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
	AL11969503	A. BUILDING: _____ B. WING _____	R-C 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DISCOVERY VILLAGE AT WESTCHASE	11330 COUNTRYWAY BOULEVARD TAMPA, FL 33626

(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 revisit to biennial and complaint survey (complaint numbers: 2024003105 and 2024003776) were conducted at Discovery Village at Westchase on . . . . Deficiencies were identified at the time of survey.	{A 000}		
{A 010} SS=D	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice,	{A 010}		

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{A 010}	Continued From page 1 and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . . . . . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days. (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.	{A 010}		

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{A 010}	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a health care practitioner at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 59A-36.002, F.A.C. The results of the examination must be recorded on the practitioner's form or on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care practitioner, 2. The condition is documented in the resident's record; and,	{A 010}		

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{A 010}	Continued From page 3 3. If the resident's condition fails to improve within 30 days, as documented by a health care practitioner, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements an interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are	{A 010}		

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{A 010}	Continued From page 4 described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain an updated ... to ... health assessment form that noted the required hospice services. Furthermore, the facility failed to obtain an interdisciplinary care plan that specified the care and services provided by hospice and those provided by the facility and agreed upon by hospice, the facility, and the resident (or resident's responsible party) for five Residents (#2, #9, #10, #11, and #12) of five sampled residents admitted to hospice services. Findings Included: A record review for Resident #2, conducted on ..., revealed that Resident #2's admission date to the facility and into hospice services were not noted in the resident's record. Resident #2's health assessment form dated ... did not note that the resident required the nursing, treatment, and , , services of hospice and there was no elopement risk assessment for the resident on page one. Resident #2's health assessment form did not note that the resident was bedbound and required total care. There was no address of the Examiner on page three. Resident #2's record did not contain an interdisciplinary care plan that specified the care and services that hospice provided and those that the facility provided and agreed upon by hospice, the facility, and the resident (or resident's responsible party). A record review for Resident #9, conducted on , revealed that Resident #9 was admitted to the facility on ... and into hospice services on ... Resident #9's	{A 010}		

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{A 010}	Continued From page 5	{A 010}		

health assessment form dated did not include an elopement risk assessment for the resident. Resident #9's health assessment form did not note the Examiner's printed name, title, medical license number, telephone number, and address on page three. Resident #9's record did not contain an interdisciplinary care plan that specified the care and services that hospice provided and those that the facility provided and agreed upon by hospice, the facility, and the resident (or resident's responsible party).

A record review for Resident #10, conducted on , revealed that Resident #10 was admitted to the facility on and into hospice services on . Resident #10's record did not contain an interdisciplinary care plan that specified the care and services that hospice provided and those that the facility provided and agreed upon by hospice, the facility, and the resident (or resident's responsible party).

A record review for Resident #11, conducted on , revealed that Resident #11's admission date to the facility was not noted in the resident's record. Resident #11 was admitted into hospice services on . Resident #11's health assessment form dated did not note the Examiner's printed name, title, medical license number, telephone number, and address on page three. Resident #11's record did not contain an interdisciplinary care plan that specified the care and services that hospice provided and those that the facility provided and agreed upon by hospice, the facility, and the resident (or resident's responsible party).

A record review for Resident #12, conducted on at 01:05pm, revealed that Resident #12 was admitted to the facility on .

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{A 010}	Continued From page 6 Resident #12's date of admission into hospice services was not noted in the resident's record. Resident #12's record did not contain an interdisciplinary care plan that specified the care and services that hospice provided and those that the facility provided and agreed upon by hospice, the facility, and the resident (or resident's responsible party). During an interview with the Health and Wellness Director, conducted on [redacted] at 01:05pm, the Health and Wellness Director agreed that Resident #2's health assessment form was not up to date with the resident's current bedbound and total care status. The Health and Wellness Director agreed that Resident #2's health assessment did not note the resident's required nursing services of hospice on page one. The Health and Wellness Director agreed that Resident #2 and #9's health assessment did not include an elopement risk assessment. The Health and Wellness Director agreed that Resident #2's health assessment did not include the address of the Examiner on page three. The Health and Wellness Director agreed that Resident #9 and #11's health assessment forms did not note the Examiner's printed name, title, medical license number, telephone number, and address on page three. The Health and Wellness Director agreed that Residents #2, #9, #10, #11, and #12's records did not contain an interdisciplinary care plan that specified the care and services that hospice provided and those that the facility provided and agreed upon by hospice, the facility, and the resident (or resident's responsible party). Class III	{A 010}		

