PRINTED: 10/24/2014

		AND HUMAN SERVICES & MEDICAID SERVICES	11.51		C		APPROVED 0, 0938-0391
TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		106027	B. WING			10	/16/2014
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE	AT ORLANDO INC				00 NORTH SEMORAN BOULEVARD RLANDO, FL 32807		.,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFI TAG	· ·	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	to .	rey was conducted from Avante at Orlando	F0	00	Preparation and /or execution of plan of correction does not const admission or agreement by the provider of the truth of the items	itute	
F 241 SS=G	488, requirements t	for long term care facilities. 'AND RESPECT OF	F2	41	alleged or conclusion set forth in statement of deficiencies. The pl corrections prepared and / or		
	manner and in an e	omote care for residents in a environment that maintains or ident's dignity and respect in is or her individuality.		and the contraction of the	executed solely because it is requby the provision of Federal and Staws.		
	by: Based on observareview the facility fawhen the resident r sampled residents resident sustained	NT is not met as evidenced tion, interview, and record alied to treat a resident with with dignity and respect feused care for 1 of 31 (#86). Due to this failure, the psychosocial harm.	ORONOMERS OF THE PROPERTY OF T		1. Immediate action(s) taken for resident(s) found to have been	the	म् जिल्ला
	On at 11:0 heard yelling. The was closed, but the the common area of person in the observation revealer resident in the She was attempting certified nurshing as The resident contin	resident could be heard from			affected include: a. On CNA #C and CNA were immediately removed from Resident #86 care and was susper pending investigation. On investigation was completed and CNA#C and CNA #D were termina b. Resident #86 was immediately reassigned to a familiar staff men	nded ted.	
BORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DAJE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nurshing homes, the findings stated above are disclosable 90 days collowing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is provided. For nurshing homes, the showled findings and plant of correction are related to days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

		AND HUMAN SERVICES & MEDICAID SERVICES					0938-039
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
		106027	B. WING			10/	16/2014
NAME OF I	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
TOWNS OF			- 1	20	100 NORTH SEMORAN BOULEVARD		
AVANTE	AT ORLANDO INC		l	0	RLANDO, FL. 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI) TAG	(PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
			:		was reassessed for comfort, and		1
F 241	Continued From pa		F 2	41	provided with care interventions.	She	1
	step away from the holding both of the	resident. CNA #D was resident's hands tightly and			accepted care with a continued co	alm	1
	the resident was try CNA#C was attem	ring the break free of her grip. pting to button the resident's			demeanor.		
	shirt and the reside	nt continued to yell and , and hit the CNAs. They did	1		c. Ongoing reassessment has incl	uded	i
	not stop attempting	to provide care despite the			Medication Review by the Consul	tant	
		requests for them to get out	1		Pharmacist, and attending Physic	ian,	
		attempts to kick, hit, and bite t was visibly distressed. Both		3	Pain Assessment, and Behavioral		
	CNAs began to lau	gh at the resident as she		i	monitoring to identify potential		
		to try to bite them and kick I why they were continuing to	1	- 1	patterns and triggers. Hospice, th	10	
		s requests to stop, they said	:	ı	primary physician, affiliated	ic.	
		ause the resident was soiled	1			250	İ
	with bowel moveme	ent and they had to clean her. would not let them dress her	1	1000	consultants, family and primary c		
	so they held her ha	inds so she couldn't hit them.		1	staff were involved in the review,		
	i .			1	revisions and updates to her		İ
		es, the Unit Manager (UM) was entered the The resident			individualized plan of care. She ha		1
	was visibly upset a	nd was yelling and screaming "help me" and "get out of			resumed her usual preferred rout	ines	
	here." She was sti	Il trying to hit, bite, and kick the			 d. Updates on resident specific 		
	CNAs while they st	ood at the bedside. They did ak to the resident in a calm and			preferences and interventions are	9	
	respectful manner	even after the UM entered. At			being provided to primary staff		i
	that time CNA #D s	aid to the UM, "this resident is			through education, shift reports,	and	Ì
	UM. The UM then	nce of the resident and the asked both CNAs to leave the yed with the resident.			skill fair activities.		1
	i alle ata	you man are resident.	-		2. Identification of other residen	ts	1
		CNA #C and #D on	i		having the potential to be affected		
	care for resident th	#D said she was assigned to at day and she was familiar ecause she cares for her	i		was accomplished by:		

every day she works. She said the resident is not

always resistant to care. When she entered the

resident's deliver care she said the

(1) All residents with a diagnosis of

: other

THE OF LICAL THE AND HUMANI SERVICES

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DEPART	MENT OF HEALTH	AND HOMAN SERVICES			OI	MB NO.	0938-0391
		& MEDICAID SERVICES	000 188	TIDLE	CONSTRUCTION	(X3) DATE	SURVEY
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONGRESSION	COM	PLETED
		106027	B. WING		,		
NAME OF I	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
					00 NORTH SEMORAN BOULEVARD		
AVANTE	AT ORLANDO INC			O	RLANDO, FL 32807		
(X4) ID PREFIX TAG	TEACH DESIGNATION	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
			:	•	and high risk behavior	s	
F 241	Continued From pa		F	241	were identified and reassessed b		
	resident told her to	get out. She said she urse who instructed her to take			IDT for management of their curr	ent	
	another staff mem	ber with her to provide care.	1	1	physical, mental and psychosocia	.l	
1	CNA #D said she or resident who was	did not want to leave the	1	- 1	wellbeing. There were no others		1
	without cleaning he	er even though the resident			identified to have been affected	by	
1	was refusing care	at that time. CNA #B said sists care we usually come			the alleged deficient practice		
	hack later, but we	could not leave the resident	1			·	
	soiled. When ask	ed why they did not stop as the	1		 a. Pain re-assessment is ongoing 	tor	1
	resident continued	to refuse and became more they said, "we had to finish	i		identified residents.		1
l	because we could	not leave her that way."	ļ		b. Observations are addressed in	ı the	
	During observation	n on at approximately			morning clinical review.		
	taken out of her	sident was observed being a wheeled recliner. The			c. A 100% audit of Care Pans/Ka	rdex	
1	resident was calm	and was not attempting to kick	•		was completed for		į
	hit or bite staff. At	that time the UM said the and continued to attempt to hi	t.		identified residents. Updates we	re	
	and kick her, but s	she eventually became calm	1		added to individualized plans of		
	watched the resid	not attempt further care, ent from a distance, and spoke	i		as indicated.		
1	to her in a calm vo	pice. After she was calm, the	1				i
	UM said she was	able to finish care.	1		3. Actions taken/systems put int	.0	1
1	In an interview wit	he the UM at at 12:55			place to reduce the risk of future	•	:
	n m she said she	thought the both CNAs	i		occurrence include:		1
İ	hehavior was not	acceptable. They did not treat	1		a. Inservice education programs	were	
	the resident with o	dignity or respect. They should	1				1
1	not laugh at resid	ent's or call them names like ight the resident's agitation and	1		conducted separately with licen		4
	dietrees could be	e been avoided had the CNAs			and non-licensed staff by the Di		
	not continued to t	rovide care when the resident			of Nursing Services (DON)/desig	nees.	
	first expressed he	er wishes for them to get out.			Topics include Resident Rights a		
	They should have	not have started care against				.,	
	the resident's wis	hes and should not have	1		Recognizing/Preventing		
1	continued when the	he resident became extremely			completed on		:

upsel. She said she thought what happened was

completed on

407245099R

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES MB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (Y2) MILL TIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED EDENTIFICATION NUMBER: A RUSE DING B. WING 10/16/2014 106027 STREET ADDRESS, CITY, STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORI ANDO, FL 32807 PROVIDER'S PLAN OF CORRECTION (X8) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ECTIVE ACTION SHOULD BE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES [EACH DEFICIENCY MUST BE PRECEDED BY FULL PEGLI ATORY OR LSC (DENTIFYING INFORMATION) PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY b. Proper procedures for addressing F 241 F 241 Continued From page 3 resident preferences obtained from not acceptable and they should have done a interview information were discussed. better job caring for a resident with because they care for many residents with Altering care to accommodate "That is the type of residents we care resident choice were also addressed for " to assure the maintenance of resident Record review revealed resident #86 was dignity and respect. admitted to the facility on with a diagnosis Review of her minimum of Alzheimer's ... revealed the c. The Director of Nursing, ADON, and data set assessment dated resident exhibited physical behaviors (hitting, designated MDS/Unit Managers are kicking, pushing, scratching, or grabbing) 1-3 times per week and rejected care 1-3 times per conducting clinical rounds on "All with all week She requires _ about Me" Questionnaires to reaffirm ADLs and has severe indicated the Social Services notes dated ... choices and preferences. resident is able to make needs known to staff. F 253 483.15(h)(2) HOUSEKEEPING & d. The Director of Nursing/Designee SSEE MAINTENANCE SERVICES provided education to nursing staff on The facility must provide housekeeping and F309, F241 and F329 in a series of maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. education to include: "Know Your Role" and This REQUIREMENT is not met as evidenced Sensitivity training on "Walk in the bv: (Need to show Shoes". Based on observations and interview, the facility failed to ensure furniture and fixtures were clean continued presentations on this and and in good repair in 2 out of 2 wings (North and the Know Your Role) South Wings.) Findings: e. Pain Management training was completed by Hospice physician on North Wing 1. On ... at 2:00 p.m. the privacy curtain for bed A had grayish stain on it. frame

