STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932662	11/05/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Florida Shores Assisted Living	1229 Mango Tree Drive Edgewater, FL 32132

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0026 - 58a-5.0182(2) Fac - Resident Care - Social & Leisure Activities S-S= D
St - A - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= D
St - A - 0031 - 58a-5.0182(7) Fac - Resident Care - Third Party Services S-S= D
St - A - 0054 - 58a-5.0185(5) Fac - Medication - Records S-S= D
St - A - 0084 - 58a-5.0191(5) Fac - Training - Assis Self-Admin Meds & Med Mgmt S-S= D
St - A - 0093 - 58a-5.020(2) Fac - Food Service - Dietary Standards S-S= D
St - A - 0120 - 58a-5.021(1) Fac - Fiscal - Financial Stability S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint survey, CCR# 2013011537, was conducted at Florida Shores Assisted Living Facility in Edgewater, Florida, from , 2013 through , 2013. Licensure deficiencies were identified as a result of the survey.

0026-Resident Care - Social & Leisure Activities 58A-5.0182(2) FAC
Based on observation, interview and record review, the facility failed to provide eight of eight residents observed with scheduled activities at least six (6) days a week for a total of not less than twelve (12) hours per week (Resident #1, #2, #3, #4, #5, #6, #7 and #8).

The findings include:

1. On , at approximately 9:27 a.m. a tour of the facility was conducted. Resident #1 and #2 were observed in their . Resident # 6 was observed sitting in his . Resident #4 was observed seated at a kitchen table and Residents #3, #5, #7 and #8 were observed seated in front of the television in the facility ' s common area. Observations throughout the day on and revealed Residents #1 and #2 remained in their (with the exception of one lunch meal), Resident #6 generally stayed in his occasionally walked around the facility, and Residents #3, #4, #5, #7 and #8 remained in the facility ' s common area in front of the television (with the exceptions of meal times).

2. A review of the facility ' s activity schedule (dated revealed on Monday the residents should have been offered the following activities: lower extremity exercises, sensory stimulation, bingo games, trivia/reminiscing, and a walking activity. Continued review of the same activity

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schedule revealed on Tuesday the facility should have offered residents the following activities: memory enhancement, trivia, reminiscing, lower extremity exercise, table games, and puzzle solving. The activity schedule stated " Activities offered 6 days a week at a minimum of 2 hours a day. "

3. On at 11:40 a.m. Resident #8 was interviewed. Resident #8 reported the facility does not offer activities. Resident #8 stated his activities at the facility consisted of watching the television.

4. On at 11:10 a.m. Resident #7 ' s daughter was interviewed. Resident #7 ' s daughter reported she was concerned the facility did not offer activities for the residents; she added the residents are always seated in front of the television.

5. On at 12:54 p.m. Resident #1 and #2 were interviewed both residents denied the facility offered activities for them. Resident #1 added she would like for the facility to provide activities for her, she added she is looking forward moving to a facility which will offer a variety of activities.

6. On at approximately 6:00 p.m. the administrator was interviewed. The administrator reported the facility provides 10 hour of activities for residents each week.

Class III

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on record review and interview, the facility failed to establish a grievance procedure to address concerns for eight of eight residents living in the facility (Residents #1, #2, #3, #4, #5, #6 #7 and #8).

The findings include:

1. A review of facility records revealed the facility did not have a grievance policy or procedure. Surveyor(s) requested a copy of the facility ' s grievance procedure, the surveyors were not provided with documentation of the procedure.

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2. On [redacted] at approximately 5:50 p.m. The administrator was interviewed. The administrator stated he would provide surveyors with the grievance policy and procedure. On [redacted] at approximately 1:04 p.m. an interview was conducted with the administrator. The administrator stated he thought he had a grievance policy and procedure for the facility. He then confirmed he did not find a grievance policy or procedure in his records.

Class [redacted]

0031-Resident Care - Third Party Services 58A-5.0182(7) FAC
Based on observation, interview and record review, the facility failed to provide the residents with the facility's policy regarding the provision of services to residents by non-facility staff for 2 of 2 sampled residents receiving third-party services (#1 and #2).

The findings include:

1. An observation of Resident #1 on [redacted] at 12:05 p.m. revealed that she was visiting with and was receiving care from a home health nurse for her indwelling [redacted] and two open wounds.