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{A 032}	Continued From page 7	{A 032}		
{A 032} SS=D	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary. The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the	{A 032}		

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{A 032}	Continued From page 8 resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that all staff were aware of which residents were at risk for elopements for eight Residents (#1, #2, #3, #4, #6, #7, #8, and #13). Additionally, the facility failed to obtain an elopement risk assessment for two Residents (#2 and #9). Furthermore, the facility failed to make a daily effort to ensure residents at risk for elopement had identification on their person that included the resident's name and the facility's name, address, and telephone number for five Residents (#1, #3, #7, #8, and #13) that were identified as at risk for elopements.	{A 032}		

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{A 032}	Continued From page 9 Findings Included: A review for the elopement binder, conducted on , revealed that there were two residents that were identified as at risk of elopement which included Residents #4 and #6. A record review for Resident #1, conducted on , revealed that Resident #1 was admitted on . Resident #1's health assessment form dated noted that the resident was at risk of elopement. A record review for Resident #2, conducted on revealed that Resident #2's date of admission was not noted in the resident's record. Resident #2's health assessment form dated did not include an elopement risk assessment. A record review for Resident #3, conducted on , revealed that Resident #3's date of admission was not noted in the resident's record. Resident #3's health assessment form dated noted that the resident was at risk of elopement. A record review for Resident #4, conducted on , revealed that Resident #4's date of admission was not noted in the resident's record. Resident #4's health assessment form dated noted that the resident was at risk of elopement. A record review for Resident #6, conducted on , revealed that Resident #6's date of admission was not noted in the resident's record. Resident #6's health assessment form dated noted that the resident was at risk of	{A 032}		

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{A 032}	Continued From page 10 elopement. A record review for Resident #7, conducted on , revealed that Resident #7's date of admission was not noted in the resident's record. Resident #7's health assessment form dated noted that the resident was at risk of elopement. A record review for Resident #8, conducted on , revealed that Resident #8 was admitted on . Resident #8's health assessment form dated noted that the resident was at risk of elopement. A record review for Resident #9, conducted on revealed that Resident #9 was admitted to the facility on . Resident #9's health assessment form dated did not include an elopement risk assessment. A record review for Resident #13, conducted on , revealed that Resident #13 was admitted on . Resident #13's health assessment form dated noted that the resident was at risk of elopement. During an interview with Staff A, conducted on at 01:30pm, Staff A with Staff B interpreting was not able to stated which residents were at risk for elopements. Staff A stated that she had not participated in any elopement drills. Staff A stated that no identification with the resident's name and the facility's name, address, and telephone number was placed on any residents. During an interview with Staff D, conducted on at 02:15pm, Staff D with Staff B interpreting stated that Residents #5, #6, and #11	{A 032}		

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{A 032}	Continued From page 11 were at risk for elopements. Staff D stated that she had not participated in any elopement drills. Staff D stated that no identification with the resident's name and the facility's name, address, and telephone number was placed on any residents. During an interview with Staff B, conducted on ..... at 02:20pm, Staff B stated that Residents #5, #6, and #16 were at risk for elopements. Staff B stated that no identification with the resident's name and the facility's name, address, and telephone number was placed on any residents. During an interview with the Health and Wellness Director, conducted on , at 01:05pm, stated that none of the residents were at risk of elopement right now. At 01:30pm, the Health and Wellness Director verified that Residents #1, #3, #4, #6, #7, #8, and #13 were assessed as at risk for elopements according to their health assessment forms. During an interview with the Administrator, conducted on ..... at 03:15pm, the Administrator agreed that the facility had discrepancies of which residents were at risk for elopements. The Administrator agreed that Residents #1, #3, #7, #8, and #13 did not receive identification bracelets with the resident's name and the facility's name, address, and telephone number. The Administrator stated that the only residents that received the identification bracelets were Residents #4 and #6. The Administrator agreed that direct care staff should know which residents were at risk for elopements. Class III	{A 032}		

