STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968462	C 04/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILL ASSISTED LIVING FACILITY	**8239 CESSNA DR,** **SPRING HILL, FL 34606**

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

0000 - Initial Comments

On , an unannounced complaint survey (CCR#2018002227) was conducted at Spring Hill Assisted Living Facility, license #12359. The facility was not in compliance at the time of the survey.

0167 - Resident Contracts - 58A-5.025 FAC

Based on interview and residents contract review, the facility failed to ensure that residents were given 45-days notice of a board rate change as specified in the signed resident contracts for resident 4 of 4 reviewed resident contracts (residents #8, 9, 10, and 11).

Findings:

On at 1:15 PM, an interview was conducted with Resident #8 and Resident #9. Both resident stated that their board rate had been increased starting , but that they had not been given 30-days notice of the rate increase.

A review was conducted of the resident contracts for residents #8, 9, 10, and 11. The contracts revealed that the contract for all reviewed residents included a notice titled, "Notice of board increase for 2017," notice date 2017. The document states, "Effective , 2018, your current Board rate will increase in direct proportion to the increase set by the Social Security Administration. The increase set by the Social Security Administration is 2.00%. The reviewed resident contracts state under section Financial Agreement, section 2, "Any rate change will be preceded by a 45 day written amount notice." Section 3, "Monthly invoices are not sent since the rent remains constant unless changed in writing after a 45 day notice."

On at 11:18 AM, an interview was conducted with the facility Administrator. The Administrator stated, "I gave the Notice of board increase for 2017 in the month of . It was all throughout the month. The residents were not given a 45-day notice of the rate increase in writing."

Class III

L243 - LMH - Training - 429.075(1) FS; 58A-5.0191(8) FAC

Based on interview and employee record review, the facility failed to ensure that staff received 6 hours of initial training in Limited Mental Health within 6 months of hire for 2 of 6 reviewed staff (Staff D, and F).

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	AL11968462	C **04/05/2018**
NAME OF PROVIDER OR SUPPLIER **SPRING HILL ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **8239 CESSNA DR,** **SPRING HILL, FL 34606**	

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

Findings

A review was conducted of the personnel record of staff D. The record revealed staff D was hired on . There was no record that staff D had received 6 hours of training in Limited Mental Health within 6 months of hire.

A review was conducted of the personnel record of staff F. The record revealed staff D was hired on . There was no record that staff D had received 6 hours of training in Limited Mental Health within 6 months of hire.

On at 2:13 PM, an interview was conducted with the Administrator. The Administrator confirmed the hire date of Staff D and F and confirmed that they had not received 6 hours of training in Limited Mental Health.

Class III

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968462	A. BUILDING: _____ B. WING _____	C 04/05/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING HILL ASSISTED LIVING FACILITY	8239 CESSNA DR, SPRING HILL, FL 34606

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On , an unannounced complaint survey (CCR#2018002227) was conducted at Spring Hill Assisted Living Facility, license #12359. The facility was not in compliance at the time of the survey.	A 000		
A 167 SS=D	58A-5.025 FAC Resident Contracts (1) Pursuant to Section 429.24, F.S., the facility must offer a contract for execution by the resident or the resident ' s legal representative before or at the time of admission. The contract must contain the following provisions: (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and extended congregate care services that the resident elects to receive; (b) The daily, weekly, or monthly rate; (c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule that must be attached to the contract; (d) A provision stating that at least 30 days written notice will be given before any rate increase; (e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S.; (f) The purpose of any advance payments or deposit payments, and the refund policy for such advance or deposit payments; (g) A refund policy that must conform to Section 429.24(3), F.S.; (h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or	A 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11968462	A. BUILDING: _____ B. WING _____	C 04/05/2018

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A 167	Continued From page 1 responsible party must notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition prevents the resident from giving written notification, such as when a resident is comatose, and the resident does not have a responsible party to act on the resident ' s behalf; (i) A provision stating whether the facility is affiliated with any religious organization and, if so, which organization and its relationship to the facility; (j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those that the facility is licensed to provide, the resident or the resident ' s representative, or agency acting on the resident ' s behalf, must be notified in writing that the resident must make arrangements for transfer to a care setting that is able to provide services needed by the resident. In the event the resident has no one to represent him or her, the facility must refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions outlined in Section 429.26(8), F.S., will take effect; (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule; (l) The facility ' s policies and procedures for self-administration, assistance with self-administration, and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions	A 167		

