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
	AL11953616	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR PREMIER RESIDENCES OF HOLLY	2480 NORTH PARK ROAD HOLLYWOOD, FL 33021

(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 CCR # 2012010083 Allegation was confirmed for CI 2012010083. The Five Star Premier Residences Assisted Living Facility was not in compliance with the Requirements for Assisted Living Facilities, related to the allegation reviewed.	A 000		
A 025 SS=J	58A-5.0182(1) FAC Resident Care - Supervision An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities shall offer personal supervision, as appropriate for each resident, including the following: (a) Monitor the quantity and quality of resident diets in accordance with Rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the individual. (c) General awareness of the resident ' s whereabouts. The resident may travel independently in the community. (d) Contacting the resident ' s health care provider and other appropriate party such as the resident ' s family, guardian, health care surrogate, or case manager if the resident exhibits a significant change; contacting the resident ' s family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (e) A written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, changes in the method of medication	A 025		

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A 025	Continued From page 1 administration, or other changes which resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility did not provide supervision appropriate to the needs of 1 out of 3 residents (resident #1), which resulted in the [redacted] of the resident. The findings are: Review of resident #1's record indicated that she was admitted to the facility on [redacted] with diagnoses including [redacted], memory loss and functional decline. Review of the resident's health assessment dated on [redacted] indicated that the resident needed a walker to ambulate, needed assistance with ambulation, bathing, dressing and transferring and she was to receive daily wellbeing and whereabouts oversight. Further review of the resident's health assessment dated on [redacted] indicated that the facility staff began providing daily ambulation and transferring services to the resident on [redacted]. In an interview with the administrator on [redacted] at 1:25pm, she stated that resident #1 was found lifeless floating in the lake by a facility maintenance director on [redacted] at approximately 9:30am. The administrator also stated at this time that the resident was last seen when alive by two direct care nursing assistants on [redacted] at approximately 5:00am. In an interview by telephone with the nursing assistant on [redacted] at 3:00pm, she stated that she last saw resident #1 on [redacted] at approximately 5:15am, when she completed	A 025		

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A 025	Continued From page 2	A 025		

assisting another nursing assistant bathe and resident. The nursing assistant also stated at this time that resident #1 was combative while she was assisting the resident in the shower on to the point that the resident received a laceration on her foot, which was treated by the facility nurse on at approximately 5:00am, and the resident had calmed down by when she left the resident sitting on the couch in her at about 5:15am.

In an interview by telephone with the direct care nurse on at 3:30pm, he stated that he began his work shift at 7:00am on at approximately 9:20am the facility maintenance supervisor alerted all staff over 2-way radio that a resident was found floating in the lake and he immediately responded to the lake which was located on the southern end of the facility. The direct care nurse stated at this time that when he arrived to the lake on at approximately 9:25am, him and the maintenance supervisor were the only ones at the scene when he first arrived and he saw a body floating in the lake approximately 12 feet from the shoreline, the fire department (FD) was also responding to this emergency since they were in the facility dealing with a smoke alarm issue and a FD staff member retrieved the body from the lake. The direct care nurse also stated on at 3:35pm that the FD staff attempted to revive the person they removed from the lake on a police officer asked him to identify the person and he identified the person to be resident #1, and resident #1's body was later removed from the facility by a medical examiner staff member on at approximately 12:30pm.

In an interview with the administrator on at 3:45pm, she stated that resident #1 received

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A 025	Continued From page 3	A 025		

private duty aide (PDA) assistance from 1:00pm to 11:00pm every day, the resident was used to going unassisted or unsupervised to the lake most mornings to feed the ducks and on in the morning hours the PDA was not with the resident. The administrator stated at this time that on the morning of resident #1 most likely independently transferred and ambulated from her the fourth floor of the facility to the first floor southern exit and into the walkway next to the lake to sit by the bench next to the lake, and not knowing how the resident from the rolling grassy shoreline into the lake. In an interview with the administrator on at 3:50pm, she stated that there were no current physician orders to allow resident #1 to transfer or ambulate independently, without supervision or assistance. Review of the resident's record indicated that on the resident's family provided her with a PDA for 10 hours per day to assist with her activities of daily living.

In an interview with the police detective on at 4:10pm he stated that he responded to the facility on the morning of to investigate the accidental of resident #1, the resident did not have any unusual markings on her body to indicate a struggle with someone else and he did not yet receive the cause of from the medical examiner's office.

In an interview with resident #1's contact person on at 4:30pm, she stated that she was hired by the resident's out-of-state family to be the resident's care manager for approximately 4 years, she would usually receive telephone calls from the facility regarding the resident's physician appointments or when the resident was involved in a and she was very familiar with the resident's care needs. The resident's contact

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person stated at this time that the resident required supervision with transfers and ambulation and that she was called by the facility on [redacted] at approximately 9:30am to get the resident's family contact information due to an incident that the facility would not share with her and the resident's family member later that day shared with her.

Review of resident #1's record did not indicate that the resident underwent a significant change in condition after her health assessment dated on [redacted]. Review of a letter from the facility to the resident dated on [redacted] indicated that based on an evaluation completed on [redacted] the resident's care level needed to be increased from level 1 to level 2 and she was to be charged by the facility $550.00 extra per month due to this increase in care level requirement. Review of the resident's contract with the facility dated on [redacted] indicated that the resident was to receive a service care level 2 for an additional $600.00 per month paid to the facility which included 'supportive' physical assistance with transferring and ambulation.

In an interview with a medical examiner investigator on [redacted] at 11:20am, he stated that medical examiner case #1271 represented resident #1's [redacted] by accidental asphyxia due to drowning on [redacted].

Class I

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2012

Administrator
Five Star Premier Residences of Hollywood
2480 North Park Road
Hollywood, FL 33021

Dear Administrator:

Re: CCR #2012010083

This letter reports the findings of a state complaint survey that was conducted on , 2012 by representative of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiency that was identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct this deficiency immediately. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiency 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 surveyor(s). Should you have any questions please call this office at .

Sincerely,

Arlene Mayo-Davis (ACS)
Arlene Mayo-Davis
Field Office Manager
Division of Health Quality Assurance

AMD/
Enclosure

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