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
	AL11953263	A. BUILDING: _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
YOUNG AT ..... ADULT CARE CENTER	26563 SANDHILL BLVD. PUNTA GORDA, FL 33983

(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 This is the Biennial and Limited Nursing Services (LNS) survey for Young at an Assisted Living Facility (ALF) for a survey conducted on The following is a description of non-compliance:	A 000		
A 010	58A-5.0181(4) FAC Admissions - Continued Residency (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (e) of this subsection, criteria for continued residency in any licensed facility shall be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a face-to-face medical examination by a licensed health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in Rule 58A-5.0131, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule. The form must be completed in accordance with that paragraph. After the effective date of this rule, providers shall have up to 12 months to comply with this requirement. (a) The resident may be bedridden for up to 7 consecutive days. (b) A resident requiring care of a : pressure ... may be retained provided that: 1. The facility has a LNS license and services are provided pursuant to a plan of care issued by a licensed health care provider, or the resident contracts directly with a licensed home health agency or a nurse to provide care; 2. The condition is documented in the resident ' s record; and	A 010		

AHCA Form 3020-0001

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Agency for Health Care Administration

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A 010	Continued From page 1	A 010		

3. If the resident ' s condition fails to improve within 30 days, as documented by a licensed health care provider, the resident shall be discharged from the facility.
(c) A ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met:
1. The resident qualifies for, is admitted to, and consents to the services of a licensed hospice which coordinates and ensures the provision of any additional care and services that may be needed;
2. Continued residency is agreeable to the resident and the facility;
3. An interdisciplinary care plan is developed and implemented by a licensed hospice in consultation with the facility. Facility staff may provide any nursing service permitted under the facility ' s license and total help with the activities of daily living; and
4. Documentation of the requirements of this paragraph is maintained in the resident ' s file.
(d) The administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility.
(e) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C.
(5) DISCHARGE. If the resident no longer meets the criteria for continued residency, or the facility is unable to meet the resident ' s needs, as determined by the facility administrator or licensed health care provider, the resident shall be discharged in accordance with Section 429.28(1), F.S.

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A 010	Continued From page 2	A 010		

This Statute or Rule is not met as evidenced by:
Based on observation, record review, interview with hospice and administrative personnel, the facility failed to ensure 1 resident in the facility met the requirements for continued residency.

The findings include:

Resident #1 has been a resident in the facility since ... During a tour, on ... at 9:45 a.m., it was noted the resident was in bed, lying on the back.

During an interview on ... at 10:57 a.m. the Hospice nurse visiting this resident stated the resident has a ... on the ... The 1823 health assessment completed on ... stated the resident had a ... upon admission. The hospice nurse further stated she had gotten this pressure ... to heal, but it had opened again and now was a ... The hospice nurse further agreed there is no interdisciplinary care plan for this resident. She stated they try to communicate with the Administrator every month, but is not always able to do this. The hospice nurse further stated the care plans for the facility and the hospice are 2 different care plans and are not comprehensive. The hospice nurse further stated this resident has been totally bedridden for the past week.

Class III

A 025	58A-5.0182(1) FAC Resident Care - Supervision	A 025		

An assisted living facility shall provide care and services appropriate to the needs of residents accepted for admission to the facility.

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A 025	Continued From page 3	A 025		

(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.

This Statute or Rule is not met as evidenced by:
Based on record review, observation and interview, the facility failed to complete a written record as needed for 3 (Residents #1, #2 and #3) of 5 residents.

The findings include:

1. Resident #1 was observed on . . . . . at approximately 1:30 p.m., being fed by the . . . . .

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A 025	Continued From page 4 assistant. The meal being served was a pureed diet. The aide at that time stated the resident has been on a pureed diet for the past 5-6 months. Review of the resident record revealed there was no progress notes present in the record. During an interview on ... at 12:45 p.m. the Administrator stated agreement to having no progress notes. She stated as this resident was receiving hospice care she did not think she had to document anything at all about the resident including the change in the diet. There was no physician's order for the change in the diet. 2. Record review for Resident #2 found a physician's order dated ... for a "U/A" for ... Resident's record had no documentation of any changes which resulted in the provision of additional services. 3. Record review for Resident #3 found the resident was admitted to the facility on ... Resident's record had no documentation of the resident's admission status. 4. On ... at 2:30 p.m., the Administrator stated that Resident #2's record was not updated related to the ... on ... The record for Resident #3 has not been updated related to his admission to the facility. Class III	A 025		
A 081	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents,	A 081		

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A 081	Continued From page 5	A 081		

other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in ... control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to ... borne ..., may be used to meet this requirement.

(b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. Reporting major incidents.
2. Reporting adverse incidents.
3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation.

(c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:

1. Resident rights in an assisted living facility.
2. Recognizing and reporting resident neglect, and

(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:

1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.