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DEPART	MENT OF HEALTH	AND HUMAN SERVICES				FORM: MB:NO.	APPROVI 0938-03
PATEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		CONSTRUCTION	(X3) DATI	SURVEY
		106027	B. WING			10/	16/2014
VAME OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
			- 1		000 NORTH SEMORAN BOULEVARD		
AVANTE	AT ORLANDO INC			0	RLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEDICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	COMPLETI DATE
			:	,	f. The Hand in Hand Series Me	odule 1	1
F 241	Continued From pa		FS	241	completed on 11/5. Module 2	to be	
	not acceptable and better job caring for	they should have done a	1		completed by 11/7. Modules	3 and 4	1
	herause they care	for many residents with			to be completed by	*	
	"That is	the type of residents we care	ţ				
	for."				g. An external Activity Consul	tant	:
		ealed resident #86 was	i		assisted with expansion of		
	admitted to the fac				Therapeutic bedside Activities	š	
	data set assessme	ent dated revealed the			and will provide onsi	te visits	
	resident exhibited	ohysical behaviors (hitting,			for the next 4 weeks utilizing		
	kicking, pushing, s	cratching, or grabbing) 1-3 id rejected care 1-3 times per	1		about Me" data.	All	
	week. She require	es with all	1		about we data.		1
	ADLs and has sev Social Services no		. 1		h. Education on bedside and	on the	1 1
	resident is able to	make needs known to staff.	1		unit activities for C.N.A. staff		1
F 253	483 15(h)(2) HOU	SEKEEPING &	i		provided on 11/5.		i
SS=E	MAINTENANCE S	SERVICES	1		provided on 11/3.		
	The facility must p	rovide housekeeping and			i. An all-day skills fair for all s	taff was	i
	maintenance serv	ices necessary to maintain a and comfortable interior.			conducted on 11/4 and 11/5.	Topics	1
	sanitary, ordeny, a	and connectable interior.			include Resident Dignity: Non		1
			1.		Communication; Identificatio		.i
	This REQUIREMS by:	ENT is not met as evidenced	i		Resident Rights; Preventing	ii Oi i uiii	' !
	Based on observ	ations and interview, the facility	,		Resident Rights, Preventing		
	failed to ensure fu	rniture and fixtures were clean r in 2 out of 2 wings (North and			j. How the corrective action(s) will be	1
	South Wings.)	HILE OUT OILE MINGS (MOITH BING			monitored to ensure the prac		1
	Findings:		:		not recur:		
	North Wing						
	1 On	at 2:00 p.m. the					
		bed A had grayish stain on it.					

frame

PRINTED: 10/24/2014 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLE AND PLAN OF CORRECTION A. BUILDING 10/16/2014 106027 8. WING CERRET ADODESS CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORI ANDO, FL 32807 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SLIMMARY STATEMENT OF DEFICIENCIES in (XA) ID PREFIX (FACH CORRECTIVE ACTION SHOULD BE (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG CROSS REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY F 241 F 241 Continued From page 3 4. a. The Director of Nursing Services not acceptable and they should have done a (DON), or designee, will conduct better job caring for a resident with because they care for many residents with random observations of staff "That is the type of residents we care providing care 3 times weekly over for." the next three (3) months to ensure Record review revealed resident #86 was staff are promoting and maintaining with a diagnosis admitted to the facility on Review of her minimum of resident dignity in accordance with data set assessment dated revealed the resident preferences. resident exhibited physical behaviors (hitting, kicking, pushing, scratching, or grabbing) 1-3 times per week and rejected care 1-3 times per b. The use of the Stop and Watch and week. She requires _ staff Shift Huddles will be audited ADLs and has severe indicated the weekly x 4weekly by the Social Services notes dated . resident is able to make needs known to staff. DON/Designee and then ongoing as F 253 483.15(h)(2) HOUSEKEEPING & SS=E MAINTENANCE SERVICES part of the monthly QAA. The facility must provide housekeeping and

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

This REQUIREMENT is not met as evidenced by:

Based on observations and interview, the facility failed to ensure furniture and fixtures were clean and in good repair in 2 out of 2 wings (North and South Wings.)

Findings:

North Wing

1. On at 2:00 p.m. the privacy curtain for bed A had grayish stain on it. At 1:50 p.m. frame

c. The facility will review results as part of facility QAA/QAPI. This plan of correction will be monitored at the monthly Quality Assurance meeting until such time consistent substantial compliance has been met.

PRINTED:	10/24/2014
FORM	APPROVED
OMB NO	0938-0391

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	an inflation is			0.0936-039
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) D/	ATE SURVEY DMPLETED
		106027	B. WING _		- 1	0/16/2014
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA		
AVANTE	AT ORLANDO INC			2000 NORTH SEMORAN BO ORLANDO, FL 32807	DULEVARD	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCEI	IN OF CORRECTION 'E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
F 253	better job caring fo because they care "That is for." "That is for." Record review reve admitted to the fact of data set assessme resident exhibited tikicking, pushing, si times per week an week. She require ADLs and has seve Social Services not resident is able to 1483.15(h)(2) HOUS. The facility must pr	they should have done a r a resident with for many residents with the type of residents we care balled resident #86 was litly on with a diagnosis. Review of her minimum nt dated revealed the ohysical behaviors (hitting, cratching, or grabbing) 1-3 or rejected care 1-3 times per series and the order of t	F 28	3 F 253 Housekeepir Services	ng & Maintenance	ાનુન
	Sanitary, orderly, and This REQUIREME by: Based on observatiled to ensure fur	nd comfortable interior. NT is not met as evidenced titions and interview, the facility niture and fixtures were clean in 2 out of 2 wings (North and		The facility must prohousekeeping and services necessary sanitary, orderly are interior.	maintenance to maintain a	A CONTRACTOR OF THE CONTRACTOR
	North Wing	at 2:00 p.m. the bed A had grayish stain on it.		The privacy cur have been removed clean or new curtain	d/replace with	

South Wing 4. On at about 3:00 p.m. dry wall by the air conditioning (A/C) unit was peeling off. There was a trace of water leakage near the A/C unit. A baseboard by the residents' closet was peeling.

at about 3:10 p.m. paint coming off walls and cracks in wall around fixtures in the resident's At 3:00 p.m. a night stand for Bed A was in disrepair, i.e. all 3 drawers were out of tracks and

has been repainted and baseboards have been re-applied to the Completed:

ceiling tile has been replaced. Completed:

On

PRINTED: 10/24/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. RUILDING 106027 B WING 10/16/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIES 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORI ANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (FACH DEFICIENCY MUST BE PRECEDED BY FULL DBEED PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) holes in the door were F 253 F 253 Continued From page 5 filled and repainted. Completed: edge veneer was missing around the table top of the night stand. The the same resident's closet door was bent inward. the wall has been repaired at 12:25 p.m. South wing and baseboard re-applied. The AC Nurse station. Veneer baseboards and around the counter are coming off exposing sharp edges unit has been checked and is in proper that could be caught on clothes and/or skin. An working condition with no leaking. activity cabinet under the television set has missing glass panel on the door. Completed: A facility environmental tour was conducted with the director of facility services on walls have been checked 1:15 p.m. to 1:45 p.m. The above observations for cracking/repaired and painted. were discussed and verified with him during the Completed: F 272 483,20(b)(1) COMPREHENSIVE SSED ASSESSMENTS night stand has been replaced. Closet door has been The facility must conduct initially and periodically a comprehensive, accurate, standardized repaired and is in proper working reproducible assessment of each resident's condition. Completed: functional capacity. A facility must make a comprehensive The glass door under the Activity assessment of a resident's needs, using the cabinet has been removed making resident assessment instrument (RAI) specified by the State. The assessment must include at cabinet into shelf. Completed: least the following: Identification and demographic information; Customary routine: Both North and South wing nurses patterns:

Event IO: WECS11

stations have been evaluated for best

possible solution for repair. Bids have

been received and a process has been

selected to repair and improve the

Continence:

Communication:

Mood and behavior patterns; Psychosocial well-being:

Physical functioning and structural problems;

diagnosis and health conditions;

Vision:

PRINTED: 10/24/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A BUILDING 106027 B WING 10/16/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 PROVIDER'S PLAN OF CORRECTION DI MARADY CTATEMENT OF DECICIENCIES in (X5) COMPLETION (X4) ID FEACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE DREETY REGULATORY OR LISC IDENTIFYING INFORMATIONS CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY appearance and safety of the working F 253 Continued From page 5 F 253 area/surface of both nursing stations. edge veneer was missing around the table top of the night stand. The the same the resident's closet door was bent inward. Contracted work expected completion bv: at 12:25 p.m. South wing Nurse station. Veneer baseboards and around the counter are coming off exposing sharp edges An inservice was provided to that could be caught on clothes and/or skin. An Housekeeping and Maintenance staff activity cabinet under the television set has missing glass ganel on the door. involved in the daily cleaning and A facility environmental tour was conducted with maintenance of the with focus the director of facility services on . 1:15 p.m. to 1:45 p.m. The above observations on sanitary, correctly were discussed and verified with him during the operating/orderly and F 272 483.20(b)(1) COMPREHENSIVE providing a comfortable environment. SS=D ASSESSMENTS Nursing staff have also been The facility must conduct initially and periodically inserviced on proper way to notify a comprehensive, accurate, standardized Maintenance or Housekeeping of any reproducible assessment of each resident's functional capacity. cleaning, furniture or using the TELS maintenance tracking A facility must make a comprehensive assessment of a resident's needs, using the reporting system. Completed: resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information: 2) The Director of Plant. Customary routine: Administrator/or designee have : patterns: Communication: conducted rounds on a daily basis to Vision: observe for clean, orderly, and Mood and behavior patterns: Psychosocial well-being: comfortable interior. Physical functioning and structural problems; Continence: diagnosis and health conditions;

