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
	AL11964934	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT RESERVE ON THE GREEN	4450 8TH STREET SARASOTA, FL 34232

(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 These are the results for Complaint survey CCR# 2012006419 conducted on _____ through _____ at Cabot Reserve on The Green, an Assisted Living Facility. There was one allegation in this complaint which was confirmed with deficiencies.	A 000		
A 030	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (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 Council shall 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 shall have a written grievance procedure for receiving and responding to resident complaints, and for 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 address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of	A 030		

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A 030	Continued From page 1	A 030		

the Florida ..... Hotline " 1(800)9€ .or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.
(e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s ..... and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements.
(f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law.
(g) The facility shall 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 shall not prohibit 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 shall be, at a minimum, an accessible telephone on each floor of each building where residents reside.
(h) Pursuant to Section 429.41, F.S., the use of physical ..... shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the

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A 030	Continued From page 2	A 030		

resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall not be considered a physical [redacted].

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 [redacted] 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 achieve the highest possible level of independence, autonomy, and interaction within the community.
(f) Manage his or her financial affairs unless the resident or, if applicable, the resident ' s representative, designee, surrogate, guardian, or

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A 030	Continued From page 3	A 030		

attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27.
(g) Share a [illegible] 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) Access to adequate and appropriate health care 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 [illegible] the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency 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 [illegible] interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right

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A 030	Continued From page 4 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. This Statute or Rule is not met as evidenced by: 1. Based on observation and interview, the facility failed to treat 1 resident (Resident #9) of 15 residents surveyed, with respect and dignity. 2. Based on record review and interview, the facility deprived 1 resident, (Resident #1) of 15 residents surveyed, of his legal rights by entering into a contract for service and then allowing a third party to perform those services without notifying the legal representative of the resident. 3. Based on observation, interview and record review, the facility denied 3 residents, (Residents #6, #9, and #16) of 3 residents surveyed, the right to make independent personal financial decisions. 4. Based on record review and interview, the facility deducted an extra charge from the personal funds of 3 residents receiving social security (Residents #6, #9, and #16) of 3 residents surveyed, for a service provided by their contract; assisting the residents with medications. 5. Based on record review and interview, the facility failed to ensure that resident rights were not violated as evidenced by requiring liability insurance for the continual use of electric motorized scooters/wheelchairs. The findings include: 1. Resident #9 has been a resident at the facility for six years. She is alert and oriented and makes her own decisions. She has no power of	A 030		

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A 030	Continued From page 5 attorney. During an interview with Resident #9 at 12:44 p.m. on [redacted] the resident was asked about her personal funds. She was observed to begin to cry and become upset. She stated, "I don't have any money. I'm on medicaid and they don't give me any money." She was asked if she was given statements about her charges each month. She stated, "No, I've asked several times." A review of Resident #9 records on [redacted] showed that the $54.00 Resident #9 receives every month from her SSI (Supplemental Security Income) is going straight to the facility. The document shows payment from SSI and charges to Vanguard, a pharmacy. There was no record of money going into or coming out of the account for this resident after [redacted] The last balance is $363.10. Resident #9's monthly bill shows that $10 is being taken from this amount of money each month. The Assistant Administrator, who does the billing for the facility, was interviewed on [redacted] at 3:16 p.m. When asked if Resident #9 is aware that she has an account with money in it she replied, "I don't know." The Assistant administrator admitted that Resident #9 does not receive a monthly statement detailing how much money she has in an account. When asked where the money goes each month she stated, "It goes in to our bank account at Bank United, then they [Corporate] keep track of it." The Assistant Administrator was asked how the resident would access her money, if she knew she had any. The Assistant Administrator answered, "She would have to get a check from our cooperate office which could take up to 24 hours." She confirmed the resident has never had access to her	A 030		

