AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2013

Administrator
Emeritus at Ocala West
9070 SW 80th Avenue
Ocala, FL 34481

Dear Administrator:

Re: CCR #2013008166

This letter reports the findings of a state licensure survey that was conducted on 2013 by a representative of this office.

Enclosed is the provider's copy of the State (5000-3547) 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 surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Allison O. Nettleton, HFS for
Kriste J. Mennella
Field Office Manager

KJM/amw

Enclosure
XG90

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STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964969	08/20/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Emeritus At Ocala West	9070 Sw 80th Ave Ocala, FL 34481	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0025 - 58a-5.0182(1) Fac - Resident Care - Supervision S-S= D

Specific Tag Findings:

0000-Initial Comments

On 2013 an unannounced compliance survey CCR#2013008166 was conducted at Emeritus @ Ocala West Assisted Living Facility located in Ocala, Florida. Deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0025-Resident Care - Supervision 58A-5.0182(1) FAC
Based on resident record review and interview the facility failed to ensure that 2 (#2 & #4) of 4 residents in the sample were supervised on a daily basis to prevent with injuries.

Findings:

1. Review of resident #2 clinical record revealed that the resident moved into the facility on Review of the AHCA Form 1823 dated revealed that the resident was admitted with a medical history and diagnosis of a hip, right shoulder and a The resident was alert with some ; she needed assistance with supervision of ambulation and assistance with transfers.

Review of the resident's clinical record revealed that on the resident's private sitter informed staff that the resident had rolled off her bed onto the floor, no visible injuries or complaints of pain. On resident was attempting to walk, tried to sit and missed the chair and landed on the floor. On resident at 2:30 AM, hit her head, had small red area on forehead. On at 5:15 PM resident was found on the floor, on face and was sent out to the hospital.

Review of resident #2 individualized service plan dated revealed that one of the resident's description of need was gait/balance and the interventions to be provided consisted of Management every shift and as needed by the caregiver on a daily basis. During the interview with the resident care director on she stated that the resident did not have a private sitter during the month of 2013.

2. Review of resident #4 clinical record revealed that she was documented on the AHCA 1823 Form dated as being at risk for Review of the resident's Individualized Service Plan dated revealed that the resident was to be placed on the Management Program. Review of the resident's clinical record revealed that she on receiving a on her right wrist, a on her right elbow and a non-displaced of the right wrist.

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Review of the facility's . .... Management Policy dated . . . . . I revealed that prior to or at the time of admission, the resident care director shall complete an Ambulation and Mobility Evaluation and implement initial interventions in areas of concern. The resident care director will use the Post . .... Tracking & Review form to analyze each ...I and implement new interventions as warranted. Initiate the process upon the first ...I and analyze each subsequent ...I as directed on the form.

During the interview with the administrator and resident care director on ..... both stated that the facility did not have a ...I Management Program. It was not until the administrator spoke with the Corporate office on ..... did she and the resident care director realize that the facility's . ....: Management Program did exist.

Class III