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
	AL11966800	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH'S ASSISTED LIVING	350 BUSH RD JUPITER, FL 33458

(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 Change of Ownership (CHOW) licensure survey was conducted on [redacted] 13. St. Joseph's Assisted Living, had licensure deficiencies found at the time of the visit.	A 000		
A 025 SS=D	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 administration, or other changes which resulted in the provision of additional services.	A 025		

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This Statute or Rule is not met as evidenced by:
Based on record review and interview it was determined the facility failed to provide the care and services appropriate to the needs of residents, specifically related to the facility failure to address a significant weight loss for 1 out of 2 resident records reviewed (Resident #10).
The findings include:
During Resident #10's weight record review and interview with the ARCD (Assistant Residence Care Director), conducted on beginning at approximately 11:50 AM, she was asked why the weight record was not actually dated and she stated that the weights are taken sometime within the month. She could not provide an explanation as to why the exact date is not recorded. Resident #10's weight record indicated a 12 pound weight loss from 2012 at 185 pounds to 2012 at 173 pounds which to approximately 6% weight loss.
Review of the Wellness Check policy and procedure (policy #508) indicated residents with a confirmed 5% loss or gain in 30 days or 3 consecutive months of unwanted loss or gain will be discussed by the Residence Care Director with the resident's family and physician. The unplanned weight loss or gain will be recorded monthly as part of the Quality Improvement Program. The RCD (Residence Care Director) should prepare a Shared Risk Agreement for Weight Loss for residents with continued or acute weight loss and should discuss this with the Executive Director.
During subsequent review of Resident #10's record with the ARCD (Assistant Residence Care Director), conducted on beginning at approximately 12:15 PM, she was provided the

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A 025	Continued From page 2 opportunity to locate documentation that Resident #10's 6% (12 pound) weight loss had been addressed. She stated she realized this was a "significant weight loss." It was also revealed, she could not locate any documentation indicating the weight loss had been addressed per facility's policy, including notification to the physician that it had been addressed. Class III	A 025		
A 030 SS=D	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 Disabilities, 12-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456.	A 030		

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(d) The statewide toll-free telephone number of the Florida Hotline " 1(800)96 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

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biannually, and the consent of the resident or the 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 . . . . . .

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 . . . . . 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

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representative, designee, surrogate, guardian, or 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 incapacitated, [illegible] 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 restraint, [illegible] coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the

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A 030	Continued From page 6 residents ' exercise of this right. This right 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: Based on observation, interview and record review, it was determined this facility failed to ensure each resident was provided a safe living environment, specifically related to staff failure to wash/sanitize hands prior to contact with residents during assistance with medications for 4 out of 5 observed sampled residents (Residents #8, #9, #13, and #14). The findings include: Review of the CDC's (Center for Control and Prevention) Hand Hygiene Basics, printed on reflected the following: "Healthcare providers should practice hand hygiene at key points in time to disrupt the transmission of microorganisms to patients including: before patient contact; after contact with , body fluids, or contaminated surfaces (even if gloves are worn); before procedures; and after removing gloves (wearing gloves is not enough to prevent the transmission of in healthcare settings)." During observations of the medication pass on the unsecured unit, on beginning at approximately 9:10 AM, the following control concerns were identified. The LPN was observed providing assistance with prescribed 8AM medications to Resident #8, Resident #9,	A 030		

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A 030	Continued From page 7 Resident #13, and Resident #14 without washing her hands prior to dispensing medications and/or prior to resident contact. During interview with the ARCD (Assistant Residence Care Director), conducted on [redacted] beginning at approximately 1:15 PM, she was asked if the facility's expectation was for the LPN assisting with medication was for her to wash her hands prior to contact with the medications and the resident. The ARCD acknowledged that this was the expectation and it is a standard nursing practice to wash hands prior to resident contact. She also confirmed the facility follows the CDC recommendations for Hand Hygiene Basics. Class III	A 030		
A 054 SS=D	58A-5.0185(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider ' s name, the resident ' s name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A MOR must include the name of the resident and any known [redacted] the resident may have; the name of the resident ' s health care provider, the health care provider ' s telephone number; the name, strength, and directions for use of each	A 054		

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medication; and a chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. The MOR must be immediately updated each time the medication is offered or administered.
(c) For medications which serve as chemical , the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician ' s annual evaluation of the use of the medication.

