

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/15/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911178	(X3) DATE SURVEY COMPLETED 06/21/2016
NAME OF PROVIDER OR SUPPLIER HOBE SOUND MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 9555 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455	

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

0000 Initial Comments

A Complaint Investigation, CCR 2016003212, was conducted at Hobe Sound Manor, license number 7401, on 06/21/16. Hobe Sound Manor had a deficiency at the time of the investigation.

0030 Resident Care - Riaghts & Facilitv Procedures

Based on interviews and record review, the facility failed to honor residents' rights to present grievances or suggestions for changes within the facility. The facility did not develop adequate written grievance and suggestions procedures and failed to implement adequate investigations, and did not provide adequate interventions/resolution(s) when residents lodged complaints or filed suggestions for changes within the facility.

The finding included:

During the entrance conference conducted / at 10:20 AM, the facility's Grievance process was discussed. The ALF Manager stated they have had no complaints and do not maintain a Grievance Log or any form of documentation regarding receipt of complaints. The facility's written policy related to grievances was requested. Review of the policy revealed it did not include provisions for documenting the investigation, interventions, notifications to pertinent parties (family, health care provider, case manager, etc.). The facility's Resident/Family Grievance Concerns form included the resident's name, person reporting, narration of complaint, complainant signature, results of investigation, signature, date, family's response, administrator's signature and date. Further inspection revealed the following:

During the entrance conference, the Assisted Living Facility (ALF) Manager identified Employee A, the Lead Certified Nurse Aide (CNA) and Medication Technician, as the staff member most familiar with the residents' health conditions and behaviors. She came to the entrance conference and was asked to identify any residents with behaviors that affect other residents. She identified Resident #4, stating he had a verbal altercation with Resident #3 wherein he called her a derogatory name. The ALF Manager stated about 2-3 weeks earlier, Resident #4 claimed Resident #3 was sitting in his chair. When she would not relinquish her seat to him, he called her an inappropriate derogatory name. The ALF Manager stated this was normal behavior for Resident #4, and Resident #3 can be nasty and demanding, but she was not able to provide any specific examples. Employee A was asked and stated she was not aware Resident 3 had any issues or nasty behavior. Resident and staff interviews and record review revealed 3 altercations initiated by Resident #4. One with Resident #3 and two with Resident #6 wherein he used foul language in their presence at the dinner table, called them derogatory names, and

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defamed one of them.

Resident #4's signed lease agreement (resident contract) dated 02/17/16 included:

A. Page 5, Item B "We will not terminate this Lease except for just cause. Just cause shall exist if: 1. You created a disturbance ... which is detrimental to the health, safety, and comfort or peaceful lodging of the other residents. ... You fail to observe the rules and regulations of [the facility]."

B. A page titled House Rules and Policies included, "10. Residents will not talk rudely or to another resident or to staff." and was signed by the resident on / / to

Random interviews with Residents and Staff on / / beginning at 10 AM, revealed on numerous occasions Resident #4 has exhibited inappropriate behavior as addressed in the facility House Rules and Policies. Random interviews with staff members present also confirmed Resident #4's inappropriate behavior on numerous occasions.

Review of facility's Resident Council Notes also identified various concerns regarding Resident #4 and other residents with respect to inappropriate behaviour and/or violation of House Rules. However, there was no documentation available for review to illustrate that concerns voiced were addressed/resolved.

Resident #4 was interviewed with the ALF Manager present, on / / at 6:03 PM. He was asked about the allegations of his cursing and name-calling made by other residents. He appeared remorseful and a little surprised. He stated he has been going to church as a result and to his knowledge, he would not do something like that, but he could have. Resident #4 exhibited no signs of agitation during this interview. However, at 6:30 PM on / / , after conducting the survey exit conference and while exiting the facility with the Administrator present; Resident #4 came up and stated he had something to say to me. At first, he appeared to be trying to express remorse for his actions. This lasted about 60 seconds and then he became agitated. He stated, "I am a 30-year vet and I demand to receive the respect I earned!" He was thanked for his military service and was told, "Keep going to church." He then became more agitated and stated, "I have been going to church most of my life, and the church has never done anything for me!" At this point, the Administrator intervened.

Record review failed to indicate that the facility addressed the behavior of Resident #4 with respect to other residents. During interview with the ALF Manager it was revealed the facility had no documentation indicating receipt of this complaint and/or resolution of this problem. Further interview with the ALF Manager revealed the facility has had complaints lodged regarding various concerns beyond the concerns of Resident #4. However, the facility was unable to provide documentation regarding receipt of the complaint and/or resolution.

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During a further interview with the ALF Manager, aforementioned was discussed. It was revealed the facility would address the concerns immediatley and revise/modify the grievance policy. The facility provided no additonal information for review.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Hobe Sound Manor
9555 S.E. Federal Highway
Hobe Sound, FL 33455

RE: CCR #2016003212

Dear Administrator:

This letter reports the findings of a State Licensure Survey that was conducted on , 2016 by a representative from 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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than , 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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,

[Signature]
Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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