STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968060	**01/16/2019**
NAME OF PROVIDER OR SUPPLIER **EASTSIDE ACTIVE LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1600 TAFT STREET** **HOLLYWOOD, FL 33020**	

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

0000 - Initial Comments

AMENDED

An unannounced licensure complaint survey, CCR #2018015772 and CCR #2018017457, was commenced on and concluded on at Eastside Active Living, License #12023. The facility had a deficiency identified at the time of the survey.

0030 - Resident Care - Rights & Facility Procedures - 58A-5.0182(6) FAC; 429.28( ) FS 429.27

Based on observation, record review and interview, it was revealed that the facility failed to follow appropriate steps when discharging a resident; including notification to the resident's Power of Attorney (POA) and/or legal guardian, for 1 out 3 sampled records reviewed (Resident #6). As evidence of the facility failure to arrange and discharged a resident to a licensed facility with the consent of the POA , placing the resident at risk of , /or .

Findings Include:

On , this surveyor conducted a complaint survey at the facility. During the survey between 12:39 PM and 12:48 PM, this surveyor reviewed the facility's Admission/Discharge log. This surveyor did not observe Resident #6's name on the log. The Business manager stated that there is another log they keep in the office. This surveyor requested a copy of the log; but has not received it to date.

Review of Resident #6's file revealed the facility issued a 45 day notice to the resident. Further review of the notice revealed it was dated on , it stated "Your personal care needs (Activity of Daily living) exceeds the level of services provided by the facility, as specified in the facility's disclosure information." Further review of Resident #6's file did not reveal or reflect anything in the file to suggest that the resident's needs could no longer be met at the facility. A review of Resident #6's Health Assessment form (AHCA 1823 form) dated indicated the resident could have his/her needs met in an ALF. The updated AHCA 1823 form dated also indicated that the resident was appropriate and could have his/her needs met in an ALF. In addition, Physicians orders in the resident's file by (evaluating physician) says "I have examined this person and find no evidence to support the need for continuous skilled nursing at this time. The persons needs can be met in an assisted living facility."

During a review of Resident #6's financial records revealed the following. According to the Resident #6's contract (page 39), it states that the rent would go from $1,000/month to $2,100/month if any

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program (Diversion Program, Medicaid Waiver or Veteran Administration -VA) is secured. Specifically; "as soon as any of these programs is approved I agree to start paying the normal going rate of $2,100 per month and will sign the addendum showing the new rate." This surveyor reviewed the resident's file and did not observe anything in the resident's record to indicate that resident #6 was approved for any of the programs; or that an addendum was signed. There was only verification of resident' monthly (federal) benefit in the file.

Further review of Resident #6's record on between 1:20 PM and 2:01 PM, this surveyor observed a "45-day Notification of Past Due and Rate Increase dated , addressed to the resident at the facility's address, notifying resident that the rent was increasing "to an additional $1,200. Therefore, your total rent will now be $2,220 as of , ."

During review of the facility records, this surveyor observed the (Facility) Resident Observation Log, with an entry dated : "resident transferred to (new facility) - ALF - Resident left facility with (representative from facility discharged to).

During a telephone on at 3:37 PM with Confidential Souirce #1, it was stated that the resident is now at (another facility). Confidential Source #1 stated that the resident "was not behind on his/her payments or anything. (Resident) needed assistance with toileting and ambulation, but there was no reason for (resident) to be discharged. And it was not a safe discharge because (resident) was sent to a facility that (Eastside) didn't even verify." It was further revealed that a (person) showed up and identified (themselves) as a nurse. (Administrator) released resident, along with resident's medical information (AHCA 1823 form, HIPPA information, etc.) without asking any questions. Stated the facility "did not verify anything." (Administrator) stated he/she "trusted (new facility nurse) judgement. It turned out that the (individual) that they released (resident) to had warrants out for Elderly and had been .

A review of other documentation within the resident's file and facility records provided to the surveyor on revealed that the Administrator stated that he/she "is the one who found placement but (he/she) is not responsible for the discharge process. In addition, the Administrator stated that "she just finds people but doesn't know about licensing or completing a background check on facilities where she recommends transfers."

During an interview with Resident #6's POA, it was revealed "the facility never contacted (me) to indicate that the (resident) would be transferred". The POA also stated, "Eastside Living was very nasty to her and would not tell them where they put the (resident)".

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According to 429.26(7) FS; 58A-5.0182(1) FAC, (d), the facility is responsible for contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. Review of the facility's records revealed that the facility did not follow the notification process required for discharge.

During further review of the forty-five day notice entitled "(45) Day NOTIFICATION PAST DUE AND RATE INCREASE" document dated based on confidential interviews, this surveyor observed a note on the letter stating "we have tried calling (POA) on numerous occasions. However, we have not received any returned calls. In addition, we also sent a certified letter to (POA) and the letter was returned. During review of Resident #6' file, this survey did not observe a copy of the certified receipt in the file. Additionally, during conversation with Confidential Source #1 on , Confidential Source #1 stated "the lady (at receiving facility) was able to locate the family to ask about payment."

On between 4:30 PM and 4:45 PM, this surveyor met with the Administrator and Business Manager to discuss the findings of the complaint surveys. The inappropriate and unsafe discharge of resident 6 was discussed with them. They acknowledged and understood the findings.

Class II