

Agency for Health Care Administration

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11963788</b>              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/07/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PANORAMA LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1030 BALMY BEACH DRIVE<br/>APOPKA, FL 32703</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY<br>FULL REGULATORY OR LSC IDENTIFYING<br>INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| A 000                                                      | Initial Comments<br><br>Amended . . . . . Tag A0030<br><br>A complaint investigation #2019007099<br>was conducted on . . . . . Panorama<br>Living had a deficiency at the time of the<br>visit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | A 000                                                                                       |                                                                                                                          |                                                        |
| A 030<br>SS=D                                              | 58A-5.0182(6) FAC; 429.28( ) FS<br>429.27 Resident Care - Rights & Facility<br>Procedures<br><br>58A-5.0182<br>(6) RESIDENT RIGHTS AND FACILITY<br>PROCEDURES.<br>(a) A copy of the Resident Bill of Rights<br>as described in section 429.28, F.S., or a<br>summary provided by the Long-Term<br>Care Ombudsman Program must be<br>posted in full view in a freely accessible<br>resident area, and included in the<br>admission package provided pursuant to<br>rule 58A-5.0181, F.A.C.<br>(b) In accordance with section 429.28,<br>F.S., the facility must have a written<br>grievance procedure for receiving and<br>responding to resident complaints and a<br>written procedure to allow residents to<br>recommend changes to facility policies<br>and procedures. The facility must be<br>able to demonstrate that such procedure | A 030                                                                                       |                                                                                                                          |                                                        |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Agency for Health Care Administration

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| A 030                                                      | Continued From page 1<br><br>is implemented upon receipt of a<br>complaint.<br>(c) The telephone number for lodging<br>complaints against a facility or facility<br>staff must be posted in full view in a<br>common area accessible to all residents.<br>The telephone numbers are: the<br>Long-Term Care Ombudsman Program,<br>1(888)831-0404; , Rights<br>Florida, 1(800)342-0823; the Agency<br>Consumer Hotline 1(888)419-3456, and<br>the statewide toll-free telephone number<br>of the Florida Hotline,<br>1(800)96- or 1(800)962-2873.<br>The telephone numbers must be posted<br>in close proximity to a telephone<br>accessible by residents and the text<br>must be a minimum of 14-point font.<br>(d) The facility must have a written<br>statement of its house rules and<br>procedures that must be included in the<br>admission package provided pursuant to<br>rule 58A-5.0181, F.A.C. The rules and<br>procedures must at a minimum address<br>the facility's policies regarding:<br>1. Resident responsibilities;<br>2. and tobacco use;<br>3. Medication storage;<br>4. Resident elopement;<br>5. Reporting resident , neglect,<br>and ; | A 030                                                                          |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| A 030                                                      | Continued From page 2<br><br>6. Administrative and housekeeping<br>schedules and requirements;<br>7. control, sanitation, and<br>universal precautions; and,<br>8. The requirements for coordinating the<br>delivery of services to residents by third<br>party providers.<br>(e) Residents may not be required to<br>perform any work in the facility without<br>compensation. Residents may be<br>required to clean their own sleeping<br>areas or apartments if the facility rules or<br>the facility contract includes such a<br>requirement. If a resident is employed by<br>the facility, the resident must be<br>compensated in compliance with state<br>and federal wage laws.<br>(f) The facility must provide residents<br>with convenient access to a telephone to<br>facilitate the resident's right to<br>unrestricted and private communication,<br>pursuant to section 429.28(1)(d), F.S.<br>The facility must allow unidentified<br>telephone calls to residents. For facilities<br>with a licensed capacity of 17 or more<br>residents in which residents do not have<br>private telephones, there must be, at a<br>minimum, a readily accessible telephone<br>on each floor of each building where<br>residents reside.<br>(g) In addition to the requirements of | A 030                                                                          |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| A 030                                                      | <p>Continued From page 3</p> <p>section 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 _____.</p> <p>429.28 Resident bill of rights.-<br/>(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:</p> <p>(a) Live in a safe and decent living environment, free from _____ and neglect.</p> <p>(b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(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</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

