| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | AL11968343 | 08/17/2016 |
| NAME OF PROVIDER OR SUPPLIER<br>**MJ PAVILLION INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**728 SOUTH ENDEAVOR DR**<br>**WINTER SPRINGS, FL 32708** | |

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

**0000 Initial Comments**

Relicensure survey was conducted on . MJ Pavillion Inc. License #12252, had deficiencies found at the time of the visit.

**0008 Admissions - Health Assessment**

Based on record review and interview, the facility failed to ensure a resident health assessment had all required information for 1 of 2 sampled residents (#1).

Findings:

Resident #1's record review revealed a health assessment (AHCA 1823) dated . It did not address whether or not the resident needed any assistance with taking medication. It did not answer whether or not the resident's needs can be met in the assisted living facility. It did not have the examiner's phone number.
On at 4:15 p.m., the administrator confirmed resident's AHCA 1823 was not accurately completed.

Class III

**0010 Admissions - Continued Residency**

Based on record review and interview, the facility failed to ensure appropriate continued residency for 1 of 2 sampled residents (#1). The facility retained the resident when a had not improved within 30 days. By not providing needed higher level of care, the resident's became worse.

Findings:

Resident #1's record review revealed a health assessment (AHCA 1823) dated . Resident #1's diagnoses included and (AMS). The resident was admitted to hospice services on .

Prior to admission for hospice care, the resident was receiving home health care services for care. A physician's order, dated , was written for home health care to provide care of a 3 times a week for dressing change, wash with normal , tap dry, and apply .

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SUMMARY STATEMENT OF DEFICIENCIES
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A review of home health agency (HHA) notes pertaining to revealed the following:
- The start of care worksheet was completed, indicating a .
- (visit date) noted the resident had physically declined, her increased, and the physician was made aware. The resident now required total care including feeding and required of one person to ambulate short distances and was no longer able to process information. The skilled nurse (SN) instructed the care giver (CG) to relieve pressure to the resident's area. The resident was a high risk for a break in that area. The CG reported no signs/symptoms of the skin opening.
- (visit date) noted the resident was found sitting at dining table eating, and now had to be spoon fed, which was new development. The resident also had developed a stage II to the area. The area was to be cleansed with normal , and a hydrocolloid dressing applied. The CG was instructed to relieve pressure to the area.
- (visit date) to the area was found without a dressing. The CG was instructed to avoid removing the dressing, and if the dressing off, the CG was to call the HHA.
- Diagnosis of of sacral region, was documented. The notes showed the SN was to perform/instruct on would care as follows: cleanse , with normal cleanser, apply hydrocolloid dressing twice weekly and as needed. The SN was to assess skin for breakdown every visit and instruct the resident and CG on signs and symptoms of to report to the physician.
- (visit date) The skin was documented as dry. The resident was found without a dressing to because the CG took the dressing off to give the resident a shower. The CG was instructed to avoid removing dressing. The SN addressed with the CG the potential for . The SN documented the bed remained red, edges were flat, and the peri-site was intact.
- (visit date) The resident was found with a dressing soaked with , so the CG removed the dressing that SN applied on the last visit. The had increased in size and the peri-site was red but intact.
- (visit date) The resident had developed a to the left outer ankle.

HHA notes after 30 days from the start of the in 2016, showed evidence that the resident's had increased to a as follows:
- (visit date) The old dressing on the was removed. Daily care was ordered with , both , powder to the . The bed was gray/black and pink with moderate amounts and foul smelling discharge. The peri-site was breaking down, excoriated and red. The and right were cleansed with cleanser, and Alginate was applied. The peri- site skin was prepped.
- (visit date) The old dressing for the was removed. The dressing was completely soaked. The and right were cleansed

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SUMMARY STATEMENT OF DEFICIENCIES
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with cleanser. The SN called the physician to evaluate the due to very large amounts of drainage.

- (visit date) The SN noted that resident's peri-site was purple pink in color, approximately 1-2 inches in depth. The resident also presented with a new non-stageable, to the left heel even though the resident wore off-loading boots.

