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
	AL11910631	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLORIDA BAPTIST RETIREMENT CENTER	1006 33RD STREET VERO BEACH, FL 32960

(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 , 2012. Florida Baptist Retirement Center had a licensure deficiency found at the time of the visit.	A 000		
A 076 SS=D	58A-5.0186 FAC (1) POLICIES AND PROCEDURES. (a) Each assisted living facility (ALF) must have written policies and procedures, which delineate its position with respect to state laws and rules relative to . The policies and procedures shall not condition treatment or admission upon whether or not the individual has executed or waived a . The ALF must provide the following to each resident, or resident ' s representative, at the time of admission: 1. A copy of Form SCHS-4-2006, " Health Care Advance Directives - The Patient ' s Right to Decide, " 2006, or with a copy of some other substantially similar document, which incorporates information regarding advance directives included in Chapter 765, F.S. Form SCHS-4-2006 is available from the Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop 34, Tallahassee, FL 32308, or the agency ' s Web site at: http://ahca.myflorida.com/MCHQ/Health_Facility_Regulation/HC_Advance_Directives/docs/adv_dir.pdf; and 2. Written information concerning the ALF ' s policies regarding and 3. Information about how to obtain DH Form 1896, Florida Form, incorporated by reference in Rule 64J-2.018, F.A.C. (b) There must be documentation in the resident '	A 076		

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A 076	Continued From page 1 s record indicating whether or not he or she has executed a ..... If a ..... has been executed, a copy of that document must be made a part of the resident ' s record. If the ALF does not receive a copy of a resident ' s executed ..... the ALF must document in the resident ' s record that it has requested a copy. (2) LICENSE REVOCATION. An ALF shall be subject to revocation of its license pursuant to Section 408.815, F.S., if, as a condition of treatment or admission, it requires an individual to execute or waive a DNRO. ..... DNRO ..... Pursuant to Section 429.255, F.S., an ALF must honor a properly executed DNRO ..... follows: (a) In the event a resident experiences cardiopulmonary ..... trained in cardiopulmonary ..... a licensed health care provider present in the facility, may withhold cardiopulmonary .... In the event a resident is receiving hospice services and experiences cardiopulmonary ..... staff must immediately contact the hospice. The hospice procedures shall take precedence over those of the assisted living facility. (4) LIABILITY. Pursuant to Section 429.255, F.S., ALF providers shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for following the procedures set forth in subsection (3) of this rule, which involves withholding or withdrawing cardiopulmonary ..... to a Do .... l rules adopted by the department.	A 076		

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A 076	Continued From page 2 This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure 2 of 3 sampled staff (Staff #2 and #3) had received at least one hour of training in the facility's policies and procedures regarding [illegible]RO's within 30 days of hire. Findings: On [illegible] at 12 PM, the personnel files for Staff #2 and #3 were reviewed for the above required training. There was no documentation of this training available for review at the time of the survey. Staff #2 was hired on [illegible] and Staff #3 was hired on [illegible]. These findings were acknowledged by the administrator during interview at this time. Class III	A 076		

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

_ , 2012

Administrator
Florida Baptist Retirement Center
1006 33rd Street
Vero Beach, FL 32960

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 -Davis
Field Office Manager

AMD/hl
Enclosure

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924