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
	AL11910284	A. BUILDING: _____ B. WING _____	C 05/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEISURE MANOR ALF	301 SOUTH MAIN AVENUE MINNEOLA, FL 34755

(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 A complaint investigation (Complaints #2019004943, 2019007580 & 2019007812) was conducted at Leisure Manor Assisted Living Facility on . The provider had deficiencies at the time of the survey.	A 000		
A 030 SS=D	58A-5.0182(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 58A-5.0182 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 58A-5.0181, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. [illegible] and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and [illegible];
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and universal precautions; and,
8. The requirements for coordinating the delivery of services to residents by third party providers.
(e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws.
(f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside.
(g) In addition to the requirements of section

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A 030	Continued From page 2 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community.	A 030		

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A 030	Continued From page 3 (f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care . . . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days ' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . . , the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency	A 030		

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termination. Reasons for relocation shall be set forth in writing. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident ' s access to a telephone

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A 030	Continued From page 5 to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [redacted] Hotline operated by the Department of Children and Families, and [redacted], Rights Florida. 429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [redacted] or [redacted] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to assist with obtaining access to adequate and appropriate health care regarding management of medications for 2 of 2 sampled residents (Resident #3 & Resident #20). Findings: Record review of Resident #3's Medication Observation Record (MOR) revealed an order for	A 030		

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A 030	Continued From page 6 , 100 mg, take 1 ½ tablets by twice a day. Review of the MOR for the period from through revealed , 100 mg was not given from through , and given on through , once a day at 7:00 PM. Record review of Resident #20's MOR revealed an order for , 150 mg, take by 1 ½ tablets twice a day. Review of the MOR for the period from through revealed , 150 mg was not given on , 3, 5, 6, 7, 15, 16, 17, 22, 25, 30 or 31, and given once a day on ,4, 8, 9, 12, 13, 14, 18, 19, 20, 21, 23, 24, 26, 27, 28, and 29 at 7:00 PM. On at 1:57 PM, during an interview, the Manager stated she usually called the pharmacy 3 days prior to the resident running out of medication. She stated the residents' behavioral health provider ordered that , medication- the facility did not. The only way that a resident could receive , was if the resident had received the proper bloodwork which was also ordered by the behavioral health provider. She stated she's not sure what happened with Resident 3's medication during that time because she was out having emergency surgery. She stated she was out and returned to work on . On at 2:05 PM, during an interview, Resident #3 confirmed that she did go without , for about 2 weeks in , the month she first was admitted to the facility. She stated the medication was a controlled drug and you were not supposed to stop taking the medication as you can experience withdrawal symptoms. She stated she was told the Manager	A 030		

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A 030	Continued From page 7 was the only person who coordinated services with the behavioral health facility. Due to the Manager's absence that month nothing was done to secure the medication. She further stated she then communicated with the behavioral health provider each month herself to ensure the bloodwork is arranged so that she never runs out of medication again. She stated she did experience some withdrawal symptoms that month she went without. Resident #3 stated she became depressed, reclusive and [redacted], which were symptoms of withdrawal. On [redacted] at 2:13 PM, during an interview, Resident #20 stated he had lived at the facility for years. He confirmed he did take medications. He stated he had run out of medications several times. He stated that the facility was supposed to make sure he gets more before he runs out. He stated that when the pill pack got low, they were supposed to call the pharmacy so it wouldn't run completely out. Class III	A 030		

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A 030	Continued From page 5 to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [redacted] Hotline operated by the Department of Children and Families, and [redacted], Rights Florida. 429.27(1)(a), FS Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated [redacted] or [redacted] under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to assist with obtaining access to adequate and appropriate health care regarding management of medications for 2 of 2 sampled residents (Resident #3 & Resident #20). Findings: Record review of Resident #3's Medication Observation Record (MOR) revealed an order for	A 030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910284	A. BUILDING: _____ B. WING _____	C 05/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEISURE MANOR ALF	301 SOUTH MAIN AVENUE MINNEOLA, FL 34755

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A 030	Continued From page 6 , 100 mg, take 1 ½ tablets by twice a day. Review of the MOR for the period from through revealed , 100 mg was not given from through , and given on through , once a day at 7:00 PM. Record review of Resident #20's MOR revealed an order for , 150 mg, take by 1 ½ tablets twice a day. Review of the MOR for the period from through revealed , 150 mg was not given on , 3, 5, 6, 7, 15, 16, 17, 22, 25, 30 or 31, and given once a day on ,4, 8, 9, 12, 13, 14, 18, 19, 20, 21, 23, 24, 26, 27, 28, and 29 at 7:00 PM. On at 1:57 PM, during an interview, the Manager stated she usually called the pharmacy 3 days prior to the resident running out of medication. She stated the residents' behavioral health provider ordered that , medication- the facility did not. The only way that a resident could receive , was if the resident had received the proper bloodwork which was also ordered by the behavioral health provider. She stated she's not sure what happened with Resident 3's medication during that time because she was out having emergency surgery. She stated she was out and returned to work on . On at 2:05 PM, during an interview, Resident #3 confirmed that she did go without , for about 2 weeks in , the month she first was admitted to the facility. She stated the medication was a controlled drug and you were not supposed to stop taking the medication as you can experience withdrawal symptoms. She stated she was told the Manager	A 030		

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A 030	Continued From page 7 was the only person who coordinated services with the behavioral health facility. Due to the Manager's absence that month nothing was done to secure the medication. She further stated she then communicated with the behavioral health provider each month herself to ensure the bloodwork is arranged so that she never runs out of medication again. She stated she did experience some withdrawal symptoms that month she went without. Resident #3 stated she became depressed, reclusive and [redacted], which were symptoms of withdrawal. On [redacted] at 2:13 PM, during an interview, Resident #20 stated he had lived at the facility for years. He confirmed he did take medications. He stated he had run out of medications several times. He stated that the facility was supposed to make sure he gets more before he runs out. He stated that when the pill pack got low, they were supposed to call the pharmacy so it wouldn't run completely out. Class III	A 030		