(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training

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A 081	Continued From page 6	A 081		

within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility ' s resident elopement response policies and procedures within thirty (30) days of employment.
1. All facility staff shall be provided with a copy of the facility ' s resident elopement response policies and procedures.
2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.

This Statute or Rule is not met as evidenced by:
Based on record review and interview, the facility failed to ensure 1 (Staff A) of 3 staff received the required training in the area of emergency procedures, incident reporting and recognizing and reporting ... .

The findings include:

Record review for Staff A document the staff was hired on ... Staff A's record had no documentation of having completed the required training in the area of emergency procedures, incident reporting and recognizing and reporting ... .

On ... at 2:30 p.m., the administrator stated that documentation of Staff A having completed the required training in the area of emergency procedures, incident reporting and recognizing and reporting ... was not available.

Class III

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AN276	58A-5.031(1) FAC LNS - Nursing Services (1) NURSING SERVICES. A facility with a limited nursing license may provide the following nursing services in addition to any nursing service permitted under a standard license pursuant to Section 429.255, F.S. (a) Conducting passive range of motion exercises. (b) Applying ice caps or collars. (c) Applying heat, including dry heat, hot water bottle, heating ... aquathermia, moist heat, hot compresses, sitz bath and hot soaks. (d) Cutting the toenails of ... residents or residents with a documented ... problem if the written approval of the resident ' s health care provider has been obtained. (e) Performing ear and eye irrigations. (f) Conducting a ... dipstick test. (g) Replacement of an established self maintained indwelling ... or performance of an intermittent ... (h) Performing ... stool removal therapies. (i) Applying and changing routine dressings that do not require packing or irrigation, but are for ... and closed surgical wounds. (j) Care for ... pressure sores. Care for ... or 4 pressure sores are not permitted under this rule. (k) Caring for casts, braces and ... Care for head braces, such as a ... is not permitted under this rule. (l) Conduct nursing assessments if conducted by a registered nurse or under the direct supervision of a registered nurse. (m) For hospice patients, providing any nursing service permitted within the scope of the nurse ' s license including 24-hour nursing supervision. (n) Assisting, applying, caring for and monitoring the application of anti-em ... stockings or	AN276		

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AN276	Continued From page 8	AN276		

hosiery as prescribed by the health care provider and in accordance with the manufacturers ' guidelines.
(o) Administration and regulation of portable

(p) Applying, caring for and monitoring a transcutaneous electric nerve stimulator (TENS).
(q) care and maintenance.

This Statute or Rule is not met as evidenced by:
Based on a review of residents and interview with the Administrator, the facility failed to ensure residents who needed Limited Nursing Services (LNS) were place on this care for 2 (Residents #1 and #5) of 5 residents reviewed.

The findings include:

1. Observation on at approximately 9:45 a.m., revealed Resident #1 was receiving

Interview with the on at approximately at 1:30 p.m., while the resident was receiving lunch, revealed the resident had been on for approximately 1 year. The resident is unable to perform the use of the independently.

2. Interview with Resident #5 revealed the resident has an that the facility assists in providing care. The resident can do some of the care, but is not totally independent and requires assistance especially with wafer changes. This resident was not receiving LNS care from the facility.

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AN276	Continued From page 9 3. During an interview on at 9:00 a.m. the Administrator stated she had no residents who were receiving LNS care. Class III	AN276		
AN278	58A-5.031(3) FAC LNS - Records (3) RECORDS. (a) A record of all residents receiving limited nursing services under this license and the type of service provided, shall be maintained. (b) Nursing progress notes shall be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly shall be maintained on each resident who receives a limited nursing service. This Statute or Rule is not met as evidenced by: Based on a review of residents and interview with the Administrator, the facility failed to ensure residents who needed Limited Nursing Services (LNS) were place on this care for 2 (Residents #1 and #5) of 5 residents reviewed. The findings include: 1. Observation on at approximately 9:45 a.m., revealed Resident #1 was receiving Interview with the on at approximately 1:30 p.m., while the resident was receiving lunch, revealed the resident had been on for approximately 1 year. The	AN278		

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AN278	Continued From page 10 resident is unable to perform the use of the ... independently. 2. Interview with Resident #5 revealed the resident has ... that the facility assists in providing care. The resident can do some of the care, but is not totally independent and requires assistance especially with wafer changes. This resident was not receiving LNS care from the facility. Review of the resident record revealed there was no progress notes in the record about the LNS being provided to this resident. 3. During an interview on ... at 9:00 a.m. the Administrator stated she had no residents who were receiving LNS care. She stated she has done no progress notes for any of the LNS records. Review of the record revealed there was no progress notes in the record about the LNS care being provided to Resident #1. Class III	AN278		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Young At Adult Care Center
26563 Sandhill Blvd.
Punta Gorda, FL 33983

Dear Administrator:

This letter reports the findings of a Biennial and Limited Nursing Services (LNS) survey that was conducted on 2013 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 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

sh
Enclosure: State Form

Headquarters
2727 Mahan Drive
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