STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967203	**05/11/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMMACULATE HOUSE AT COUNTRYSIDE	**2542 COUNTRYSIDE PINES DRIVE CLEARWATER, FL 33761**

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

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017004299), was conducted at Immaculate House at Countryside on . Immaculate House at Countryside had deficiencies at the time of the investigation.

(License # 11233)

0025 - Resident Care - Supervision - 429.26(7) FS; 58A-5.0182(1) FAC

Based on interview and record review, the facility failed to update a resident written record to reflect significant changes, notify a resident's primary care provider/physician (PCP) and power of attorney (POA) when resident exhibited changes in condition, and obtain physician orders to alter medication regimen for one Resident (#1) of three sampled residents.

Findings included:

During a review of Resident #1's closed records conducted on , the following was revealed:

Resident #1 had numerous on-going health issues/concerns from through . These health concerns included on-going binge eating, choking episodes, and behavior issues; suspected , and , excessive and inexplicable , and bleeds easily from any scratch; and , on-going , and multiple (Photographic Evidence Obtained). The facility was unable to provide documentation regarding each health issue, when each episode occurred, a description of each episode, what was done for each episode, symptoms seen for each episode, who was notified for each episode, and the outcome of each episode.

The facility gave ordered medication early (, on), held medication (, on and E on), and repeatedly gave Pedialyte on (Photographic Evidence Obtained). The facility was unable to provide documentation that the PCP and POA were notified and no orders were obtained for each change in medication regimen.

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Resident #1's medication observation record (MOR) (Photographic Evidence Obtained) reflected , 81mg one tablet every morning. The facility was unable to provide documentation that PCP was notified that resident #1 was incurring "excessive and easily " while taking , (a).

On , the administrator was notified first when Resident #1 had and needed immediate medical attention. According to the emergency medical service's report (Photographic Evidence Obtained), upon arrival at 04:59am, Resident #1 was lying on the floor in "moderate distress" and "AMS" ( ). A post-it note found in Resident #1's record that indicated the occurred at 03:45am. The facility failed to follow policy and procedure and notify 911 first when a change in condition necessitates immediate medical treatment (Photographic Evidence Obtained). The facility was unable to provide documentation on resident #1's condition between (when the facility first suspected a) through (when the facility began documenting resident's condition on post-it notes).

An interview conducted on at 11:50am confirmed that the facility failed to follow incident-reporting policy and procedure to call 911 first as the Administrator stated that Staff E called them first. At 12:45pm it was confirmed that the facility failed to fill out incident reports as the administrator stated, "We don't have any, we don't do them." At 01:15pm it was confirmed that there was a lack of documentation as the administrator stated, "No, we don't document every time something happens; we just make a phone call to the family; there has never been a concern before."

Class III

0167 - Resident Contracts - 58A-5.025 FAC

Based on interview and record review, the facility failed to ensure that a full refund was provided to a discharged resident that conformed to Section 429.24(3), F.S. (Florida Statutes) for one (Resident #1) of three records reviewed.

Findings included:

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	AL11967203	**05/11/2017**
NAME OF PROVIDER OR SUPPLIER **IMMACULATE HOUSE AT COUNTRYSIDE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2542 COUNTRYSIDE PINES DRIVE CLEARWATER, FL 33761**	

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

An interview was conducted with the Administrator at 12:00 PM on . . . . . concerning refunds to discharged residents. The Administrator referenced the signed contract for Resident #1 which stated that any balance of a month's rent is not refundable, and is used for minor damages assessed by the facility including those for normal wear and tear and use. The Administrator stated that this was in lieu of a community fee or security deposit. A review of the contract signed by Resident #1's power of attorney (POA) confirmed this understanding.

A review of Resident #1's closed record showed that they were discharged from the facility on , with the rental period beginning on the 19th day of the month. . . . . indicated that there were 9 days left for the month of 2016 that were pre-paid equaling $900.00. The contractual agreement stated that this was not refundable and would be used for minor damages assessed by the facility.

The Administrator provided proof of funds submitted by Resident #1's POA upon admission to the facility including the first month's rent, the last month's rent, and money for a resident fund account (Photographic Evidence Obtained). The Administrator also provided copies of invoices from a local plumber for the dates of and . . . . for repairs made. The 2 invoices totaled $433.05 (Photographic Evidence Obtained).

According to a document addressed to the POA for Resident #1 dated , the facility was deducting the following amounts from the refund from the last month's rent (originally collected on): 1. The amounts stated for the 2 plumbing invoices. 2. A fee for boxing Residents 1's belongings. 3. An unpaid personal fee for hair care. The total for these charges was $499.55 and the facility rounded this to $500.00. The document stated that the balance of the last month's rent would be mailed in the form of a check on the next business day (Photographic Evidence Obtained).

During the interview conducted with the Administrator beginning at 12:00 PM on , they stated that the plumbing repairs were due to Resident #1 flushing "wipes" down the toilet. The Administrator stated that 3 residents utilized that toilet, including Resident #1. When asked for proof and documentation that Resident #1 was responsible for the plumbing issues, the Administrator stated that there was none available.

Class III