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
	AL11966752	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVERY COTTAGE, INC	4052 COLLIN DRIVE WEST PALM BEACH, FL 33406

(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 An Assisted Living Facility standard biennial licensure survey was conducted on Avery Cottage, had licensure deficiencies found at the time of the visit.	A 000		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. (b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container. (c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record. (d) When a resident who receives assistance with	A 052		

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A 052	Continued From page 1	A 052		

medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
(f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition.
(4) Assistance with self-administration does not include:
(a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
(b) The preparation of syringes for injection or the administration of medications by any injectable route.
(c) Administration of medications through

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A 052	Continued From page 2 intermittent positive pressure breathing machines or a . . . . . . (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of . . . . . preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) . . . . . or . . . . . preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure that prescriptions with orders noted as to be given "as needed" did not require independent judgment by an unlicensed persons providing medication assistance, for 2 out of 5 sampled residents (Resident #3 & #2). The findings include: a) Review of Resident #3's MORs (medication observation records) for month of . . . . 2012 and the medication labels of all physician order medications, noted that all PRN did not contain specific directions as evidenced by the following: . . . . . am .5mg - take 1 tablet as needed. An interview with the Administrator at 12 PM on . . . . . revealed this was the current order and no further documentation was available. b) During review of Resident #2's MORs for	A 052		

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A 052	Continued From page 3 month of 2012 and the medication labels of all physician order medications, it was noted that all PRN did not contain specific directions: 500 mg-take 1 tablet by mouth every 4 hours as needed for Proair HFA 90 mcg- inhale 2 puffs by mouth every 6 hours as needed, 2.5 mg- inhale 1 vial via every 6 hours as needed and - 1mg take 1 tablet by mouth at bedtime as needed. An interview with the Administrator at 12:30 PM on revealed this was the current order and no further documentation was available. Class III	A 052		
A 152 SS=D	58A-5.023(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to Section 429.28(1)(a), F.S.; and 2. Must be maintained free of hazards; and 3. Must ensure that all existing architectural, mechanical, electrical and structural systems and appurtenances are maintained in good working order. (b) Pursuant to Section 429.27, F.S., residents shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes;	A 152		

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A 152	Continued From page 4 3. A dresser, chest or other furniture designed for storage of personal effects; 4. A table, bedside lamp or floor lamp, and waste basket; and 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident [redacted] to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observations and interview, it was determined the facility failed to ensure a safe living environment for all residents and that all facility's furnishings and appliances are in working condition. The findings include: During observations conducted during the survey between the hours of 9:40 AM and 2:30 PM on [redacted] with the Administrator and Employee #2, revealed the following: a) [redacted]: rug observed on floor not properly secured; the rug bunches up and presents a tripping hazard for residents. b) [redacted]: closet door observed not functioning properly, off track and unable to close properly. Bottom of the door observed broken.	A 152		

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A 152	Continued From page 5 c) [illegible] bed #1 blocking access to closet which stores both resident's clothing and personal items, closet doors off track. d) [illegible] (located in [illegible] Wallpaper peeling off in multiple locations including within the shower. The rug on floor not properly secured creating a tripping hazard. Light [illegible] marks noted above the light fixture on ceiling. e) Hallway closet was observed unlocked with the following hazardous items noted: 2 bottles of [illegible], 1 bottle of [illegible] and 15 packs of [illegible] f) The laundry closet with the washer and dryer was observed unsecured with washing products located on floor and on top of washer. g) A rat trap was observed on the kitchen floor, near the rear kitchen cabinet. Rear cabinet wall noted to be rotted and peeling away (detaching). h) On the adjoining patio there is a large chest containing numerous hazardous household cleaning products, unsecured (area accessible to residents). i) A small gap noted all around the front main door between the door frame and the door, allowing excess lighting and air in and out of the home. Class III	A 152		
A 167 SS=D	58A-5.025(1) FAC Resident Contracts Resident Contracts. (1) Pursuant to Section 429.24, F.S., prior to or at the time of admission, each resident or legal representative shall execute a contract with the facility which contains the following provisions (a) A list of the specific services, supplies and accommodations to be provided by the facility to the resident, including limited nursing and	A 167		