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A 030	Continued From page 6 personal Social Security Money since coming to the facility six years ago. The financial records of two more residents on social security (Residents #6 and #16) were reviewed. There was no record found as to how these residents' personal accounts were being used. An interview was conducted with Resident #6 at 3:30 p.m. on . She stated she didn't know she was due any money each month. She had never been given access to her personal funds. An interview was conducted with Resident #16 at 3:40 p.m. on . She stated she was upset she had never been told she had money coming from social security each month. An interview was conducted with the Assistant Administrator at 3:55 p.m. on . She confirmed Resident #6 and Resident #16 had never been given the personal funds due to them from social security. She stated the facility uses the money to pay the residents' rent in the facility. 2. Resident #9 has been a resident at the facility for six years. She is alert and oriented and makes her own decisions. She has no power of attorney. During an interview with Resident #9 at 12:44 p.m. on the resident was asked how she was encouraged to exercise her rights. The resident was observed to become quiet and hesitant about answering the question. She then became upset and began to cry. She stated she sometimes sleeps late because she is awakened early. She stated she goes back to bed and will sleep till 10:00 a.m. She would go to the kitchen	A 030		

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A 030	Continued From page 7	A 030		

to get something to eat after the regular breakfast had been served. The resident stated the Director of Dietary told her that Staff D had told the Dietary Director that if Resident #9 was too lazy to get out of bed in the morning that she would have to wait until lunch to eat. She stated this had occurred on several occasions since Staff D had come to work for the facility three years ago.

An interview was conducted with the Director of Dietary at 1:15 p.m. on . She confirmed the resident had been withheld having snacks on several occasions. She confirmed that Staff D had been the one to tell Dietary not to give the resident a snack before lunch. She denied the resident had ever been called lazy. She stated, "We were just trying to encourage her to eat a healthy meal."

An interview was conducted with Staff D at 2:10 p.m. on . She denied she had ever told the dietary manager not to give the resident a snack. She stated, "She must have misunderstood me. I know Resident #9 wants to lose weight and she misses a lot of meals. But I never would have told The Dietary Manager not to give the resident a snack."

3. Resident #1 has severe and has been at the facility since of 2012. The resident is unable to make his own decisions and his Nephew makes all financial decisions and decisions regarding his health care. The resident's Nephew has power of attorney for the resident.

An interview was conducted with Resident #9's Nephew at 1:00 p.m. on He stated the resident is receiving Hospice services but he was

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A 030	Continued From page 8 not aware of what services he was receiving. He stated he was paying the facility $875.00 extra a month to provide assistance with his personal care. He stated it pays for his extra care because he is _____ he needs a lot more baths and _____. He was unable to say if hospice provided any personal care for the resident. A review of the Hospice care plan revealed Hospice was giving the resident assistance with showers on Wednesdays and Fridays. The facility would provide baths on Mondays and Thursdays. A review of the resident's contract reads, "Cabot Reserve on the Green will make available to the resident, for an additional charge, certain personal care and health care services (the Specialized Care Program). The specialized care program is designed for residents requiring additional assistance with activities of daily living and health care services.....No outside agency or individual will be permitted to provide these services or any related nursing services in the Cabot Reserve on the Green unless prior approval from Cabot on the Green has been given." A review of the billing schedule for the "Specialized Care Program" revealed the resident's representative is paying for the number of activities of daily living services the facility is providing. To pay $875.00 monthly the resident would need assistance with 5 activities of daily living monthly. A review of Exhibit 1 of the resident's contract shows he is paying the facility for bathing, dressing, toileting, and medication management. There are no amount of baths stipulated in the contract. By paying the additional charge the resident's representative	A 030		