DDINTED: 10/24/2014 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB:NO: 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (Y2) MILITIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A BUILDING B WING 106027 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2000 NORTH SEMORAN BOLL EVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES Ð (X4) ID (FACH CORRECTIVE ACTION SHOULD BE JEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DEFEN CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LISC IDENTIFYING INFORMATION TAG TAG DECIDIENCY 3) will be brought to F 253 F 253 Continued From page 5 edge veneer was missing around the table top of morning meeting and discussed using the night stand. The the same sheets and the OIS resident's closet door was bent inward. tool document prepared by the at 12:25 p.m. South wing Department Head team. Any Nurse station. Veneer baseboards and around the counter are coming off exposing sharp edges immediate concerns will be that could be caught on clothes and/or skin. An addressed activity cabinet under the television set has missing glass panel on the door. 4) The Administrator, Plant Director, A facility environmental tour was conducted with the director of facility services on Director of Nursing/designee will 1:15 p.m. to 1:45 p.m. The above observations were discussed and verified with him during the review daily and weekly findings from tour. the daily sheet and the F 272 483.20(b)(1) COMPREHENSIVE OIS tool documents which will be SS=D ASSESSMENTS presented to the QA committee for 3 The facility must conduct initially and periodically a comprehensive, accurate, standardized months and then randomly reproducible assessment of each resident's thereafter. functional capacity. A facility must make a comprehensive F272 assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; (1) On Resident#79 Customary routine; patterns; assessment was completed. Communication:

Mood and behavior patterns;

Physical functioning and structural problems;

diagnosis and health conditions;

Psychosocial well-being;

Vicion

(2) A 100 % audit on ___ assessments

will be completed by

on all

DEPAR	MENT OF HEALTH	AND HUMAN SERVICES	o. 1884 j	0	FORM APPROVED MB NO. 0938-0391
STATEMEN	RS FOR MEDICARE TOF DEFICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		106027	B. WING		·
	PROVIDER OR SUPPLIER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 1000 NORTH SEMORAN BOULEVARD DRILANDO, FL. 32807	:
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F 272	the additional ass- areas triggered by Data Set (MDS); a Documentation of This REQUIREM by: Based on intervi- failed to assess fi	nal status; s and procedures; al; summary information regarding assment performed on the care the completion of the Minimum and participation in assessment. ENT is not met as evidenced aw and record review the facility		current residents. An audit will I done on all new admissions. (3) The MDS Coordinators and I Managers were educated that a assessment must be completed admission, after eachquart and annually. (4) The DON/Designee will aud assessment completion after eax x 4 weeks and randomly therea Any variances will be reported to Quality Assurance Committee or regular basis to ensure on-going compliance.	Unit on erly it ich ich is ter: is the
	He has fimited to: history of His init completed on score of 14, indic instructions on the completed after of the history of t	s admitted to the facility on diagnoses including but not abnormality of gait, rosis, and history of tall I risk screen was and he received a total tating high risk for The secreen indicated it was to be each			

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on the following dates:

PRINTED: 10/24/2014

		AND HOWAIN SERVICES			FURM APPROV	
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	e generalism		MB NO. 0938-03	_
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	DING	COMPLETED	
		106027	B. WING		10/16/2014	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE	AT ORLANDO INC			2000 NORTH SEMORAN BOULEVARD		
ATAITIL	AT ORLANDO ING			ORLANDO, FL 32807		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
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ind				DEFICIENCY)	1	
				:		_
F 272	Continued From pa	ge 7	F 2	272	4	
	and	The risk screen was not				
	completed after ea	ch . Review of the policy				
		assessment indicated a				
		ould be completed when a	i		1	
	resident		i			
					1	
		unit manager (UM) on m. she said she looked in the		i		
		record said a field was not set				
		for risk so it was not		F282		
	completed after ea	ch In an interview				
		MDS) coordinator on				
		verified assessmer				
	not completed after			(1) Resident #86 was re-assess	ad by	
		done after admission until		i i	co by	
	yesterday,			nursing on She has	İ	
		RVICES BY QUALIFIED	F 2	resumed her usual routines. A f	full	
SS=G	PERSONS/PER CA	AKE PLAN		1		

The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.

This REQUIREMENT is not met as evidenced Based on observation, interview, and record

review the facility failed to implement the care plan for residents with I for episodes of being combative during care, medication for communication, and one resident reviewed for _____ with behaviors of 31 sampled residents (#86).

Findings:

(cross reference to F309, F329)

medication review was conducted on resident#86 by the Consultant Pharmacist on Resident #86 was seen by the Attending Physician and no changes were made to her medication. The Care plan and kardex for resident #86 were updated and reviewed by the Interdisciplinary Team. The caregivers of resident#86 were re-trained on her individualized care immediately.

(2) All residents with a diagnosis of other and high risk behaviors

PRINTED: 10/24/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X2) MUILTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED. AND PLAN OF CORRECTION A. BUILDING R WING 106027 10/16/2014 CTREET ADDRESS CITY STATE 712 CODE NAME OF PROVIDER OR SUPPLIER 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID ID. PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DESICIENCY MUST BE PRECEDED BY FULL) DATE CROSS DEEDENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 282 F 282 Continued From page 8 were identified A 100% audit of the care plans /kardex for the identified Record review revealed resident #86 was residents were conducted and all with a diagnosis admitted to the facility on corrections were made on A care plan was of initiated on and a history of agitation, and The goal is for the resident to maintain a stable mood (3) On Nursing staff was and behaviors, will respond to redirection and in-serviced on Know your resident. re-approaches when resisting care. Interventions dated included: observe for things that Know your Role, Walk in the Shoes. and restlessness, ask simple could cause Know the Person, Quality of Life and questions during care routines, observe for agitation during care-step away and re-approach Care, Challenging Behaviors, The Five if needed. An intervention was added on Basic Goals of Care. Profound to offer words of encouragement, a listening ear, and utilize diversional activity if needed during thoughts time to change. In-service episodes of crying. An intervention was added on on identifying residents with to talk resident through each care routine, step away if needed if resident becomes behaviors and potential resolutions combative was done. An In-service was done on on the use of Review of her minimum data set assessment dated revealed the resident exhibited medications and gradual dose physical behaviors such as hitting, kicking. reduction. pushing, scratching, or grabbing 1-3 times per week and rejected care 1-3 times per week. She with all ADIs and requires _____ Social Services has severe indicated the resident is able notes dated

On heard yelling. The

to make needs known to staff.

at 11:07 a.m., resident #86 was

was closed, but the resident could be heard from the common area outside her

observation revealed resident #86 was the only

the resident's door

permission to enter.

Facility ID: 74809

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/24/2014 FORM APPROVED OMB NO. 0938-0391

CENTERS FOR MEDICARE	& MEDICAID SERVICES	Andrew Commencer	MB NO. 0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	106027	B. WING	10/16/2014

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD

AVANTE AT ORI ANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES PROVIDED OF AN OF CORRECTION ID. (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DESICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)

F 282 Continued From page 9

resident in the She was velling, "get out," She was attempting to kick, bite, and hit 2 certified nursing assistants (CNAs) # C and #D. The resident continued to tell the CNAs to "get out of here," but they did not step away from the resident. CNA #D was holding both of the resident's hands tightly and the resident was trying the break free of her grip. CNA #C was attempting to button the resident's shirt and the resident continued to veil and attempt to bite. kick, and hit the CNAs. They did not stop attempting to provide care despite the residents repeated requests for them to get out and the resident's continued attempts to kick, hit, and bite them. The resident was visibly distressed and continued to be combative. When asked why they were continuing to ignore the resident's requests to stop, they said they continued care because the resident was soiled with bowel movement and they had to clean her. They said she then would not let them dress her so they held her hands so she couldn't hit them

at 11:30 a.m., CNA #D said she was assigned to care for resident that day and she was familiar with resident #86. She said the resident is not always resistant to care. When she entered the resident's — deliver care that morning, she said the resident told her to get out. She said the reported it to the nurse who instructed her to take another staff member with her to provide care. CNA #D said she did not want to leave the resident who was ——of BM at that time without cleaning her even though the resident was refusing care at that time. CNA #B said when a resident resists care we usually come back later. but we could not leave the resident

to an interview with CNA #C and #D on

F 282 (4) The DON/Designee will monitor new and re-emerging behaviors through daily reports such as: Stop and Watch, SBAR(changed in condition) discussed in the morning meeting will be added to the white Board, Daily Kardex and Care Plans updates will be shared with line staff through shift huddles. Will audit for four weeks and then as needed. Variances will be reported to QA on a regular basis to ensure recommendations and /or suggestions for ongoing compliance.

PRINTED: 10/24/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING 106027 R WING 10/16/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID EACH CORRECTIVE ACTION SHOULD BE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LISC IDENTIFYING INFORMATION) TAC TAG DEFICIENCY F 282 Continued From page 10 F 282 soiled. When asked why they did not stop as the resident continued to refuse and became more and more agitated, they said, "we had to provide Page intentionally left blank. . care because we could not leave her that way." In an interview withe the UM at p.m., she said she thought the both CNAs behavior was not acceptable and they did not follow the plan of care for this resident. She thought the resident's agitation and distress could have been avoided had the CNAs not continued to provide care when the resident first expressed her wishes for them to get out. They should have followed any of the care plan interventions to step away from the resident. Resident #86 had a care plan for communication problem related to diagnosis of It was initiated on was for the resident to be able to make basic needs known on a daily basis. The interventions included but were not limited to: anticipate and meet needs, monitor/document for physical/nonverbal indicators of discomfort or distress. with LPN #B at 10:16 In interviews on a.m. RN #F at 10:33 a.m., and the social service director at 11:50 a.m., they confirmed the resident had combative behavior when resisting care.