- (visit date) The resdient was found with the incontinence brief, dressing, and night gown soaked with . The SN packed the with powder.

/ - The resident was waiting for hospice evaluation. The SN provided care.

On at 1 p.m., the administrator and the CG staff A both could not tell exactly how the resident's occurred. They stated that the resident had returned from the hospital in 2014 with a dressing on the . They said the resident's skin was always red on the bony area. They stated they monitored the and applied cream to the area but the resident's skin broke down in 2016. The administrator stated that the resident's family wanted to keep the resident in the facility despite the open .

Class II

**0056 Medication - Labeling and Orders**

Based on record review and interview, the facility failed to accurately maintain medication observation records (MOR) for 1 of 2 sampled residents (#2).

Findings:

A review of resident #2's 2016 MOR revealed 0.5 milligrams (mg.) tablet, 1 by mouth every 12 hours as needed for . The MOR was initialed from / to , indicating the medication was given to the resident daily. There were no notations on the MOR indicating the resident had asked for the medication for .

Resident #2's record review revealed the most current health assessment (AHCA 1823) dated / . The resident's diagnoses included a history of and status was " ".

On / at 9:30 a.m., staff B stated the resident always received at bedtime. When asked who made the decision that the resident needed the medication every night, staff B could not answer the question. She stated that the administrator would be the right person to explain why the resdient was given the medication every night at bedtime.

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SUMMARY STATEMENT OF DEFICIENCIES
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On at 3 p.m., the administrator stated that when the order said "daily, as needed", it should be given daily because the resident needed it. She could not provide any documentation showing the resident had symptoms that would indicate the need for the medication.

On at 3:30 p.m., the physician clarified the order via telephone and stated the order was daily at bedtime. He did not know why the order read "as need" in the MOR.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, , 2016

MJ Pavillion Inc.
728 South Endeavor Dry
Winter Springs, FL 32708
Attention: Joan Tyrell

Dear . Tyrell:

This letter reports the findings of a biennial re-licensure inspection survey conducted on , by representatives of the Agency for Health Care Administration (Agency). Attached is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) **by** .

The inspection resulted in findings of non-compliance in the following areas:

A0010 - Admissions - Continued Residency Class II
The facility failed to ensure appropriate continued residency for and retained the resident when a . "had not improved within 30 days and failed to refer to a higher level of care when the became worse.".

Directed Corrective Actions:

1. The ultimate responsibility for appropriateness of residents in the facility lies with the administrator. Continued residency should be assessed by the administrator on an ongoing basis. A resident can be retrained in the facility for 30 days with a if the is improving. The facility needs to establish or update a policy as to who will be responsible for assessing the continued appropriateness of residents. If should include the review of all . This must be conducted **by** .

2. An in-service must be conducted to address resident's continued appropriateness for the Assisted Living Facility. The in-service should be given to all staff who are considered caregivers. The regulation relating to should be reviewed and explained to the staff. There must be a sign in sheet and course content available for review upon request of the Agency. This in-service and training must be conducted **by** .

3. There must be better communication between a third party provider and the facility when they enter your facility to provide care for a resident in your facility. Review of the documentation from the Home Health Agency revealed that vital information that should have

Mj Pavillion Inc
, 2016

been included in their documentation was missing. There must be some type of communication and a policy for the coordination with Third Party Providers. The policy must include guidelines for meetings between the provider and the facility and the requirement for documentation. This must be conducted **by** .

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Should you have any questions, please contact . Lorraine Henry, Assisted Living Facility Evaluator Supervisor, Orlando, at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be

D7JR

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2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Orlando Field Office
400 W. Robinson St., Suite S-309
Orlando, FL 32801
Phone (407) 420-2502; Fax (407) 245-0998

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, ', 2016

Administrator
Mj Pavillion Inc
728 South Endeavor Dr
Winter Springs, FL 32708

**RE: Re-licensure survey**

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on ', 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 , 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(s). Should you have any questions please call Lorraine Henry at -2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure
XG90

Orlando Field Office
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