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A 030	Continued From page 9 would expect the facility to provide the total care of all the activities of daily living needs listed. An interview was conducted with Resident #1's nephew at 2:20 p.m. on [redacted]. He was asked if he was aware the facility was charging him an additional charge to provide services to the resident and then allowing hospice to provide those services he was charged for. He stated he was never told and did not know Hospice was providing showers for the resident on Wednesday's and Fridays. It upset him that he was never informed of the extra services and he was paying for the services. He stated, "it's still cheaper than a nursing home." An interview was conducted with the Administrator at 3:10 p.m. on [redacted]. She confirmed the facility charged residents by the activities of daily living services provided to them monthly. She was not aware Hospice was providing baths for the resident. She asked Staff D to explain why the resident was getting baths from hospice services. Staff D told the Administrator the resident was receiving baths from Hospice to provide the resident comfort. 4. On [redacted] a review of the facilities notices to the residents revealed that on [redacted] the residents were given noticed that they would be required to pay $10 per month for the implementation of the new electronic system. The letter states, "Dear Residents, Families and Responsible Parties: We had previously advised that Cabot Reserve would be implementing an electronic pharmaceutical management system to increase our efficiency as we supervise your loved one's medication ...It is our expectation that the electronic system will begin [redacted]. This $10 fee will be added to your monthly rental	A 030		

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invoice you will receive for . . The monthly charge will cover costs associated with using the new computer based electronic medical record system ...Should you desire to stay with current pharmacy provider the cost for your non-participating pharmacy will be $50 per month, unless you received approval from this writer."

A sample of 3 residents (Residents #6, #9 and #15) who receive Social Security's Supplemental Security Income (SSI) and Medicaid were selected. The facility is also Representative Payee for all three of these residents. This means that the all of the Social On . . . . . their monthly billing statement from the facility were reviewed. The billing statement revealed Residents #9 and #10 were billed $10/ month for the electronic pharmaceutical management system. The money was taken from the resident's money that is allocated by SSI to be the resident's personal spending money.

The Administrator was interviewed on . . . : 12:44 p.m. regarding the charge for the new medication system. She said, "Because it's our policy. There is no option to opt out. "I don't want to have two medication systems in the building." "Well it was our company policy to pass the fee along to the residents. I mean we could have charged it into a rent increase if we wanted to, but we decide to instead charge it directly as a line item on the invoice."

5. A review of Resident #7 resident's contract on . . : revealed the residents who have electric wheelchairs are required to obtain a $300,000 liability insurance policy. The contract states, "Residents who choose to use electric wheelchairs or scooters may be required to pay a

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A 030	Continued From page 11 refundable security/ damage deposit ....Additionally, these residents must show proof of liability insurance in the amount of $300,000... " The Administrator was interviewed on [redacted] at 12:47 p.m. When questioned about this [redacted] paragraph of the contract she said, " It's the company's policy. It's in all of our contracts." She explained that she has the, "latitude" to decide if the resident with electric wheelchairs or scooters are charged a security deposit, but the liability insurance is required. The U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity <http://www.justice.gov/crt/about/hce/jointstatement_ra.php> under question states, "11. [redacted] a housing provider charge and extra fee or require an additional deposit from applicants or residents with [redacted] as a condition of granting reasonable accommodations? No. Housing providers may not require persons with [redacted] to pay extra fees or deposits as a condition of receiving a reasonable accommodation. Example 1: A man who is substantially limited in his ability to walk uses a motorized scooter for mobility purposes. He applies to live in an assisted living facility that has a policy prohibiting the use of motorized vehicles in buildings and elsewhere on the premises. It would be a reasonable accommodation for the facility to make exceptions to this policy to permit the man to use his motorized scooter on the premises for mobility purpose. Since allowing the man to use his scooter in the buildings and elsewhere on the premises is a reasonable accommodation, the facility may not condition his use of the scooter on payment of a fee or deposit or on a requirement that he obtain liability insurance relating to the	A 030		