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They said the documentation of the behaviors should be in the nurses notes. Review of nurses notes revealed they did not include documentation or monitoring of physical or nonverbal indicators of distress occurring 1-3

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				OWR M	O. 0938-0391
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		106027	B. WING				
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE	AT ORLANDO INC		1		2000 NORTH SEMORAN BOULEVARD		
AVANTE	AT OKLANDO INC				ORLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
E 202	Continued From pa	ngo 11	- F2	20,			
r 202				282			
	Resident #86 had				Page intentionally left blank.		
	medication related				4		i
	and revised on	The goal was for the of discomfort or adverse			1	3	
	reactions related to				}		
		ntions was to administer the	1		1		
		tion per the physician's order.					
		ician's order dated					1
	revealed the reside						
	mg 3 times a day f	or agitation. The was					
		ation record to be given at					
		n., and 10:00 p.m. The target					1
		havior monthly flow record was			1		2
		and hallucinations. The					
		e resident was not exhibiting	į.		1	•	1
	either behavior. O		i				1
		or 0.5 mg for one dose on, agitation. However, the					a.
		mented the resident was given	1				
		for refusing care by					
		spitting at staff. The resident	1				
		rder for 0.25 mg every 6					
		RN)for agitation on	i				
	The order did not it	nclude any other target			!		1
	behaviors. From	to the resident					
		medication 8 times. The			1		1
		ne medication was documented					
		as being combative with staff,					
		ness on 3 of those times. The					
		on was listed, but the					
	description of the r documented.	esident's agitation was not			•		
	documented.						
	In an interview with	RN #F on 10:33					
		Il give the PRN when					
		he resident is agitated when					
		are. He said he did not does					
		avior because she is usually					
	calm with him. In a	an interview with LPN #B on					

including, but not limited to,

Findings:

reviewed out of 31 sampled residents (#86).

(cross reference to F241, F282, F329, F498)

Record review revealed resident #86 was admitted to the facility on

with diagnoses

The current minimum

immediately suspended pending

nurse employee is currently participating in ongoing education regarding assessment and response to

residents with behaviors.

investigation and reinstated following

completion of the investigation. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 108027	2014 VED 0391
NAME OF PROVIDER OR SUPPLIER AVANTE AT ORLANDO INC DOI: 100	Y
AVANTE AT ORLANDO INC Discription Capital Continued From page 13 Fago Continued From page 13 Gata set (MDS) assessment dated indicated the resident had severe She is usually understood and can express her needs. She has no hallucinations or She exhibits physical behavioral symptoms directed towards others such as, hitting, kicking, pushing, scratching 1-3 days a week. She rejects care 1-3 days a week. She rejects care 1-3 days a week. She rejects care 1-3 days a week. She rejects care 1-3 days a week. The resident is always	4
AVANTE AT ORLANDO INC (PA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSG DENTIFYING INFORMATION) F 309 Continued From page 13 data set (MDS) assessment dated indicated the resident had severe She is usually understood and can express her needs. She has no hallucinations or She exhibits physical behavioral symptoms directed towards others such as, hitting, kicking, pushing, scratching 1-3 days a week. She rejects care 1-3 days a week. The resident is always of and frequently of bowel. She requires with activities of daily living. On at 11:07 a.m., resident #86 was immediately re assessed by the IDT for management of her current physical, mental and psychosocial wellbeing. Behavioral Observation was done to attempt to identify potential patterns and triggers; Pain re-assessment conducted, and medication review was conducted by the Pharmacist in conjunction with the IDT. On at 11:07 a.m., resident #86 was immediately re assessed by the IDT for management of her current physical, mental and psychosocial wellbeing. Behavioral Observation was done to attempt to identify potential patterns and triggers; Pain re-assessment conducted, and medication review was conducted by the Pharmacist in conjunction with the IDT.	
CALIFORNIA CONTINUES CALIFORNIA CONTINUES CALIFORNIA CALIF	
F 309 Continued From page 13 data set (MDS) assessment dated indicated the resident solvens such as week. She rajects of and frequently of bowel. She requires with activities of daily living. On at 11:07 a.m., resident #86 was heard yelling. The the resident's door state of the program of the progr	
data set (MDS) assessment dated indicated the resident had severe She is usually understood and can express her needs. She has no hallucinations or She exhibits physical behavioral symptoms directed towards others such as, hitting, kicking, pushing, scratching 1-3 days a week. She rejects care 1-3 days a week. She rejects care 1-3 days a week. She rejects care 1-3 days a week. The resident is always of and frequently of bowel. She requires with activities of daily living. On at 11:07 a.m., resident #86 was heard yelling. The the resident's door	TION E
data set (MDS) assessment dated indicated the resident had severe and severe indicated the resident had severe the severe indicated the resident had severe the severe indicated the resident had severe the indicated the resident had severe the indicated the resident had been and severe the severe	
She is usually understood and can express her needs. She has no hallucinations or She exhibits physical behavioral symptoms directed towards others such as, hitting, kicking, pushing, scratching 1-3 days a week. She rejects care 1-3 days a week. The resident is always of and frequently of bowel. She requires with activities of daily living. On at 11:07 a.m., resident #86 was heard yelling. The the resident's door d. Hospice, the primary physician,	
express her needs. She has no hallucinations or She exhibits physical behavioral symptoms directed towards others such as, hitting, kicking, pushing, scratching 1-3 days a week. She rejects care 1-3 days a week. The resident is always of and frequently of bowel. She requires with activities of daily living. On at 11:07 a.m., resident #86 was heard yelling. The the resident's door	
She exhibits physical behavioral symptoms directed towards others such as, hitting, kicking, pushing, scratching 1-3 days a week. The resident is always of and frequently of bowel. She requires with activities of daily living. On at 11:07 a.m., resident #86 was heard yelling. The the resident's door d. Hospice, the primary physician, '	
symptoms directed towards others such as, hitting, kicking, pushing, scratching 1-3 days a week. She rejects care 1-3 days a week. The resident is always of and frequently of bowel. She requires with activities of daily living. On at 11:07 a.m., resident #86 was heard yelling. The the resident's door d. Hospice, the primary physician,	
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resident is always of and frequently of bowel. She requires conducted, and medication review was conducted by the Pharmacist in conjunction with the IDT. On at 11:07 a.m., resident #86 was heard yelling. The the resident's door d. Hospice, the primary physician,	
on owner. She requires was conducted by the Pharmacist in conjunction with the IDT. On at 11:07 a.m., resident #86 was heard yelling. The the resident's door d. Hospice, the primary physician,	
Conjunction with the IDT. On al 11:07 a.m., resident #86 was heard yelling. The the resident's door d. Hospice, the primary physician,	
On al 11:07 a.m., resident #86 was heard yelling. The the resident's door d. Hospice, the primary physician,	
heard yelling. The the resident's door d. Hospice, the primary physician,	
the common area outside her After a staff	
person in the permission to enter, family, and primary care staff were observation revealed resident #86 was the only involved in the review, revision, and	
recident in the She was velling "get out "	
She was attempting to kick, bite, and hit 2 updates to ner individualized plan of	
certified nursing assistants (CNAs) # C and #D. care. She has resumed her usual The resident continued to tell the CNAs to "get	
out of here," but they did not stop care and/or preferred routines.	
step away. CNA #D was holding both of the resident's hands tightly and the resident was 2. Those Potentially Affected by the	
trying the break free of her grip. CNA #C was alleged deficient practice as noted	
attempting to button the resident's shirt and the	
resident continued to yell and made repeated within F309: attempts to bite, kick, and hit the CNAs. Neither	
CNA#D, nor CNA#C stopped attempting to a. All residents with a diagnosis of	
provide care despite the resident's repeated	
requests for them to get out and the resident's continued attempts to kick, hit, and bite them.	
The resident was visibly distressed. Both CNAs	
began to laugh at the resident as she resident	
continued to try to bite them and kick them. When asked why they continued to ignore the	

resident's requests to stop, they said they

Facility ID: 74809

DEPARTMENT OF HEALTH AND HUMAN SERVICES. CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/24/2014 FORM APPROVED OMB NO 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
106027	B. WING _		10/16/2014
		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	
NCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
se the resident was soiled with t and they had to clean her. en would not let them dress her,	F 30	 b. Identified Residents were re assessed by the IDT for manager of their current physical, mental psychosocial wellbeing with care updates as indicated. There wer 	and plan
observation and she entered the ent was visibly upset and was ming as she was saying, "help of here." She was still trying to the CNAs while they stood at ey did not attempt to speak to the mand respectful manner. At D said to the UM, "this resident is sence of the resident and the an asked both CNAs to leave the an asked both CNAs to leave the		others noted to have been affect the alleged deficient practice. c. Pain re-assessment is ongoing designated residents with haviors/psych to ru pain as a causative factor. Medic reviews were conducted for designated residents by the	on le out
C TEO TO LINE TO CHECK THE PERSON THE PERSON THE PERSO	STATEMENT OF DEFICIENCIES STATEMENT OF DEFIC	IDENTIFICATION NUMBER: 106027 STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES TAG 1 page 14 F 30 In page 14 F 30 In page 14 F 30 In page 14 F 30 In page 14 In pag	IDENTIFICATION NUMBER: 106027 STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF DEFICIENCIES STATEMENT OF STATEMENT OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF TH

Later the same day, at 11:20 A.M. licensed practical nurse (LPN) #B was observed preparing medication and walked into resident #86's When she exited the _____ said it was 0.25 milligrams (mg) and it

was ordered as needed (PRN) for agitation. She said the resident would not take it so she was going to call the physician to ask for an medication to be given via an injection.