This Statute or Rule is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to ensure that the LPN observed had initialed the MOR (Medication Observation Record) after medications were offered or administered for 5 out of 5 residents (Resident #8, #9, #10, #13, and #14).

The findings include:

During observation of the LPN on the unsecured unit, conducted on beginning at 9:10 AM, she was observed to initial the MOR for each of the following residents (for the medications indicated below) prior to taking the medications to the residents and offering the medications to each of the residents identified:

1) Resident #8's MOR was initialed for the following medications prior to the provision of these medications:
a) 4mg tab and 1 mg tabs
b) 0.5mg
c) 25mg
d) 5mg
e) 160mg
f) D-2 50,000u
h) 100mg

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i) 25mg
j) 40mg
k) 20mg
l) 100mg

2) Resident #9's MOR was initialed for the following medications prior to the provision of these medications:
a) & D 600mg - 400IU
b) 20mg (X2 = 40mg)
c) 20mg
d) CL ER 20meq
e) 50mg
f) with Iron tab
g) 1 spray each nostril

3) Resident #10's MOR was initialed for the following medications prior to the provision of these medications:
a) 5mg
b) 8.6mg
c) 25/Lev 250mg
d) B-1 100mg
e) D-3 1,000u (X3 = 3,000u)

4) Resident #13's MOR was initialed for the following medications prior to the provision of these medications:
a) 20mg
b) K-Dur 10meq
c) tab
d) 40mg
e) 25mg
f) 325mg
g) 100mg
h) 10mg
i) 1,000mcg

5) Resident #14's MOR was initialed for the following medications prior to the provision of

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A 054	Continued From page 10 these medications: a) 20mg b) 5mg c) Folbee tablet During subsequent interview with the ARCD (Assistant Residence Care Director), conducted on beginning at approximately 1:15 PM, she acknowledged that the LPN should have initialed after she had observed each resident take their medications. She acknowledged this is standard nursing practice to intial the MOR after the residents have been observed to take the medications. Class III	A 054		
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented	A 055		

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by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility ' s rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(b) Centrally stored medications must be:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from

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medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider.
(d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e).
(e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

This Statute or Rule is not met as evidenced by:
Based on observation, interview and record review, it was determined the facility failed to dispose of abandoned medications within 30 days, for 2 out of 3 sampled discharged residents (Resident #11 and #12).

The findings include:

During observation and interview with the ARCD (Assistant Resident Care Director), conducted in her office on [redacted] beginning at

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approximately 10:30 AM, there was a large red plastic storage container (measuring approximately 3' long X 1.5' wide X 1.5' tall) that was overflowing onto the office floor with abandoned medications. The ARCD stated she needed to call the pharmacy to come in and pick up these medications.

1) Review of the bubble packed cards that contained medications for Resident #11 revealed the following medications were stored in the above noted red plastic storage box:
a) 16 tabs of Losartin - HCTZ 50-12.5mg
b) 8 tabs of Fludrocortisone . .1mg
c) 11 tabs of Finasteride .)
d) 5 tabs of Bupropion . . 150mg
e) 22 tabs of Paroxetine . . .)

During this observation and interview with the ARCD, the last nurse's note indicated that this resident was discharged to the hospital on 12/24. . . . . ARCD acknowledged that the facility had kept these medications in excess of the 30 day requirement to return to the pharmacy.

2) Review of the bubble packed cards that contained medications for Resident #12 revealed the following medication was stored in the above noted red plastic storage box:
a) 35 Risperidone .'2 tabs (0.125mg)

During this observation and interview with the ARCD, the last nurse's note indicated that this resident was discharged to the hospital on 12/08. . . . . ARCD acknowledged that the facility had kept this medication in excess of the 30 day requirement to return to the pharmacy.

Class III

AHCA

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
St Joseph's Assisted Living
350 Bush Rd
Jupiter, FL 33458

Dear Administrator:

Re: Change of Ownership Survey

This letter reports the findings of a Change of Ownership licensure survey that was conducted on 2013 by a representative from 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 (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013** 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

/s Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State (3020) Form
XG90

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