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A 034 SS=D	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure that direct care staff used assistive devices properly for one of one (Resident #14). Furthermore the facility failed to document assistive devices in resident records for five Residents (#9, #10, #11, #12, and #14) of five sampled residents. Findings Included: During an observation, conducted on at 02:09pm, it was observed that Staff C (identified by the employee's nametag) was pushing a resident down the hallway by the dining room while the resident was sitting on the seat of	A 034		

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(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 034	Continued From page 13 a rolling walker. During an interview with Staff C, conducted on at 02:09pm, Staff C stated that the resident sitting on the walker was Resident #14. Staff C stated that this was normal to push Resident #14 long distance while the resident was seated on the rolling walker. A record review for Resident #14, conducted on , revealed that Resident #14's date of admission was not noted in the resident's record. According to Resident #14's health assessment form dated , the resident had diagnoses of 's and had an unsteady gait. Resident #14's health assessment form noted that the resident ambulated without the use of an assistive device and was independent with ambulation and transferring. There was no order for an assistive device of a rolling walker in Resident #14's record. There was no information on the safe use of Resident #14's rolling walker assistive device. There were no assessments on Resident #14's safe use of a rolling walker assisitve device. A record review for Resident #9, conducted on , revealed that Resident #9 Resident #9 was admitted on . Resident #9's health assessment form dated did not note any physical limitation. It was not noted that Resident #9 required the use of an assistive device. A record review for Resident #10, conducted on , revealed that Resident #10 was admitted on . Resident #10's health assessment form dated noted that the resident had a restricted mobility limitation due to an old . It was not noted	A 034		

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
	AL11969503	A. BUILDING: _____ B. WING _____	R-C 06/05/2024

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DISCOVERY VILLAGE AT WESTCHASE	11330 COUNTRYWAY BOULEVARD TAMPA, FL 33626

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A 034	Continued From page 14 that Resident #9 required the use of an assistive device. A record review for Resident #11, conducted on . . . . . , revealed that Resident #11's date of admission to the facility was not noted in the resident's record. Resident #11's health assessment form dated noted that the resident had an unsteady gait physical limitation. It was not noted that Resident #11 required the use of an assistive device. A record review for Resident #12, conducted on , revealed that Resident #12 was admitted on . . . . . Resident #12's health assessment form dated did not note any physical limitation. It was not noted that Resident #12 required the use of an assistive device. A review of the facility's assistive devices policy and procedures dated (day not noted), conducted on . . . . . , revealed that the policy overview noted that the staff we Policy Overview: Assist those residents utilizing assisted devices to ensure they are using them correctly and safely. If/when a resident receives an order to utilize an assistive device, instructions on its care and use should be provided by the vendor/manufacturer, licensed Physical , and/or Home Health Provider and documented in the resident's record. Procedures: 1. A physcian/licensed prescribed order for rhe use of an assisted device should be obtained	A 034		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969503	A. BUILDING: _____ B. WING _____	R-C 06/05/2024

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A 034	Continued From page 15 prior to its use and kept in the resident's wellness file 2. A licensed healthcare professional should evaluate and detemine the best size/fit of the assistive device ordered for the resident and assisitve devices of any kind should not be shared or donated to other residents 3. Documenteation and the specific instructions related to the assistive device and its use will be included in the resident's record and Service Plan and revicwed with the staff 4. All staff will have access to the resident's record and Service Plan to verfy the correct assistive Device and its use 5. A licensed health care professional will routinely evaluate the assistive device to determine if a repair or replacement is recommended for the continuing safety of a resident while using the assistive device ... During an interview with the Health and Wellness Director, conducted on at 01:05pm, the Health and Wellness Director stated that Residents #9, #10, and #11 used a wheelchair assistive device and Resident #12 used a walker assistive device. At 02:11pm, the Health and Wellness Director stated that staff should not be pushing residents on a rolling walker. The Health and Wellness Director agreed that Resident #14's record did not include information regarding the safe use or assessments for the safe use of the resident's rolling walker. During an interview with the Administrator, conducted on at 03:15pm, the Administrator stated that staff should not be	A 034		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 034	Continued From page 16 pushing a rolling walker while the resident was seated on the walker. Class III	A 034		