In an interview with CNA #C and #D on at 11:30 a.m., CNA #D said she was assigned to care for resident today and she was familiar with resident #86. She said the resident is not always resistant to care, it depends on her mood. When she entered the resident's deliver care she said the resident told her to get out. She said she reported it to the nurse who instructed her to take another staff member with her to provide

Pharmacist in conjunction with the IDT

- d. Behavioral Monitoring is ongoing on designated residents with a known hx of behaviors affecting others, or refusals of care to identify potential patterns and triggers
- e. A 100% audit of the Care Plans/Kardex for the identified residents was conducted and corrections were made on

f. Updates to care plans and Kardexes.

set Page 15 of 35 were provided through education. shift reports, and skills fair activities.

g. Residents will be discussed as indicated at Daily Ops and Clinical

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: WECS11

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/24/2014 FORM APPROVED

CENTER	S FOR MEDICARE	& MEDICAID SERVICES					. 0938-039
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION .	(X3) DAT COM	E SURVEY MPLETED
		106027	B. WING			10/	16/2014
	ROVIDER OR SUPPLIER AT ORLANDO INC			20	TREET ADDRESS, CITY, STATE, ZIP CODE 000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	ζ	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	resident who was without cleaning he was refusing care : "when a resident re back later, but we soiled." When ask step away as the re became more and had to finish becau way. What else wouldn't let her hit to be the soiled of	she did not want to leave the of BM at that time the very though the resident at that time. CNA #B said issists care we usually come could not leave the resident ed why they did not stop and sident continued to refuse and more agitated, they said, "we see we could not leave her that rever we supposed to do? We	:	09	Quality Reviews, Weekly QOL meetings, and as part of daily, vand monthly QAA/QAPI activities. 3. System Changes and Measus were put into place to ensure talleged deficient practice does recur includes: a. Director of nursing/designee provided education to nursing. F309, F241, and F329 "Know Y Role" {1 and b. Pain Management training b. Pain Management training b. Pain Management training b. Training on with continuation during. d. The Hand in Hand Series wa conducted for sessions 1-4 on following dates: Module 1; — Module 1. — Module 1. — Modules 3 &4.	es. res hat the not es staff on our y esident	
	observed being tal by CNA#E. "Refu ticket. The resider yelling, kicking or h	40 p.m., the resident was ken away from the lunch table sed" was marked on her meal nt was calm and was not itting. In an interview with e she said resident would not			e. Director of Nursing, ADON, Members provided all day skills training on	5	

PRINTED: 10/24/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A RUII DING D MING 106027 10/16/2014 STREET ADDRESS, CITY, STATE, 7IP CODE NAME OF PROVIDER OR SUPPLIER 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORI ANDO FL 32807 PROVIDER'S PLAN OF CORRECTION 78(5) SUMMARY STATEMENT OF DEFICIENCIES (FACH CORRECTIVE ACTION SHOULD BE COMPLÉTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) f. The Director of Nursing, ADON, and F 309 Continued From page 16 F 309 designated MDS/Unit Managers are eat. She said she has cared for the resident before and depending on the resident's mood conducting clinical rounds using the she will feed herself, let staff assist, or refuse. All About Me tool to reaffirm resident In an interview withe the UM at choices and preferences. p.m., she said she thought the both CNAs behavior was not acceptable. They did not treat g. The Use of Therapeutic Activities at the resident with dignity or respect. She thought the bedside and types of activities the resident's distress could have been avoided developed specific to those with had the CNAs not continued to provide care when the resident first expressed her wishes for them was provided by external to get out. They should have not have started Activities consultants on 11/5 and care against the residents wishes and should not have continued when the resident became extremely upset. She said she thought what happened to the resident was not acceptable and h. External Activities Consultant they should have done a better job caring for a because they care for providing on site visits for next 4 many residents with _____ "That is the type weeks to further develop person of residents we care for." centered programming with "All Review of the facility assignments About Me" data and revealed CNA #D was the CNA who

shifts in

shifts on assignments.

CNA#C worked 19 shifts in

cared for the resident every day she worked for 8

and 22 shifts in

in TV area in the recliner chair across from her

and alternatively closing eyes. The first knuckle on the back of her right hand was red and

was observed in bed eyes with her eyes closed. After a knock on the door, she opened eyes and

snoke calmly. The first knuckle on the back of the

The facility had consistent

at 10:15 a.m. the resident

, and had a purple

3:55 p.m. the resident was observed

She was listening to the music program

and 11

not recur:

i. Education on hedside and on unit

j. Hand in Hand Training will be

staff education offerings.

included in ongoing orientation and

4. How the corrective action(s) will be

monitored to ensure the practice will

activities for C.N.A. staff was provided

PRINTED: 10/24/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 106027 R WING STREET ADDRESS CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 2000 NORTH SEMORAN BOULEVARD AVANTE AT OR! ANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION in (YA) ID COMPLETION EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAC DEFICIENCY) a. Will conduct a random care audit F 309 Continued From page 17 F 309 of (2) residents identified with area extending towards her fingers. The knuckle on the right hand middle finger was red. The Alzheimer's or related with resident smiled and moved her right hand freely. the potential for behavioral In an interview with the UM on manifestations weekly for four (4) a.m., she said the resident initially complained of consecutive weeks nain in her right hand on and said "they hurt me" as she pointed to her right hand. She said the physician was notified and an X ray was b. DON/Designee will conduct a obtained. It was negative for of the hand random audit of two (2) residents The UM said the and showed _____ resident became calm after she stepped away receiving Pain Management a from the bedside and spoke to her in a calm minimum of 3 times weekly for 3 manner. months. In an interview with the hospice CNA caring for the resident on at 12:19 p.m., she said c. The Adm/Activity staff or designee she is aware the resident can be combative with will perform on unit rounds a care, but she said it depends how you approach the resident. She said if the resident says no minimum of 3 x weekly for 3 months and/or attempts to swing at her, she steps away to ensure comfort care alternatives and tells the nurse that the resident refused care are in place and working effectively at that time. She said usually she can go back and sit with the resident and hold her hand, she will not become combative or agitated, and she will agree to care. She said she often works with another hospice CNA, but they provide care in small steps and explain each step of care along the way. The social services director was interviewed on

at 10:50 a.m. regarding how she determines what to document on the MDS assessment regarding resident #86's behavior. She said she documents in her social service progress notes what she retrieves from nurses notes, hospice notes, and CNA interviews. She said her behavior is calm when she is in the reciliner chair out in atrium. She said it depends

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needed. On

included interventions to: observe for agitation during care-step away and re-approach if

to talk resident through each care routine, step away if needed if resident becomes combative. The care plan did not include interventions to give

combative, although staff interviews and

the interventions was added

when she became

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DEPARTMENT OF HEALTH CENTERS FOR MEDICARI				FORM	0: 10/24/2014 A APPROVED 0: 0938-0391
TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		TE SURVEY MPLETED
	106027	B, WING		10	/16/2014
NAME OF PROVIDER OR SUPPLIER		,	STREET ADDRESS, CITY, STATE, ZIP CODE		
AVANTE AT ORLANDO INC		İ	2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION}	ID PREFI TAG		LD BE	(X5) COMPLETION DATE
In an interview will a.m., he said he w the CNAs tell him they want to give c see combative bel calm with him. In 10:16 a.r. combative when s resident had the b times a week. Sh when the CNAs w she can administe On at 3.f. was asked to provide a see control of the control of	realed the resident was given refusing care. In RN #F on 10:33 ill give the PRN when her resident is agitated when are. He said he did not does havior because she is usually an interview with LPN #B on n. she said the resident gets be gets bothered. She said the heavior approximately 1-3 e said if the resident gets and if the given care, they tell her so rithe PRN in the	The second secon	Page intentionally left blank.	,	
cognition	, document details about				

behavior such as onset, frequency, and precipitation factors, document features of any

PRINTED: 10/24/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER COMPLETED AND PLAN OF CORRECTION A RUILDING 106027 a WING 10/16/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 PROVIDER'S BLANCE CORRECTION SUMMARY STATEMENT OF DEFICIENCIES IVE (X4) ID PREFIX (FACH CORRECTIVE ACTION SHOULD BE COMPLETION (FACH DEFICIENCY MUST BE PRECEDED BY FULL DOEELY CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LISC IDENTIFYING INFORMATION) TAC TAC DEFICIENCY F 309 Continued From page 20 F 309 changes over time, staff will use protocols to identify pertinent interventions, other than medications, for the nature and causes of the individual's behavior. The policy for Behavior Assessment and Monitoring indicated the facility will comply with regulatory requirements related to the use of medications to manage problematic behavior. The "monitoring" section of the policy indicated staff will document in progress notes or behavior assessment forms the following information: number and frequency of episodes. preceding or precipitating factors, interventions attempted, and outcomes associated with interventions During a meeting with the Administrator, DON, UM for 200 wing, and acting ADON/Independent Nurse Consultant for all Avante buildings on 10:30 a.m., the events of the previous day involving resident #86 were discussed. They all confirmed the manner in which the resident was cared for was not acceptable and the resident sustained avoidable substantial distress. F329 At that time the education for care of residents exhibiting resistance to care was discussed. Although the DON and acting DON described training in progress, they indicated the LIM completes random observations of care and resident#86 was rethey had no formal process to observe care of CNAs/nurses and document findings. They had assessed by the nurse. Resident was not provided the free Centers for Medicare and stable and medication was not Medicaid Services training for Person-Centered administered. Medication was Care of Persons with _____ and Prevention of

SS=D UNNECESSARY DRUGS

to their staff.

