #1's sweater off without Resident #1 participating in this task. Staff B entered Resident #1's 11:04 a.m. to help Resident #1 with these tasks. Staff B prompted Resident #1 several times to comb her hair and take her sweater off. Resident #1 would not perform these tasks for Staff B.

Interviews were conducted with Staff A and B during this assessment. They both stated Resident #1 requires total care from staff for eating and . She does not participate in these task and the staff have to do everything for her. Staff A said she provides total care for dressing and Staff B said Resident #1 needs assistance for dressing. However, during this assessment of dressing Resident #1 would not perform this task for Staff A and B. Both Staff A and B also stated Resident #1 does not use the commode. She wears adult briefs. They have to change her briefs while she is lying in bed. She requires total care for her toileting needs. While Resident #1 was sitting in her wheelchair, Staff A wheeled her out of her the living . Resident #1 did not participate in this task also. Resident #1 kept her feet above the ground while being wheeled to the living .

Observation at 11:40 a.m. on / a staff took Resident #1 from the living to the dining . The staff wheeled her to the dining Resident #1 participating in this task. Resident #1 kept her feet above the ground. Observation at 12:00 p.m. showed Staff B with Resident #1. Staff B put a half sandwich in Resident #1's right hand. Staff B put her hand over Resident #1's hand and brought the sandwich to Resident #1's mouth. Resident #1 took a bite of the sandwich and began chewing. Staff B did this process several times. Staff B put a fork in Resident #1's hand to take a bite of beets. Resident #1 would not take the fork. Staff B put the fork in Resident #1's hand and tried to have Resident #1 pierce a beet. Resident #1 would not participate in this activity. Staff B pierced the beet and brought it to Resident #1's mouth. Resident #1 ate the beet. Staff B also took the cup of fluid to Resident #1's mouth and the resident sucked on the straw and drank. Resident #1 did not handle the glass or the fork.

An interview was conducted with Staff B at this time. She stated Resident #1 does not use utensils and she has to be fed by staff. With Staff A and B assessing Resident #1 for her ADL needs it was determined Resident #1 requires total care from the staff for ambulating, , dressing, eating and toileting. Staff A and B both stated they work with Resident #1 on a regular basis. However, Staff A

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works with her more.

3. An interview was conducted with the Administrator on at 9:30 a.m. She produced 45-day discharge letters to the surveyor. She stated Resident #2's 45-day discharge letter is now rescinded because her , are healed. A review of Resident #2's 45-day discharge letter showed it was dated and informed Resident #2's responsible party of the wounds. A review of Resident #2's record showed on a nurse from a Home Health Agency (HHA) documented a right ankle at a , left ischial (hip area) at a and the right ischial at "un stage able." Each week the home health agency nurse would document the measurements of these wounds. On , 23 and , the home health nurse documented the stages of these three areas are the same. On the home health nurse documented these three wounds are "healed." However, on , the home health nurse documented the right ankle is open and the right ischial is improving. On , the home health nurse documented the right ankle is a and the right ischial is "un-stag -able - ." On , both of these wounds continue to be open but "improving." On , the home health nurse documented the right (ischial) is "healing."
An interview was conducted with the administrator at 1:00 p.m. on . She stated she talked with the home health nurse last week concerning Resident #2. The nurse told her everything "looks great." The Administrator called Resident #2's family and said "everything looks great and not to worry." She rescinded the 45-day discharge letter and Resident #2 continues to reside in the facility.
An interview was conducted with the home health nurse on at 1:36 p.m. by phone. She explained the right ischial measurements are .2x.2x.2. It continues to be un-stage-able, however, it is an open , . She said open , are at least a Stage II. The right ankle measurements are .3x.3x.2. She explained this continues to be a . These two wounds were not healed and have not been healed. It was explained to the Administrator; Resident #2 continues to have two open wounds. A resident with more than one , whether it is improving or not, can no longer reside in an Assisted Living Facility. Resident #2's 45-day discharge notice was given on and has exceeded the 45 days to be discharged.
4. Resident #1 no longer meets the criteria to continue to reside in the facility due to requiring total care with four of the ADLs and Resident #2 no longer meets the criteria to continue to reside in the facility due to having more than one .
Class III

0030 Resident Care - Rights & Facility Procedures

Based on observation, one of three resident records reviewed and staff interview, the facility failed to ensure Resident #1 had the appropriate size bed rails on her bed.

The findings included:

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An observation at 10:39 a.m. on / . of Resident #1's bed showed there were 3/4 side rails on both sides of her bed. A review of her record showed a physician order dated for 1/2 side rails.

An interview was conducted with the Administrator at 11:32 a.m. on / . She was not aware of these 3/4 side rails and will contact the physician and responsible party for Resident #1 to replace these side rails to 1/2 length.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

Administrator
Arcadia Oaks Assisted Living
1013 East Gibson Street
Arcadia, FL 34266

RE: CCR #2016000890

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on , 2016 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 (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form

XG90

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GARY

Time sheet

../... - 00 E B 1000 8hrs

../... - 23 S B 1000 10hrs

../ .. - 23 S B 1000 10hrs

../ .. - 23 S B 1000 10hrs

../.. - 00 E B 1000 2 hrs

4/1 thru 4/6 - 00 H B 0051 8hrs per day

4/7 - 00 E B 1000 1 hr

4/7 - 00 H B 0051 7hrs