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A 167	Continued From page 6	A 167		

extended congregate care services if the facility is licensed to provide such services.
(b) The daily, weekly, or monthly rate.
(c) A list of any additional services and charges to be provided that are not included in the daily, weekly, or monthly rates, or a reference to a separate fee schedule which shall be attached to the contract.
(d) A provision giving at least 30 days written notice prior to any rate increase.
(e) Any rights, duties, or of residents, other than those specified in Section 429.28, F.S.
(f) The purpose of any advance payments or deposit payments and the refund policy for such advance or deposit payments.
(g) A refund policy which shall conform to Section 429.24(3), F.S.
(h) A written bed hold policy and provisions for terminating a bed hold agreement if a facility agrees in writing to reserve a bed for a resident who is admitted to a nursing home, health care facility, or facility. The resident or responsible party shall notify the facility in writing of any change in status that would prevent the resident from returning to the facility. Until such written notice is received, the agreed upon daily, weekly, or monthly rate may be charged by the facility unless the resident ' s medical condition, such as the resident ' s being comatose, prevents the resident from giving written notification and the resident does not have a responsible party to act in the resident ' s behalf.
(i) A provision stating whether the organization is affiliated with any religious organization and, if so, which organization and its relationship to the facility.
(j) A provision that, upon determination by the administrator or health care provider that the resident needs services beyond those the facility is licensed to provide, the resident or the resident

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A 167	Continued From page 7 ' s representative, or agency acting on the resident ' s behalf, shall be notified in writing that the resident must make arrangements for transfer to a care setting that has services needed by the resident. In the event the resident has no person to represent him, the facility shall refer the resident to the social service agency for placement. If there is disagreement regarding the appropriateness of placement, provisions as outlined in Section 429.26(8), F.S., shall take effect. (k) A provision that residents must be assessed upon admission pursuant to subsection 58A-5.0181(2), F.A.C., and every 3 years thereafter, or after a significant change, pursuant to subsection (4) of that rule. (l) The facility ' s policies and procedures for self-administration, assistance with self-administration and administration of medications, if applicable, pursuant to Rule 58A-5.0185, F.A.C. This also includes provisions regarding over-the-counter (OTC) products pursuant to subsection (8) of that rule. (m) The facility ' s policies and procedures related to a properly executed ... This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to maintain current executed contracts for each sampled resident, for 5 out of 5 sampled residents (#1, #2, #3, #4 & #5). The findings include: a) Review of Resident #1's contract dated 01/1[illegible] a monthly rental amount of $1600. An interview with the Administrator at	A 167		

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A 167	Continued From page 8 10:35 AM on , revealed the resident pays $2900 monthly. Upon request of the current contract reflecting this amount, it was revealed by the Administrator that she did not have an updated contract or addendum reflecting the current residency agreement amount of $2900 per month. b) Review of Resident #2's contract dated , noted a monthly rental amount of $1700. An interview with the Administrator at 11 AM on , revealed the resident pays $3000 monthly. Upon request of the current contract reflecting this amount, it was revealed by the Administrator that she did not have an updated contract or addendum reflecting the current residency agreement amount of $3000 per month. c) Review of Resident #3's contract dated , noted a monthly rental amount of $1700. An interview with the Administrator at 11:20 AM on , revealed the resident pays $3000 monthly. Upon request of the current contract reflecting this amount, it was revealed by the Administrator that she did not have an updated contract or addendum reflecting the current residency agreement amount of $3000 per month. d) Review of Resident #4's contract dated , noted a monthly rental amount of $950. An interview with the Administrator at 11:30 AM on , revealed the resident pays $2100 monthly. Upon request of the current contract reflecting this amount, it was revealed by the Administrator that she did not have an updated contract or addendum reflecting the current residency agreement amount of $2100 per month.	A 167		

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A 167	Continued From page 9 e) Review of Resident #5's contract dated , noted a monthly rental amount of $1700. An interview with the Administrator at 12 PM on , revealed the resident pays $2658 monthly. Upon request of the current contract reflecting this amount, it was revealed by the Administrator that she did not have an updated contract or addendum reflecting the current residency agreement amount of $2658 per month. Class III	A 167		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Avery Cottage, Inc.
4052 Collin Drive
West Palm Beach, FL 33406

Dear Administrator:

This letter reports the findings of a state licensure survey conducted on , 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2012** to verify the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

A. C. Boyles, HFE Supervisor
for Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

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