F 329 483.25(I) DRUG REGIMEN IS FREE FROM

Each resident's drug regimen must be free from

F 329

discontinued immediately. On

Resident #86 was seen by the

done by the Consultant Pharmacist.

a full medication review was

PRINTED: 10/24/2014

DEPART	MENT OF HEALTH	AND HUMAN SERVICES			OMB NO. 0938-0391
		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	CXS7 MUIL	TIPLE CONSTRUCTION	(X3) DATE SURVEY
STATEMENT : AND PLAN OF	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		COMPLETED
		106027	B. WING		10/16/2014
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
			1	2000 NORTH SEMORAN BOULEVARD	
AVANTE	AT ORLANDO INC			ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DESIGNER)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		LD BE COMPLETION
			E *	329 Attending Physician and her me	dical
F 329	Continued From pa	ige 21 . An unnecessary drug is any		condition was stable, and there	was
	drug when used in	excessive dose (including		no need for medication change	
	dunlicate :	or for excessive duration; or		no need to medication change.	,
	without adequate n	nonitoring; or without adequate se; or in the presence of		2) Ongoing audits will continue	to
	adverse conseque	nces which indicate the dose		discontinue medications which	have
	should be reduced	or discontinued; or any	1	not been used in the past thirty	davs
	combinations of the	e reasons above.	ĺ	with physician's orders. An in-s	
	Based on a compr	ehensive assessment of a		is scheduled for and	
	resident, the facility	y must ensure that residents		by OPTUM on how to utilize no	0-
	who have not used given these drugs			pharmacological intervention for	!
	is necessa	ry to treat a specific condition		1.	
	as diagnosed and	documented in the clinical	į	behavioral and reside	nts.
	record; and reside	nts who use lual dose reductions, and	1	(3) Nursing staff were in-service	ed on
	behavioral interver	ntions, unless clinically		the following: unnecessary	.0 011
	contraindicated, in	an effort to discontinue these		medication. medic	
	drugs.				duons
				and gradual dose reduction,	
				Medication Pending Report,	i
				Medication Cart Aud	it,
	This REQUIREME	ENT is not met as evidenced		Medication exception report, ar	nd 24
	by:			hour chart check. The Pharmac	ist or
	Based on observe	ation, interview, and record failed to keep the drug regimer	,	DON/Designee will conduct wee	kly
	free of unnecessa	ry medications for 1 of 6		audits x 4 and randomly thereaf	ter to
	residents reviewe	for unnecessary medications		ensure that there is no unneces	sary
	of 31 sampled res	idents (#86).		medications.	•
	Findings:				
	with diagr	admitted to the facility on noses including but not limited			
	to: and adult	Review of the			

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and revised on

reactions related to

pharmacological approaches.

Resident #86 had a care plan for medication related to initi

resident to be free of discomfort or adverse

One of the interventions was to administer the medication per the physician's order.

initiated on

medications.

The goal was for the

		AND HUMAN SERVICES & MEDICAID SERVICES			FOR	D: 10/24/2014 M APPROVED D: 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		106027	B. WING _			
NAME OF E	ROVIDER OR SUPPLIER	L	1	STREET ADDRESS, CITY, STATE, ZIP CODE		
10000				2000 NORTH SEMORAN BOULEVARD		
AVANTE.	AT ORLANDO INC			ORLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
E 320	Continued From po	na 22	F 32	α.		.!
F 329	Continued From pa		1 32	9		
		not include any listing of non				
	pharmacological in	terventions.				
	On at 11:0	07 a.m., resident #86 was		Page intentionally left blank.	,	1
	beard velling. An r	bservation at that time				!
	revealed she was it					
		She was attempting to kick,	1			
		fied nursing assistants (CNAs)		1		1
		esident continued to tell the				i
	CNAs to "get out of	f here," but they did not stop	1			i
	care and/or step av	way. CNA #D was holding	-			1
		t's hands tightly and the	1			1
	resident was trying	the break free of her grip.				4
	CNA #C was attern	pting to button the resident's	i	1		
	shirt and the reside	ent continued to yell and made				
	repeated attempts	to bite, kick, and hit the CNAs.	į			1
		or CNA #C stopped attempting				i
	to provide care des	spite the resident's repeated				1
	requests for them t	to get out and the resident's	;			1
	continued attempts	to kick, hit, and bite them.				
		isibly distressed. Both CNAs	1	i -		
		he resident as she resident		1		1
		bite them and kick them.		1		1
		hey continued to ignore the	!			,
		to stop, they said they				
		the resident was soiled with				
		nd they had to clean her.				
		n would not let them dress her, ands so she couldn't hit them.	ł.			
	At 11:20 A M Boon	sed practical nurse (LPN) #B	1			
		paring medication and walked				
		When she exited the				
	said it wa					
		d it was ordered as needed				

(PRN) for agitation. She said the resident would not take it so she was going to call the physician

injection.

medication to be given

CENTER	S FOR MEDICARE	& MEDICAID SERVICES			ONID 140. 0000 0001	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		106027	B. WING _		10/16/2014	
NAME OF PROVIDER OR SUPPLIER AVANTE AT ORLANDO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 329	Continued From pa	age 24	F 32	29	ļ	
	revealed the reside 9 times fron gave the PRN #B gave the PRN attempted an addit In an interview with a.m., he said he with the CNAs tell him they want to give see combative be calm with him. In a 10.16 a.n. combative when si resident had that b times a week. She when they want to	4 of the 9 times and LPN 2 of the 9 times and ional time on 1RN #F on 10:33 ill give the PRN when the resident is agitated when are. He said he did not does awior because she is usually an interview with LPN #B on . she said the resident gets he gets bothered. She said the heavior approximately 1-3 said if the resident is agitated give care, they tell her so she	and the second s			
F 332 SS=D	behaviors exhibite receiving the extra documented as eit restlessness, althorecipitated the or was refusing care pharmacological ir interventions were 483.25(m/1) FRE RATES OF 5% OF	notes revealed the specific d that resulted in the resident doses of were only her agitation, or upt the behavior that deer for the extra dose of Non terventions or other behavioral not documented. E OF MEDICATION ERROR	F 3	(1) Resident # 56 had no negati outcome. Attending Physician, and Medical Director were notified as affected by the alleged defici practice. A 100% audit of medicants to MARS and physician or sheets was completed with no	POA fied. entified cation der	

..... 11:33 PRINTED: 10/24/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DESICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING 106027 B. WING 10/16/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID in COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY F 332 Continued From page 25 F 332 (3) Licensed nurses were re-educated on medication Administration This REQUIREMENT is not met as evidenced preventing medication errors. hv Based on observation, interview, and record medication availability, pharmacy review, the facility failed to ensure it was free of services, and the use of medication medication error rates 5 percent or greater. The exception report. facility had 2 medication errors out of 26 opportunities. The medication error rate was 7.69% (#56). 1. On a repeat 100% audit is scheduled in Findings: conjunction with pharmacy The medication administration observation task review was conducted on at 9:39 AM with RN 2. On #A. When the nurse was finished preparing the medications for resident #56, she verified she representative from had 10 separate pills in the medication cup. She Pharmacy conducted inadministered the medications to the resident. Review of the physicians' orders revealed the service on medication nurse made two medication errors. The order for was 8.6 milligrams (mg) 2 tabs administration and med pass daily. The nurse administered one pill, not 2 as with nursing staff. ordered. The resident had orders for mg daily. The medication record indicated the (4) Director of Nurses/Designee to was to be given at 9 AM. The nurse did the complete random MAR and chart not administer the as ordered. The errors were reviewed with RN #A on 9:16 a m audits weekly for the next 4 weeks. and confirmed she only gave 10 pills and should Director of Nursing/Designee will have given 12 pills. F 371 483,35(i) FOOD PROCURE. review the audits and submit the

authorities: and

under sanitary conditions

The facility must -

SS=D STORE/PREPARE/SERVE - SANITARY

(1) Procure food from sources approved or

(2) Store, prepare, distribute and serve food

considered satisfactory by Federal. State or local

findings to the QAA/QAPI for

to ensure ongoing compliance.

Facility ID: 74809

recommendations and/or suggestions

PRINTED: 10/24/2014 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NI MREE COMPLETED AND PLAN OF CORRECTION A. BUILDING B. WING 106027 10/16/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORLANDO INC ORLANDO, FL 32807 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) m COMPLETION (EACH CORRECTIVE ACTION SHOULD BE FACH DEFICIENCY MUST BE PRECEDED BY FULL PREEIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY F371 F 371 F 371 Continued From page 26 (1) CNA#1 was in-serviced on proper handling techniques for meal services. This REQUIREMENT is not met as evidenced (2) No other residents were identified Based on observation and interview, the facility failed to serve food in a sanitary manner for 2 residents on the north unit observed during dining (3) Nursing/Dietary staff were inobservation. serviced on using proper handling techniques such as: Preventing the Findings: eating surfaces of plate from coming An observation was conducted of the lunch meal in contact with staff clothing, handling in the north atrium on at 12:35 PM. Staff #H was observed to remove a roll out of the cups/glasses on the outside of the plastic covering with her bare hands. She then container, and handling knives, forks proceeded to slice the roll while handling the roll in her hands. She then buttered the roll while and spoons by the handles. holding the roll with her bare hands. She then placed the roll on the plate of resident #72. She (4) Dietary Manager/Director of then proceeded to another table and did the Nursing/Designee will observe same for resident # 93 whether staff used proper hygiene An interview was conducted with staff #H at 12:40 practices such as: keeping their hands PM on She verified that she handled the rolls with her bare hands and said that was away from their hair, face and also do what she was taught. not use bare hands to handle food. F 425 483.60(a),(b) PHARMACEUTICAL SVC -SS=D ACCURATE PROCEDURES, RPH Dietary manager/Director of Nursing/Designee will complete audit The facility must provide routine and emergency drugs and biologicals to its residents, or obtain randomly during breakfast, lunch and them under an agreement described in dinner to ensure that the proper §483.75(h) of this part. The facility may permit handling of meals. The Dietary unlicensed personnel to administer drugs if State

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law permits, but only under the general

Facilit

to ensure ongoing compliance.

PRINTED: 10/24/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING 106027 B WING 10/16/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZIP CODE 2000 NORTH SEMORAN BOULEVARD AVANTE AT ORI ANDO INC ORLANDO, FL. 32807 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) COMPLETION (FACH CORRECTIVE ACTION SHOULD BE JEACH DESICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F425 F 425 Continued From page 27 F 425 supervision of a licensed nurse. (1) Ωn Pharmacy was notified of a missing medication for A facility must provide pharmaceutical services (including procedures that assure the accurate Resident #56 acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet Medication was obtained the needs of each resident. immediately The facility must employ or obtain the services of a licensed pharmacist who provides consultation (2)No other residents were on all aspects of the provision of pharmacy services in the facility. identified with missing medications. (3) Licensed Nurses were reeducated on Missing medications. This REQUIREMENT is not met as evidenced medication Pending Report. bv: Medication Exception Report, 24 Based on observation and interview the facility did not ensure pharmaceutical services provided Chart Check and the ordering of ordered medication in a timely manner for 1 of 1 medications through Pharmacy in a residents observed during medication administration (#56) timely manner. On Pharmacy in-serviced the licensed Findings: nurses on various topics such as: During the medication administration observation "Never accept sample medications." " at 9:39 AM with RN #A, she All medications must have a was observed pour a pill. Vesicare, from a plastic card that was taken from a box. She said it was prescription label "and "prescriptions a sample from the physicians office and she was

using the samples until the medication was delivered from the pharmacy. She said she did

not know when the medication was expected to arrive from the pharmacy. The sample boxes

were not labeled with the resident name or dose.