Agency for Health Care Administration

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A 167	Continued From page 2 regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule; and (m) The facility ' s policies and procedures related to a properly executed DH Form 1896, (2) The resident, or the resident ' s representative, must be provided with a copy of the executed contract. (3) The facility may not levy an additional charge for any supplies, services, or accommodations that the facility has agreed by contract to provide as part of the standard daily, weekly, or monthly rate. The resident or resident ' s representative must be furnished in advance with an itemized written statement setting forth additional charges for any services, supplies, or accommodations available to residents not covered under the contract. An addendum must be added to the resident contract to reflect the additional services, supplies, or accommodations not provided under the original agreement. Such addendum must be dated and signed by the facility and the resident or resident ' s legal representative and a copy given to the resident or resident ' s representative. This Statute or Rule is not met as evidenced by: Based on interview and residents contract review, the facility failed to ensure that residents were given 45-days notice of a board rate change as specified in the signed resident contracts for resident 4 of 4 reviewed resident contracts (residents #8, 9, 10, and 11). Findings: On at 1:15 PM, an interview was conducted with Resident #8 and Resident #9.	A 167		

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A 167	Continued From page 3 Both resident stated that their board rate had been increased starting , but that they had not been given 30-days notice of the rate increase. A review was conducted of the resident contracts for residents #8, 9, 10, and 11. The contracts revealed that the contract for all reviewed residents included a notice titled, "Notice of board increase for 2017," notice date 2017. The document states, "Effective , 2018, your current Board rate will increase in direct proportion to the increase set by the Social Security Administration. The increase set by the Social Security Administration is 2.00%. The reviewed resident contracts state under section Financial Agreement, section 2, "Any rate change will be preceded by a 45 day written amount notice." Section 3, "Monthly invoices are not sent since the rent remains constant unless changed in writing after a 45 day notice." On at 11:18 AM, an interview was conducted with the facility Administrator. The Administrator stated, "I gave the Notice of board increase for 2017 in the month of . It was all throughout the month. The residents were not given a 45-day notice of the rate increase in writing." Class III	A 167		
AL243 SS=D	429.075(1) FS; 58A-5.0191(8) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an	AL243		

Agency for Health Care Administration

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AL243	Continued From page 4	AL243		

assisted living facility, must not have any current uncorrected deficiencies or violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. Such designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training will be provided by or approved by the Department of Children and Families.

58A-5.0191
(8) LIMITED MENTAL HEALTH TRAINING.
(a) Pursuant to Section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training:
1. A minimum of 6 hours of specialized training in working with individuals with mental health diagnoses.
a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility ' s receiving a limited mental health license or within 6 months of employment in a limited mental health facility.
b. Staff in " direct contact " means direct care staff and staff whose duties take them into resident living areas and require them to interact with mental health residents on a daily basis. The term does not include maintenance, food service or administrative staff, if such staff have only

Agency for Health Care Administration

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AL243	Continued From page 5 incidental contact with mental health residents. c. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to Section 429.52(4), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and b. Mental health treatment such as mental health needs, services, behaviors and appropriate interventions; resident progress in achieving treatment goals; how to recognize changes in the resident ' s status or condition that may affect other services received or may require intervention; and crisis services and the . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to Section 429.52(4), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement. (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility ' s personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are	AL243		

Agency for Health Care Administration

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AL243	Continued From page 6 retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on interview and employee record review, the facility failed to ensure that staff received 6 hours of initial training in Limited Mental Health within 6 months of hire for 2 of 6 reviewed staff (Staff D, and F). Findings A review was conducted of the personnel record of staff D. The record revealed staff D was hired on . There was no record that staff D had received 6 hours of training in Limited Mental Health within 6 months of hire. A review was conducted of the personnel record of staff F. The record revealed staff D was hired on . There was no record that staff D had received 6 hours of training in Limited Mental Health within 6 months of hire. On at 2:13 PM, an interview was conducted with the Administrator. The Administrator confirmed the hire date of Staff D and F and confirmed that they had not received 6 hours of training in Limited Mental Health. Class III	AL243		