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
	AL11910085	A. BUILDING: _____ B. WING _____	09/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS OF SEBRING (THE)	725 S. PINE STREET SEBRING, FL 33870

(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 (Complaint Numbers: 2019010149, 2019012876, and 2019007710), a Generator Monitoring, and a Revisit to 08/14/19 Complaint Investigation (Complaint Number: 2019010850) were conducted at Palms of Sebring Assisted Living Facility on 09/27/19. Deficiencies were identified at the time of survey.	A 000		
A 162 SS=D	58A-5.024(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows: 1. Name; 2. ; 3. Race; 4. Date of birth; 5. Place of birth, if known; 6. Social security number; 7. Medicaid and/or Medicare number, or name of other health insurance ; 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in Rule 58A-5.0181, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, , or other services to be provided, supervised, or implemented by the facility that require a health care provider ' s order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to Rule 58A-5.020, F.A.C., if applicable.	A 162		

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A 162	Continued From page 1 (e) The resident care record described in paragraph 58A-5.0182(1)(e), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in Rule 58A-5.0181, F.A.C., if such consent is not included in the resident's contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to Rule 58A-5.0185, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in Rule 58A-5.025, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in Section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in Section 429.27, F.S. (l) If the resident is an [illegible] recipient, a copy of the Department of Children and Families form Alternate Care Certification for [illegible] ([illegible]), CF-ES 1006, [illegible], which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No	A 162		

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A 162	Continued From page 2 =Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the , , of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in Rule 58A-5.0181, F.A.C. (o) The resident ' s , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement; 2. The resident demographic data required in this paragraph; 3. The health assessment described in Rule 58A-5.0181, F.A.C.; 4. The resident's contract described in Rule 58A-5.025, F.A.C.; and 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by	A 162		

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A 162	Continued From page 3 contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in Rules 58A-5.029, 58A-5.030 and 58A-5.031, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the Facility failed to maintain resident records for Hospice residents with the required Interdisciplinary Care Plan ( ), a Hospice Admission or Consent Form, and obtain a new -to- health assessments documented on the Agency for Health Care Administration Form 1823 (1823) when the residents had significant declines in condition, necessitating their admission to Hospice services for four Residents (#, #, #, and #) of four sampled residents. Furthermore, the Facility failed to maintain 1823's with all required data as described in Rule 58A-5.0181, Florida Administrative Code for one Resident (#6) of four sampled residents. Findings Included: A record review for Resident #1, conducted on , revealed that Resident #1 was admitted to Hospice services on . Resident #1's most recent 1823 was dated and did not state the required nursing services of Hospice or specify the address and telephone number of the Examiner. The in the resident's record was blank with no specified care and services that Hospice provided and those that the Facility provided agreed upon by Hospice, the Facility, and Resident #2.	A 162		

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A 162	Continued From page 4 A record review for Resident #2, conducted on . . . . , revealed that Resident #2 was admitted to Hospice services on . Resident #2's most recent 1823 was dated . . . . . and did not state the required nursing services of Hospice. The . in the resident's record was blank with no specified care and services that Hospice provided and those that the Facility provided agreed upon by Hospice, the Facility, and Resident #2. A record review for Resident #6, conducted on , revealed that Resident #6 had an 1823 that was not dated. Resident #6's name and date of birth were not at the top of each page and did not include the type of assistance that the resident required for medication administration as required. A record review for Resident #7, conducted on , revealed that Resident #7 was admitted to Hospice services on . . . . . . Resident #7's most recent 1823 did not specify the required nursing services of Hospice on page one. A record review for Resident #8, conducted on , revealed that Resident #8 was admitted to Hospice services on . . . . . Resident #8's most recent 1823 was dated and did not state the required nursing services of Hospice or specify the address and telephone number of the Examiner. The . in the resident's record was blank with no specified the care and services that Hospice provided and those that the Facility provided agreed upon by Hospice, the Facility, and Resident #8. During an interview with the Administrator, conducted on at 03:00pm, the	A 162		

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A 162	Continued From page 5 Administrator agreed that the Facility did not obtain an new -to- health assessment for residents admitted to Hospice services after a significant decline in condition. The Administrator agreed that residents' 1823s had missing required data. The Administrator agreed that the ICPs were blank. Class III	A 162		