Review of the record revealed a physician's order

dated 10/0 for Vesicare 10 milligrams once a

pharmacy".

Review on

will be ongoing.

must be dispensed through a

Pharmacy conducted MAR to Cart

and

11:33

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED:	10/24/2014
FORM	APPROVED
OMB NO.	0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVE COMPLETED
		106027	B. WING_		
	PROVIDER OR SUPPLIER AT ORLANDO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPL
F 425 Continued From page 28 day. During an interview with the unit manager (UM) on at 4:40 p.m., she said the Vesicare will arrive today. When asked when it should have arrived, she said the day after it was ordered. She said she spoke with the pharmacy and they informed her they did not receive the faxed order on		F 42	Managers will complete randor audits throughout each shift fo weeks to validate that there is missing medications, and that medications will be ordered the pharmacy in a timely manner. Director of Nursing/Designers	n r 4	

pharmacy on a timely basis. The facility maintains accurate records of medication order and receipt. In the section for receiving medications from pharmacy it lists: the nurse promptly reports discrepancies and omission to the issuing pharmacy and the charge nurse/supervisor. The UM then stated she did not have a record of when the order was faxed. she said the facility should not be using the sample medication that was not supplied by the pharmacy that had no label. The nurses should have checked with the pharmacy to see when the medication was expected to arrive, and not continue to use the samples without asking. F 431 483,60(b), (d), (e) DRUG RECORDS.

> The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

SS=D LABEL/STORE DRUGS & BIOLOGICALS

Drugs and biologicals used in the facility must be

F 431

F 431

(1) RN # A was in-serviced on Medication Administration and medications labels. Pharmacy was notified and medication was obtained.

findings to the QA Committee

Committee will determine whether

there is need for additional auditing

and if further education or revision to

Members monthly. The QA

the plan is needed.

2) No other residents had medication with missing labels

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES			O	MR NO	0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		106027	B. WING			10/	16/2014
NAME OF F	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE		
	AT ORLANDO INC				2000 NORTH SEMORAN BOULEVARD DRLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431	professional princip professional princip appropriate access instructions, and tha applicable. In accordance with facility must store a tocked compartment and present a controls, and perminave access to the The facility must premanently affixed controlled drugs list Comprehensive Dr Control Act of 1976 except whe package drug distriguantity stored is not be readily detected. This REQUIREME by: Based on observareview the facility from were labeled approcessed of the profession of the professi	ice with currently accepted leke, and include the ory and cautionary e expiration date when State and Federal laws, the ill drugs and biologicals in has under proper temperature to only authorized personnel to keys. ovide separately locked, d compartments for storage of ted in Schedule II of the ug. Prevention and and other drugs subject to in the facility uses single unit button systems in which the inimal and a missing dose can NT is not met as evidenced tion, interview and record alied to ensure medications priately for 1 of 1 residents edication administration (#56) cation, Vesicare, were	F.	431	(2)	e om on oudits s to of , if the the y, e enal	A COUNTY CARRY CARRY CONTROL CARRY C
	observed during th observation task of #A. The nurse add taken from the box	e medication administration at 9:39 AM with RN ininistered the medication She verified the boxes had d she thought they were	:				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

From: AHCA

PRINTED: 10/24/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
		106027	B. WING _		10/16/2014
	PROVIDER OR SUPPLIER AT ORLANDO INC			STREET ADDRESS, CITY, STATE, ZIP COD 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	E
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLÉTION
	samples from the u In an interview with at 4:40 p.m., she ox samples should no label. Review of th for medication labe pharmacy/registere change, or attach p procedure included a label. Medication must conform to lai 483.65 SPREAD, LINENS The facility must es Control Pr safe, sanitary and ox to help prevent the of	the unit manager on infirmed the medication infirmed the medication infirmed the medication have been used without a le facility policy and procedure is read, only the dynamical patients and modify, rescription labels. The all the information needed on sidepensed by physicians beling requirements. CONTROL, PREVENT tablish and maintain an ogram designed to provide a comfortable environment and development and transmission if Program tablish an Control chit - infols, and prevents recedures, such as isolation, or an individual resident; and ord of incidents and corrective and of Control Program seident needs isolation to of the facility must	F 44	F 441 (1) Staff #1 and Staff #G we serviced on on the appropriate product and pro used to clean and glucose meters. (2) No other residents were (3) On Nursing stain-serviced on the appropria product (PDI Sani wipes) and procedure used to clean	identified aff were te the glucose esentative Licensed roduct n and
FORM CMS-2	567(02-99) Previous Versions	Obsolete Event ID: WECS	11 1	Facility ID: 74809 If con	tinuation sheet Page 31 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FUR MEDICARE	& MEDICAID SERVICES				VID INC.	0000-0001
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(x2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		106027	B. WING	-			
	ROVIDER OR SUPPLIER AT ORLANDO INC	,		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 441	direct contact will tr (3) The facility mus hands after each di hand washing is in professional practic (c) Linens Personnel must ha transport linens so This REQUIREMEI by: Based on observa review, the facility f explain the proced reusable equipmen Findings: During a medicatio at 4:10 PP cleaning a glucose She then proceede fingerstick on resid to the medication of the medication of the residual of the medication of the residual of the medication of the residual of the medication of the residual of the medication of the residual of the medication of the residual of the medication of the residual of the medication of the residual of the residua	with residents or their food, if ansmit the t require staff to wash their rect resident contact for which dicated by accepted	F	441	4) The Director of Nursing/Design will complete audit throughout e shift for the next four weeks to e that staff know and demonstrate appropriate product and procedused to clean and glucose meters. The Director of Nursing/Designee review audits and submit the finct to the QA Committee for the nex weeks. The QA Committee will determine whether there is a necadditional audits and further education.	ach nsure the ire will lings t four	
		onducted with staff #G on M. When asked what she					

PRINTED: 10/24/2014

		AND HUMAN SERVICES							APPROVED
		& MEDICAID SERVICES						OMB NO. 0938-0391 (X3) DATE SURVEY	
TATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRU	CTION		COMPLETED	
		106027	B. WING					10	/16/2014
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADD	RESS, CITY	r, STATE, ZIP CODE		
ALCA NETT	AT ORLANDO INC			26	DOO NORTH	SEMORA	AN BOULEVARD		
MAMMIE	AT ORLANDO INC			0	RLANDO	FL 3280	07		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	×	(EA	CH CORRE	S PLAN OF CORRECTION CCTIVE ACTION SHOULD INCED TO THE APPROPR DEFICIENCY)	BE	COMPLETION DATE
F 441	Continued From pa	ge 32	F4	41					
		lucose meters, she replied that							
		i-wipes and showed the							
		anitizer wipes, a product used		- 1					
		Interview was conducted with							2
		ng on at 11:30 AM. facility policy was to clean the							
		ers with sani-wipes, a bleach							o la la
		roduct. A review of the facility							111101.4
	policy read same.	•			F498				
F 498	483.75(f) NURSE A	IDE DEMONSTRATE	F 4	98					i
SS=D	COMPETENCY/CA	RE NEEDS		-	1)	On	CNA #C and (CNIA	i
	T			-	-,			CINA	
		sure that nurse aides are able npetency in skills and					e removed from		İ
		ary to care for residents'				providi	ng care to Resident	#86	
	needs, as identified					and wa	s suspended		9
		described in the plan of care.				immed	iately. On		
							and CNA#D were		1
	THE DECUMENT	NT is not met as evidenced							Photo
	by:	VI IS NOT THE AS EVICENCED		1		termina	ated after a comple	te	
		tion, interview, and record				investig	gation.		
		illed to ensue that nurse aides		-	2)	No other	er residents were		
		trate competency in skills and			,	identifi			
		ary to care for the needs of							
		plan of care for 1 of 1			3)	Nursing	g Aides were educat	ted	
		of 31 sampled residents (#86).				on vari	ous topics which		
	:					identifi	ed the appropriate		
	Findings:					skills ar	nd techniques used		
		F044 F000 F000)					aring for residents		
	(cross reference to	rz41, rz6z, r309)				with	arms for residents		
	On at 11:0	7 a.m. 2 certified nursing						2	
	assistants (CNAs)#	C and #D were observed	1			other			
		6 in an undignified manner.				behavio	or. The topics inclu	ded	
		at her and said she was				"Bathin	g without a Battle"		
	crazy. The reside	ent was refusing care and she					care without a Batt	•	
20110115	667(02 00) Broving Marriage	Obselete Eucot IO: WECS		Ene	-0		care without a batt	-	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 10/24/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTR		(X3) DATE SURVEY COMPLETED
		106027	B. WING			10/16/2014
NAME OF E	PROVIDER OR SUPPLIER				DRESS, CITY, STATE, ZIP CODE	
AVANTE	AT ORLANDO INC				H SEMORAN BOULEVÁRD), FL 32807	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	(E.	PROVIDER'S PLAN OF CORRECTIO ACH CORRECTIVE ACTION SHOULD SS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 498	were holding her ha them. As the resid continued to refuse	ting to kick and bite, so they ands so she would not swing at ent became more agitated and e care, they did not step away e resident in a calm manner	F 4	98 4)	There will be direct care observations of Nurses' A by Staff Nurses, Unit Managers, DON/Designee throughout each shift. Th will be conducted through	is

had received training upon hire for and had participated in annual training for resident behavior, and resident rights. The content of the training did not address how to handle situations in which a resident with refuses care. The facility had not provided the free training offered in 2013 by Centers for Medicare and Medicaid Services for Person-Centered Care of Persons with

and Prevention of _____ to their staff. The DON

said she had the material, but it had not been

Review of both CNA's education revealed they

In an interview with the director on nursing DON, the interim assistant ADON/independent nurse consultant, and the unit manager for the unit in which resident #86 resides, on at 10:30 a.m., they agreed there are no circumstances in which a resident should be forced to receive care against their wiches and ebould not be better.

a.m., they agreed there are no circumstances in which a resident should be forced to receive car against their wishes and should not be held against her wishes. The content of the training provided to staff did not include any scenarios such as the one that involved 2 CNAs and resident #86. During the interview, the UM and DON stated they had no formal process to observe the competencies of the CNAs for any training received. The UM said she completes random checks on residents, but she could not provide any documentation or any evidence of

monitoring CNA competency for care of resident

4) There will be direct care observations of Nurses' Aides by Staff Nurses, Unit Managers, DON/Designee throughout each shift. This will be conducted through Rounds, CNAs report changes through Stop and Watch and through the shift Huddle Reports. Random audit will be conducted three times a week for 12 weeks to validate the competency of Nurses'

Aides. The DON/Designee will review and submit findings to the QA Committee on a regular basis for recommendations and /or suggestions to ensure ongoing compliance.

presented to staff.