2. An [redacted] interview with the Home Health Care nurse at 11:25 a.m. revealed that she had been working with Resident #1 since Resident #1's admission to the facility due to recurrent wounds and the use of an indwelling [redacted] The nurse also stated that Resident #2 was receiving physical and occupational [redacted] from the same Home Health Care company. "We come out every other week for him. "

3. An interview with the administrator, who is not a licensed nurse, on [redacted] at 9:30 a.m. revealed the facility has a contracted nurse to provided Limited Nursing Services (LNS); however the nurse has never come to the facility to provided said services. An interview with the administrator on [redacted] at 2:20 p.m. confirmed that the facility had no policy and procedure for third party services. When asked how he coordinated with the home health care company related to Resident #1's and Resident #2's care, he replied that he spoke with the nurse every time she came in, and she brought him " up to date " regarding the residents ' conditions.

4. An interview with the facility's contracted nurse (Staff E) on [redacted] at 2:40 p.m. revealed the nurse, who is responsible for providing LNS in the at this facility, was unaware the facility had resident who required/received nursing care services. Staff E stated, "I hope he doesn't have any LNS residents, because he(the administrator) hasn't called me." Staff E went on to say, "I am not aware of anyone in the facility with any of these (LNS) issues." Staff E explained she is an "On call nurse" who lives approximately 1.5 hours away from the facility and has never provided nursing services in the facility.

5. A review of the clinical record for Resident #1 on [redacted] revealed that she was currently receiving care and services from the Home Health Care nurse for treatment of open wounds and for indwelling [redacted] care.

6. A review of the clinical record for Resident #2 on [redacted] revealed that per the In-Home [redacted] Visit Tracking Log initiated on [redacted], the resident had received physical [redacted] from the Home Health Care company from [redacted] through [redacted] was discontinued on [redacted] due to " met goals " .

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Class III

0054-Medication - Records 58A-5.0185(5) FAC
Based on observation, interview and record review, the facility failed to maintain a medication observation record (MOR) which accurately reflected the prescribed medication, strength and directions for use of each medication for 1 of 4 residents sampled for accuracy of medication records (Resident #4).

The findings include:

An observation of Resident #4's medications on at 7:45 a.m. revealed that on Resident #4's prescription bottle was prescribed 2 mg tablets, 1 tablet orally at bedtime.

A review of Resident #4's MOR on revealed that 2 mg tablets, 1 tablet orally was listed and initialed as having been given at 8:00 AM and at 8:00 PM from through , twice as often as it had been prescribed.

An interview with the administrator on at 7:50 a.m. revealed that he had made an error during transcription of this medication from ber's MOR to nber's MOR, and he provided the MOR for review. The 2013 MOR accurately reflected the medication order which coincided with the prescription bottle. The administrator apologized and said that he would make the correction to the MOR immediately.

An interview with Resident #4's pharmacist at approximately 3:15 p.m. revealed the following: With regard to Resident #4's the side effects of having received the prescribed amount of medication twice daily instead of once daily as ordered would result in the resident being more and drowsy, but that nothing more dangerous would occur. The pharmacist added that this resident was receiving hospice, and therefore was tolerant of the medication. He didn ' t feel that there was any reason to be alarmed as long as the mistake was corrected.

Class III

0084-Training - Assis Self-Admin Meds & Med Mgmt 58A-5.0191(5) FAC
Based on record review and interview, the facility failed to ensure one of two employees assisting residents with the self-administration of medication completed two (2) hours of continuing education on providing assistance with self-administered medications and safe medication practices in an assisted living facility (Staff C).

The findings include:

1. A review of medication observation records (MORs) for Residents #1, #2, #3, #4, #5, #6, #7, and #8 revealed Staff C initialed each resident ' s individual MORs as assisting them with the self-administration of medication on and .

2. A review of Staff C ' s employee record revealed Staff C ' s completed the initial four (4) hours of training for assistance with the self-administration of medication on Continued review of Staff C ' s

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employee record revealed Staff C did not have documentation of the two (2) hours update training.

3. On ..... at approximately 5:00 p.m. Staff C confirmed her initials appear on the MORs of all eight residents on ..... and ..... and confirmed she assisted the residents with their medication on this date.

Class III

0093-Food Service - Dietary Standards 58A-5.020(2) FAC
Based on observation and interview, the facility failed to provide the recommended daily dietary allowances to all residents (8 of 8 residents who eat the facility's prepared food) by not following the daily menu as prepared by the facility's licensed dietitian consultant (Residents #1, #2, #3, #4, #5, #6, #7 and #8).

