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
	AL11969148	A. BUILDING: _____ B. WING _____	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONTE VILLAGE OF DAVIE	8201 STIRLING RD DAVIE, FL 33328

(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 An unannounced licensure complaint survey, Complaint Number 2019004539, was conducted on through and through at Oakmonte Village of Davie. The facility had deficiencies at the time of the survey.	A 000		
A 010 SS=D	429.26(1&9) FS; 58A-5.0181(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination shall be based upon an assessment of the strengths, needs, and preferences of the resident, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (9) A , ill resident who no longer meets the criteria for continued residency may remain in the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed	A 010		

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A 010	Continued From page 1 hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 58A-5.0181 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a -to-medical examination by a 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 and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A ill resident who no longer meets	A 010		

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A 010	Continued From page 2 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 receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in Rule 58A-5.030, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, interview and observations, it was determined that the facility failed to have a resident reassessed for continued	A 010		

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A 010	Continued From page 3 residency after the resident exhibited a signficiant decline in health status (including mental status), for 1 out of 2 sampled residents (Resident #1). As evidence of the facility failure to have a Resident #1 reassessed after the resident's behavioral changes due to excessive drinking and the evaluation/assessment documented on a new Health Assessment form. The findings included: Record review revealed Resident #1 was admitted to the facility on . Review of Resident #1's Health Assessment form (AHCA form 1823) dated revealed a diagnosis of ( ), history of Hemetoma, history of ( ). Physical or Sensory Limitations noted as left-sided with mild left neglect and Antalgic gait. and Behavioral status noted as good. Resident also noted as a precaution. Resident was noted to be independent with eating, self care , toileting and required supervision with ambulation, and transferring. Record review of Resident #1 observation notes from admission to revealed Resident #1 was observed by direct care staff several times on the floor with foam coming from his . According to observation notes several bottles of liquor was found underneath the resident bed and on the floor in the living room area. The observations notes revealed paramedics had to be called several times due to the resident found on the floor for further observation. Record review also revealed the direct care staff reported this information to the Director of Nursing (DON) and the DON took	A 010		

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A 010	Continued From page 4	A 010		

pictures of the liquor bottles found inside of the resident room. Review of Resident #1's MORs (since admission) also revealed that the resident was taking medications that should not be consumed with . However, no documentation was present in the file to address this matter.

Further record review revealed this behavior continued with Resident #1 until he was admitted into an outpatient facility for one week for an due to the excessive drinking habits found and documented by facility staff. In addtion, he was also admitted to a daily outpatient treatment center for one week. However, record review failed to indicate that new AHCA Form 1823 for Resident #1 was completed by his Physician due to the significant and behavioral status changes.

An interview was conducted on with the DON, who stated that she has been aware of the excessive drinking problem Resident #1 has exhibited. She further stated they have called paramedics several times due to finding Resident #1 laying on the floor and after assessing the resident she determined that he needs to be seen for further evaluation at the local hospital. The DON describe Resident #1 drinking as excessive due to the large number of bottle found in his room and the smell of liquor in room immediately upon entrance inside of his room. The DON admitted that during this time she failed to have the resident reassessed and documented on a new AHCA Form 1823 for continued residency by his physician; due to the significant change for excessive drinking and on a continued medication regimen.

An interview was conducted on with

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A 010	Continued From page 5 Staff A who stated Resident #1 has used harsh words towards her and other staff members. Staff A stated when Resident #1 would tell them to do something and they would explain due to the rules and regulation they can't honor his request he become extremely agitated with them. According to Staff A, he would tell them to alter medications and they would inform him that they could not do it without permission from his Physician. He would get anger and call them inappropriate names and tell them they were dumb and go to their country Staff A further stated she is very aware of his excessive drinking habits within weeks of being admitted into the facility, but she did not provide activities of daily living care to him, only medication assistance. Additional random confidential staff interviews conducted on . . . . . , confirmed aformentioned behavior of Resident #1. It was also confirmed by all parties that the DON was notified. However, the behavior continued by Resident #1. An interview conducted with the Administrator and the Assistant Administrator on . . . . . ., it was revealed they had also been made aware of Resident #1 excessive drinking habits. They both stated they had care plan meetings with the resident"s Power of Attorney (POA) and issued a 45-day notice to the resident due to the out of control drinking habits from Resident #1. However, it was rescinded. They both admitted that during this time the facility failed to have the resident reassessed and documented on an a new AHCA form 1823 for continued residency by his physician; due to the significant change for excessive drinking and ongoing medication regimen. During additional interviews with the Administrator	A 010		

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A 010	Continued From page 6 on . . . . . and . . . . . , it was acknowledged that Resident #1's AHCA form 1823 was not accurate at time of admission based on the history of the resident and additional information obtained after the resident's admission. The Administrator also agreed that a new AHCA form 1823 was not completed until after the inspection on . She agreed there were major changes that would have been vital at the time of admission; including the resident history of . . . . . . Class III	A 010		