AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910160	08/22/2016
NAME OF PROVIDER OR SUPPLIER **AZALEA MANOR OF ST. PETERSBURG**	STREET ADDRESS, CITY, STATE, ZIP CODE **112 12TH AVENUE NORTH** **SAINT PETERSBURG, FL 33701**	

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

0000 Initial Comments

Assisted Living Facility

Two complaint surveys, (CCR# 2016006570 and CCR# 2016007237), were conducted on . The Azalea Manor of St. Petersburg, Assisted Living Facility, had deficiencies at the time of the visit.

(License # 5405)

0008 Admissions - Health Assessment

Based on interviews and record reviews, the facility failed to ensure that each resident was examined by a health care professional 60 days before admission or 30 days following admission to the facility for 3 of 6 residents whose records were reviewed. (Resident #'s 9, 10 and 11).

Findings included:

Resident #'9 and Resident #11 were admitted to the facility from a hospital on . There was no AHCA Form 1823 or any other documented evidence that a medical examination had been performed maintained in the resident records.

Resident #10 was admitted to the facility from a hospital on / . There was no AHCA Form 1823 or any other documented evidence that a medical examination had been performed maintained in the resident records

An interview was conducted with the Resident Manager at 2:00 P.M. He stated that the residents who are admitted from this hospital often come to the facility without health assessments (AHCA Form 1823) or any other type of medical examination form. When asked how he would know whether or not these residents are appropriate for admission, he stated that he has admitted residents from this hospital for some time now and that they have always met the criteria for admission because they are usually independent residents who are able to care for themselves and their activities of daily living.

Resident #'s 10 and 11 were observed and interviewed at 2:30 P.M. Both residents stated that they live independently in the licensed property attached to the "big house" and that they take care of

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themselves". Both residents stated that they handle their own medications, and that the only thing the facility does for them is provide food and shelter.

Class III

0056 Medication - Labeling and Orders

Based on record review, observation, and interview, the facility failed to ensure that prescriptions for residents who received assistance with self-administration of medication were refilled in a timely manner for two (Residents #7 and #6) of ten residents reviewed.

Findings included:

A medication review was conducted for Resident #7 at 4:15 PM on . During a review of the resident's Medication Observation Record (MOR), the surveyor found an active order for medication #1 three times daily. All days and times of administration for this medication had been initialed and circled as not given from / to . The documentation on the back of Resident #7 ' sMOR indicated that this medication had not been taken by the resident due to the medication not being available on the medication cart.
A review of Resident #7's current physician orders on revealed that Resident #7 had a current physician order for medication #1 three times daily for pain.
A medication review was conducted for Resident #6 at 4:15 PM on . During a review of the resident's MOR, the surveyor found active orders for medication #2 twice daily, medication #3 twice daily, and medication #4 twice daily. All days and times of administration for these medications had been initialed and circled as not given from / to . The documentation on the back of Resident #6 ' s MOR indicated that these medications had not been taken by the resident due to the medications not being available on the medication cart.
A review of Resident #6's current physician orders on revealed that Resident #6 had current physician orders for medication #2 twice daily, medication #3 twice daily, and medication #4 twice daily.
The facility's medication cart was observed by the surveyor in the presence of the Manager on / at 4:15 PM. The surveyor observed, and the Manager confirmed, that there was no medication available for Resident #7 in the medication cart and that the medication #2, medication #3, and medication #4 were not in the medication cart or available for Resident #6.
In an interview on at 4:30 PM, the Manager confirmed that Resident #7 and Resident #6 had not received the medications from / to / due to the medications not being refilled by the facility. The Manager stated that the previously identified medications for both Resident #7 and Resident #6 had not been refilled due to being "unfunded" by another state agency. A review of the

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observation log at this time for both residents revealed that there was no documentation that the facility had contacted the residents' physician, pharmacy, or another state agency regarding the unfilled medications. No additional documentation was provided by the Manager.

Class III

0160 Records - Facility

Based on interview and record review, the facility failed to maintain an accurate up to date admission and discharge log on of all residents admitted to and discharged from the facility.

Findings included:

A review of the facility's admission and discharge log revealed missing items for Resident #'s 2,4, 8 and 11 as listed below:

The log did not contain the place from which admitted for Resident #2
The log did not contain the reason for discharge or location to which discharged for Resident #4
The log did not contain the place from which admitted for Resident #8
The log did not contain the date of discharge, reason for discharge or location to which discharged for Resident #11.
An interview with the Resident Manager on at 2pm confirmed these findings.

Class

0167 Resident Contracts

Based on interviews and record reviews the facility failed to ensure that contracts were executed for 2 of 6 residents whose records were reviewed. (Resident #9 and Resident #11).

Findings included:

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Both Resident #9 and Resident #11 were admitted to the facility from a hospital on . Although both residents signed the last page of the contract offered to them by the facility, there was no list of services to be provided, nor was there a listed monthly/daily/weekly amount to be charged.

An interview was conducted with Resident #9 who stated that he did not recall signing this document, nor was he sure what services other than food and shelter were offered nor was he sure of the amount he was being charged for food and shelter. He did believe that laundry services were supposed to be provided by the facility once a week, but admitted that he would usually do his own because there is a washer and dryer in the house that he lives in with 1 other gentleman. He stated that the facility does provide housekeeping services

Documentation reviewed that pertained to Resident #11 revealed that he understood that laundry services were being provided by the facility as part of his living arrangements, but that he was expected to do it himself since he was an "independent" resident. The contract that the facility offers to each resident contains laundering services as a personal service to be offered but this was not checked or signed for by the resident.

An interview was conducted with the Resident Manager at 2:45 P.M. and he stated that laundry services are generally provided for by the facility. He stated that the independent residents should do their own since they have their own washing machine and dryer in their house. He confirmed that this service availability was not checked on either resident contract for Resident #9 or # 11.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 2, 2016

Administrator
Azalea Manor of St. Petersburg
112 12th Avenue North
Saint Petersburg, FL 33701

RE: CCR# 2016006570 & CCR# 2016007237

Dear Administrator:

This letter reports the findings of two complaint surveys that were conducted on August 22, 2016, 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. **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 September 22, 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.

St. Petersburg Field Office
525 Mirror Lake Drive North, Suite 410 A
St. Petersburg, FL 33701
Phone:(727) 552-2000; Fax:(727) 552-1162
AHCA.MyFlorida.com

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at 727-552-2000.

Sincerely,

Teresa Ryan RNC

Patricia Reid dman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

XG90