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:

This letter reports the findings of a complaint 2013012157 inspection survey conducted on . 2013, by a representative of the Agency for Health Care Administration (Agency). Enclosed is the provider's copy of the Statement of Deficiencies, which indicates there were deficiencies noted during the inspection. You are hereby responsible for complying with the Agency's Directed Plan of Correction (DPOC) within **ten business days** of receipt of this report.

The inspection resulted in findings of non-compliance in the following areas:

St - A - 0030 - 58A-5.0182(6) FAC; 429.28 FS - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0076 - 58A-5.0186 FAC - S-S= G

Directed Corrective Actions:

1. The Assisted Living Facility is required to Review a 100% of all active resident records to determine the current status.

2. The Assisted Living Facility is required to compare the current status to the 911 hospital transfer folder for the consistency between the two resident files. Make corrections to any errors in consistency and inform the staff of any changes.

3. Provide inservice training on the DRNO process to 100% of the staff that has direct resident contact.

Please be advised that nothing in this DPOC limits the Agency's authority and responsibility to impose administrative sanctions as provided by law.

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone (386) 462-6201; Fax (386) 418-5300

Should you have any questions, please call Mr. Stephen Burgin, Health Facility Supervisor at (386) 462-6201.

Sincerely,

Stephen Burgin for,

Kriste J. Mennella
Field Office Manager

KJM/sb

D7JR

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964969	11/21/2013
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 - 0030 - 58a-5.0182(6) Fac; 429.28 Fs - Resident Care - Rights & Facility Procedures S-S= G
St - A - 0076 - 58a-5.0186 Fac - S-S= G

Specific Tag Findings:

0000-Initial Comments

On unannounced complaint survey CCR #2013012157 was conducted at Emeritus at Ocala West Assisted Living Facility in Ocala, Florida. Discernible deficiencies were identified as a result of this survey. The facility was not in compliance at this time.

0030-Resident Care - Rights & Facility Procedures 58A-5.0182(6) FAC; 429.28 FS
Based on Record Reviews and Interviews the facility failed to provide a safe living environment free from neglect for 1 of 5 residents (res. #1).

Findings:

On a record review was conducted on resident #1 facility records. It was observed that on resident #1 executed a in coordination with her daughter, who was her legal power of attorney. On a Memo e-mail was sent to the Emeritus West Administrator advising him that the family wanted the removed from resident #1 file. The POA stated she would be willing to sign the necessary paper work to do so. On a new policy was signed by the POA and Administrator stating "NO" to the question, "Does resident have a

On at approximately 3:08 PM an interview was conducted with staff member E in reference to finding resident #1 unresponsive on at 8:30 AM. According to staff member E resident #1 got up that morning and took her medication and got ready for her normally second seating for breakfast. She was waiting inside her apartment sitting in her wheelchair waiting for staff to come and take her to breakfast. Staff E stated when he arrived at resident #1 apartment he found her slumped over in her wheelchair. He attempted to get her to respond but she would not. Staff member E immediately went and got help and had staff call for Emergency Medical Services. When he returned to the with the assistance of another staff member they lifted resident #1 from her wheelchair and laid her on the floor and checked her breathing, pulse and beat. He stated there was no sign of life. He was about to commence when another staff member pulled resident #1 file from the 911 folder for the resident and stated do not administer she has a

On during a record review of resident #1 Service Notes it states; arrived and pronounced resident #1 at 8:55 AM.

Class II

007(58A-5.0186 FAC
Based on record reviews and interviews the facility failed to rescind a from 1 or 5

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residents (#1) records, which caused resident #1 not to receive when needed.

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On at approximately 4:45 PM during an exit interview with the Administrator, she stated that staff did every thing right with resident #1 except that the was never removed from her 911 folder. She stated every resident has a 911 folder which goes with them to the hospital and that folder will contain the if they have one.

Class II