The findings include:

An observation of the breakfast meal on ..... at 7:20 a.m. revealed three residents in the dining ..... All were eating ..... cereal and had water and coffee to drink. When asked whether the residents were offered juice with their breakfast, the administrator said that they complained of stomach upset when they received juice, so he gave them water. He added that they would give back the juice if he poured it for them. When asked what was on the menu for breakfast, the administrator offered the menu for review. It read, 4 oz blended juice, ¾ cup dry cereal or ½ cup cooked oatmeal, 2 slices french toast, 2 slices bacon, 2 oz syrup, 2 tsp oleo, 8 oz milk. When asked why the residents only received ..... cereal, the administrator didn ' t respond. When asked again, he said, " That ' s all we gave them. " When asked to show the contents of the refrigerator, it revealed that cranberry juice and prune juice were available as well as bacon. When the administrator was asked why bacon was not provided he replied that the residents had just received sausage the day before, and he didn ' t want them to have too many " oily " foods.

A review of the current menu on ..... revealed that it was dated as having been reviewed by the dietitian on ..... (copy obtained)

An interview with Residents #1 and #2 on ..... at approximately 7:45 a.m. revealed that what they had received for breakfast this day was what they typically ate. Resident #1 was served a small plate with 6 frosted mini wheat biscuits on it, a slice of toast with jelly and a cup of tea. Resident #2 was served a bowl of ..... cereal with milk, a slice of toast with jelly and a cup of coffee. When Resident #2 received his tray, he looked at his cereal and said, " No banana? ", then began to eat. Resident #1 said, " I ' m not a big eater. This is all I want. Sometimes we get a special breakfast which includes eggs and bacon. We get that maybe once or twice a week; sometimes on Sundays. "

An interview with the facility's licensed dietitian consultant on ..... at 4:02 p.m. revealed the following: When asked what her intention was regarding how she planned the breakfast meal for the day, she replied, " I usually provide two at every meal. The french toast would have been made using eggs which would have provided added protein. I have discussed the menu with the administrator, and he is aware that if he

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would like any permanent changes made to the menu, all he has to do is call me, and I ' ll make the changes that day. We haven ' t discussed any changes to the menu; he just isn ' t following it. "

Class III

0120-Fiscal - Financial Stability 58A-5.021(1) FAC
Based on record review and interview, the facility failed to ensure they were operating on a sound financial basis in order to ensure adequate resources to meet resident needs for eight of eight residents in the facility (Residents #1, #2, #3, #4, #5, #6, #7 and #8).

The findings include:

1. On . . . . the facilities financial records were reviewed. A review of the facility ' s bank account information revealed the facility had a current available balance of $3.00. Continued review of the facilities bank account revealed a pattern of negative balances and overdraft fees:

   a) On . . . . the facility was charged a $35.00 overdraft fee. On . . . . the facility had a balance of (-$22.63) in the business bank account. On . . . . the facility was charged an overdraft fee.

   b) On . . . . the facility wrote a check (check #4794) for $1,034.69 this left the facility with a balance of $84.65. On . . . . the facility wrote a check (check # 4787) for $450.00. This left the facility with a balance of (- $365.35). On the same day a purchase for $18.93 cleared from the facility ' s accounts, this left the facility with a negative balance of (-$384. 28).

   c) On . . . . the facility deposited a check for $900.00 in to business bank account; this brought the facility to (positive) balance of $515.72. The facility also received three overdraft fees in the total amount of $105.00 which posted to the account on . . . . this left the facility with a total of $410.72. The same day a check (#4785) for $656.24 cleared from the facility ' s account, this left the facility with a balance of (- $296.52).

   d) On . . . . the facility had a negative balance of (-$6.00) in their business bank account.

   e) Between . . . . and . . . . the facility was charged a three additional overdraft fees.

2. On . . . . at 4:14 p.m. the administrator was interviewed. The administrator stated on . . . . the facility erroneously paid their facility ' s mortgage twice in one month (checks #4786 and #4794) causing the facility to have a string negative balances which resulted in overdraft fees. The administrator did not offer an explanation for prior negative balances and overdraft fees in . . . . of 2013. The

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administrator reported if he does not have the money in the facility ' s bank account to make payroll payments, he will have to use funds from his personal account. On at approximately 5:45 p.m. the administrator stated he will have to pay better attention to the facility ' s bank account.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
Florida Shores Assisted Living
1229 Mango Tree Drive
Edgewater, FL 32132

Re: CCR #2013011537

Dear Administrator:

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

Attached 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 surveyors. Should you have any questions please call this office at

Sincerely,

Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JH/KW/sm
Enclosure

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