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A 030	Continued From page 12 use of the scooter ... " Class II Correction Date:	A 030		
A 124	58A-5.021(5) FAC Fiscal - Bank Accounts (5) BANK ACCOUNTS. Resident funds and property in excess of the amount stated in subsection (3), and money deposited or advanced as security for performance of the contract agreement or as advance rent for other than the next immediate rental period shall be held in a Florida banking institution, located if possible in the same community in which the facility is located. The facility shall notify the resident of the name and address of the depository where all funds are being held. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to notify 1 (Resident #9) of 3 residents who had their financial records reviewed, that she has personal funds in a bank account as well as where the funds are being held. The findings include: 1. On , a review of the facility's bank deposit record from showed that personal funds for Resident #9 were deposited in to a bank account that was not created specifically for this resident. The record shows the resident's rent, a $10 charge for an electronic medication observation record, and the resident personal funds all going into a bank account with money and payments from other residents. A review of Resident #9's personal account ledger revealed	A 124		

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A 124	Continued From page 13 as of (this is the last entry on the ledger) Resident #9 had $363.10 in the account. 2. The Assistant Administrator was interviewed on at 3:22 p.m. She stated "Bank United is our bank." The Assistant Administrator was question about the whereabouts of the personal funds Resident #9. She replied, "It goes into our bank account at Bank United, then they [cooperate] keep track of it." She denied Resident #9 has asked to access this money and admitted that she does not send any statements detailing the amount of money in this account for this resident to the resident or to the resident's legal representative. 3. In an interview on at 4:49 p.m. Resident #9 denied knowing that she had any money available to her for personal use. She denied getting any statements from the facility regarding said money. She also denied knowing how to access this money. Class III Correction Date:	A 124		
A 126	58A-5.021(7) FAC Fiscal - Resident Accounting (7) RESIDENT ACCOUNTING. (a) If the facility provides safekeeping for money or property; holds resident money or property in a trust fund; or if the facility owner, administrator, or staff, or representative thereof, acts as a representative payee; the resident or the resident ' s legal representative shall be provided with a quarterly statement detailing the income and expense records required under subsection (4), and a list of any property held for safekeeping with copies maintained in the resident ' s file. The facility shall also provide such statement upon the	A 126		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964934	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT RESERVE ON THE GREEN	4450 8TH STREET SARASOTA, FL 34232

(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 126	Continued From page 14	A 126		

discharge of the resident, and if there is a change in ownership of the facility as provided under Rule 58A-5.014, F.A.C.
(b) If the facility owner, administrator, or staff, or representative thereof, serves as a resident ' s attorney-in-fact, the resident shall be given, on a monthly basis, a written statement of any transaction made on behalf of the resident.
(c) Within 30 days of receipt of an advance rent or security deposit, the facility shall notify the resident in writing of the manner in which the licensee is holding the advance rent or security deposit.

This Statute or Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to provide 3 (Residents #6, #9 and #16) or their respective legal representatives with a quarterly statement detailing their financial accounts.

The findings include:

1. On the billing statements from 2012 to 2012 for Residents #6, #9 and #16 were reviewed. The statements revealed that all three of these residents receive Medicaid and Social Security's Supplemental Security Income (SSI). The Medicaid and SSI cover the rental fees for the resident. SSI also provides the residents with an additional $54 per month for personal expenditures. The billing statements did not show that the $54 went to the residents.

2. An interview with the Assistant Administrator, conducted on at 1:28 p.m., revealed that the facility is representative payee for these three

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
	AL11964934	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CABOT RESERVE ON THE GREEN	4450 8TH STREET SARASOTA, FL 34232

(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 126	Continued From page 15 residents. The Assistant Administrator stated, "We are rep payee for [Residents #6, #16 and #9]." The Assistant Administrator also confirmed that she does not send out quarterly statements detailing the amount of money being held for their personal expenditures. Class III Correction Date:	A 126		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Cabot Reserve On The Green
4450 8th Street
Sarasota, FL 34232

Dear Administrator:

Re: CCR #2012006419

This letter reports the findings of a Complaint survey that was conducted on . 2012 through 2012 by representatives of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after , to verify that 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 the surveyors. Should you have any questions please call this office at 239-335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

bw
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
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