Agency for Health Care Administration

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| A 030                                                      | Continued From page 4<br><br>rights of other residents.<br>(d) Unrestricted private communication,<br>including receiving and sending<br>unopened correspondence, access to a<br>telephone, and visiting with any person<br>of his or her choice, at any time between<br>the hours of 9 a.m. and 9 p.m. at a<br>minimum. Upon request, the facility shall<br>make provisions to extend visiting hours<br>for caregivers and out-of-town guests,<br>and in other similar situations.<br>(e) Freedom to participate in and benefit<br>from community services and activities<br>and to pursue the highest possible level<br>of independence, autonomy, and<br>interaction within the community.<br>(f) Manage his or her financial affairs<br>unless the resident or, if applicable, the<br>resident ' s representative, designee,<br>surrogate, guardian, or attorney in fact<br>authorizes the administrator of the facility<br>to provide safekeeping for funds as<br>provided in s. 429.27.<br>(g) Share a room with his or her spouse<br>if both are residents of the facility.<br>(h) Reasonable opportunity for regular<br>exercise several times a week and to be<br>outdoors at regular and frequent<br>intervals except when prevented by<br>inclement weather.<br>(i) Exercise civil and religious liberties, | A 030                                                                          |                                                                                                                          |  |                                                        |

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| A 030                                                      | Continued From page 5<br><br>including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.<br><br>(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.<br><br>(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                                                                                       |                                                                                                                          |                                                        |

Agency for Health Care Administration

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| A 030                                                      | Continued From page 6<br><br>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.<br>(1) 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.<br>(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 | A 030                                                                          |                                                                                                                          |  |                                                        |

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| A 030                                                      | <p>Continued From page 7</p> <p>Department of Children and Families,<br/>and, if applicable, _____, Rights<br/>Florida, where complaints may be<br/>lodged. The notice must state that a<br/>complaint made to the Office of State<br/>Long-Term Care Ombudsman or a local<br/>long-term care ombudsman council, the<br/>names and identities of the residents<br/>involved in the complaint, and the<br/>identity of complainants are kept<br/>confidential pursuant to s. 400.0077 and<br/>that retaliatory action cannot be taken<br/>against a resident for presenting<br/>grievances or for exercising any other<br/>resident right. The facility must ensure a<br/>resident 's access to a telephone to call<br/>the State Long-Term Care Ombudsman<br/>Program or local ombudsman council,<br/>the Elder _____ Hotline operated by the<br/>Department of Children and Families,<br/>and _____, Rights Florida.</p> <p>429.27(1)(a), FS<br/>Property and personal affairs of<br/>residents.-<br/>(1)(a) A resident shall be given the option<br/>of using his or her own belongings, as<br/>space permits; choosing his or her<br/>roommate; and, whenever possible,<br/>unless the resident is adjudicated<br/>_____, or _____ under state</p> | A 030                                                                                       |                                                                                                                          |                                                        |



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| NAME OF PROVIDER OR SUPPLIER<br><br><b>PANORAMA LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1030 BALMY BEACH DRIVE<br/>APOPKA, FL 32703</b>                              |  |                                                        |
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| A 030                                                      | <p>Continued From page 8</p> <p>law, managing his or her own affairs.<br/>(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.</p> <p>This Statute or Rule is not met as evidenced by:<br/>Based on record review and interview the facility failed to ensure 3 of 3 sampled residents (Residents#1, 2, and 3) were treated with consideration and respect and with due recognition of personal dignity and influenced the residents to switch health care plans in order to stay at the facility.</p> <p>Findings:</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11963788</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/07/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PANORAMA LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1030 BALMY BEACH DRIVE<br/>APOPKA, FL 32703</b>                              |  |                                                        |
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| A 030                                                      | <p>Continued From page 9</p> <p>In interviews on _____ with Resident 1, 2, and 3 they confirmed the administrator advised them to change their health insurance to a specific health plan. They stated the administrator advised them the facility no longer takes the insurance they now receive and would have to switch to the new health care plan in order to stay at the facility. They confirmed they were never told by the administrator to call Choice counseling for options or advice.</p> <p>In record reviews of Resident 1, 2 and 3 it was confirmed their health care insurance was switched to the health care insurance the administrator had advised.</p> <p>In an interview on _____ at 12:30pm with the administrator she confirmed she advised and influenced Residents #1, 2, and 3 to switch their health care plan to the plan the facility now is approved for. She confirmed the residents were never told to call Choice Counseling for options. She confirmed she informed the residents they would not be able to stay at the facility if they did not switch to the new health care plan.</p> | A 030                                                                          |                                                                                                                          |  |                                                        |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION        |                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11963788</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/07/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>PANORAMA LIVING</b> |                                                                                                                                 |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1030 BALMY BEACH DRIVE<br/>APOPKA, FL 32703</b>                              |  |                                                        |
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| A 030                                                      | Continued From page 10<br><br>Class III                                                                                         | A 030                                                                          |                                                                                                                          |  |                                                        |