		AND HUMAN SERVICES				FORM	: 10/24/2014 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		106027	B. WING			10/	16/2014
NAME OF F	PROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE NORTH SEMORAN BOULEVARD		
AVANTE AT ORLANDO INC					LANDO, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(XS) COMPLETION DATE
E 408	Continued From pa	oge 34	F	498			1
F 490	with	ige 34		+30			:
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	or Health Care Adm	inistration		a construction	(X3) DATE SURVEY	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A, BUILDING:	E CONSTRUCTION	COMPLETED	
AND PLAN	OF CONTECTION		A. BUILDING:			- 1
		74809	B. WING		10/16/2014	
NAME OF P	ROVIDER OR SUPPLIER			STATE, ZIP CODE AN BOULEVARD		
AVANTE	AT ORLANDO INC), FL 32807			- 1
			ID	PROVIDER'S PLAN OF CORRECTS	ON (X5)	\dashv
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLET	re
N 000	INITIAL COMMEN	TS	N 000	Preparation and /or execution or	f this	
				plan of correction does not cons	titute	- 1
	A Relicensure surv	ey was conducted from Avante at Orlando		admission or agreement by the		
	had deficiencies at	the time of visit.		provider of the truth of the item	s	
			Nora	alleged or conclusion set forth ir	the .	1
N 054 SS=D	59A-4.107(5), FAC	Follow Physician Orders	N 054	statement of deficiencies. The p	lan of	
33-0	All physician order	s shall be followed as		corrections prepared and / or		- 1
	prescribed and if n	ot followed, the reason shall be sident's medical record during	1	executed solely because it is req	uired	
	that shift.	sident's medical record during		by the provision of Federal and S	state	
			1	laws. 2	4.7	
			1	_	1.1	١٠١
				N054	11/16	14
				23	1 1 1	
	This Statute or Ru	le is not met as evidenced by: tion, interview, and record		F		
	review, the facility	falled to ensure it was free of				
	medication error ra	ates 5 percent or greater. The	1	(1) Resident # 56 had no negat		
		cation errors out of 26 e medication error rate was	1	outcome. Attending Physician	, POA	
	7.69% (#56).	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	and Medical Director were not	ified.	
ı	Findings:			(2) No other residents were id-	entified	
	-			as affected by the alleged defic		
		Iministration observation task at 9:39 AM with RN	Ì	practice. A 100% audit of med		
	#A. When the nur	se was finished preparing the	1			
	medications for re	sident #56, she verified she		carts to MARS and physician or		
	had 10 separate p	ills in the medication cup. She medications to the resident.		sheets was completed with no	other	
		sicians' orders revealed the		issues identified.		
	nurse made two m	nedication errors. The order for	1			
		was 8.6 milligrams (mg) 2 tabs				
1		administered one pill, not 2 as dent had orders for				
	mg daily. The me	dication record indicated the				
	was to be g	iven at 9 AM. The nurse did		Page 1		
AHCA Form		Plavix as ordered. The errors				
LABORATOR	Y DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESENTATIVE'S SK	GNATURE	TITLE	(X6) DATE	
		1		Executive Director	115/5	٤
STATE FOR	M		6800	WECS11	if continuation sheet 1	of 24

Walter The Any of 161385 Left M

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					FORM APPROVED
	or Health Care Adm	(X1) PROVIDER/SUPPLIER/CLIA	(VOLUME TIDE	CONSTRUCTION	(X3) DATE SURVEY
	T OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		74809	B. WING		10/16/2014
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
		AN BOULEVARD			
AVANTE	AT ORLANDO INC), FL 32807		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID.	PROVIDER'S PLAN OF CORRECT!	
PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE PRIATE DATE
N 054	Continued From pa	ge 1	N 054	(2) (1)	d
	were reviewed with	RN #A on 9:16 a.m.		(3) Licensed nurses were re-ed	
		only gave 10 pills and should		on medication Administration,	
	have given 12 pills.			preventing medication errors,	
				medication availability, pharm	
	Class III			services, and the use of medica	ation
N 071	59A-4.109(1), FAC	Components of Care Plan		exception report.	i
SS=D	• • •			1. On a repeat	100%
		itted to the nursing home plan of care. The plan of care		audit is scheduled in	
	shall consist of:	plan or oare. The plan or oare		conjunction with phar	macv
	(-) Dhunisiania an	t diamento modical		review.	,
		ders, diagnosis medical am and rehabilitative or		2. On a	į
	restorative potent			representative from	
	(b) A preliminary r	nursing evaluation with for immediate care, completed		Pharmacy conducted	in- :
	on admission.			service on medication	
		emprehensive, accurate and sment of each resident's		administration and m	
	functional capacity	which is standardized in the		with nursing staff.	
	facility, and is comp	oleted within 14 days of the on to the facility and every		***************************************	1
		reafter. The assessment shall		(4) Director of Nurses/Designe	e to
	be:	less than once every 3	,	the complete random MAR an	d chart
	months,	less trian once every 5		audits weekly for the next 4 w	
		omptly after a significant lent's physical or mental	:	Director of Nursing/Designee	
	condition,	• •	:	review the audits and submit	the
		ppropriate to assure the	:	findings to the QAA/QAPI for	
	continued accuracy	of the assessment.	i	recommendations and/or sugg	
	Based on interview failed to assess for	e is not met as evidenced by: and record review the facility risk for 1 of 3 residents ut of 31 sampled residents		to ensure ongoing compliance	

Agency for Health Care Adn	ninistration			,
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	74809	B. WING		10/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
AVANTE AT ORLANDO INC		TH SEMOR	AN BOULEVARD	
DREELY (EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO- DEFICIENCY)	D BE COMPLETE
He has d limited to: history of His initic completed on score of 14, indica instructions on the completed after ea Review of the reco on the following and completed after ea and procedure for	admitted to the facility on lagnoses including but not abnormality of gait, rosis, and history of all rick screen was and he received a total ting high risk for The screen indicated it was to be contracted.	N 071	current residents. An audit will be done on all new admissions. (3) The MDS Coordinators and to Managers were educated that a assessment must be completed admission, after each quarter.	nents on all De
In an interview with 4:20 p electronic medical up in the compute complete after er eminimum data set at 10:39 a.m., she not completed after assessments were yesterday. Class III N 090 59A-4.112(1), FAC SS=D Procedures	h unit manager (UM) on .m. she said she looked in the record said a field was not set for links so it was not stab In an interview with the (MDS) coordinator on .verified assessments were reach and no! a	N 090	and annually. (4) The DON/Designee will audi assessment completion after ea x 4 weeks and randomly thereaf Any variances will be reported to Quality Assurance Committee or regular basis to ensure on-going compliance. N 090 (1) On Pharmacy notified of a missing medication Resident #56.	ch
AHCA Form 3020-0001 STATE FORM		6000	Resident #56. WE Medication was obtained immediately.	ation sheet 3 of 2

(2)

No other residents were identified with missing medications.

Agency	for Health Care Adm	inistration				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		74809	B. WING		10/16/2014	
NAME OF E	PROVIDER OR SUPPLIER	STREET ADE	DRESS, CITY, S	TATE, ZIP CODE		
		2000 NOR	TH SEMORA	IN BOULEVARD		
AVANIE	AT ORLANDO INC	ORLANDO	, FL 32807			
(X4) ID PREFIX TAG	(FACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE COMPLETE	
N 090	Continued From pa	_	N 090	(3) Licensed Nurses were re		
	the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals, to meet			educated on Missing medication	s,	
	the needs of each i			medication Pending Report,		
	the needs of eden	coldern.		Medication Exception Report, 24		
	This Statute or Rule	e is not met as evidenced by:		Chart Check and the ordering of		
		ion and interview the facility maceutical services provided		medications through Pharmacy	i	
	ordered medication	in a timely manner for 1 of 1		,		
residents observed during medication administration (#56)			timely manner. On			
		,		Pharmacy in-serviced the license	- 1	
Findings:			nurses on various topics such as:			
				"Never accept sample medicatio	ns," "	
		ion administration observation 9:39 AM with RN #A, she		All medications must have a		
	was observed pour	a pill, Vesicare, from a plastic		prescription label "and "prescrip	tions	
		from a box. She said it was		must be dispensed through a		
	a sample from the	physicians office and she was until the medication was		pharmacy".	1	
	delivered from the	pharmacy. She said she did				
		medication was expected to		Pharmacy conducted MAR to Ca	nt ;	
		rmacy. The sample boxes ith the resident name or dose.		Review on a	nd	
				will be ongoing.		
		rd revealed a physician's order. Vesicare 10 milligrams once a				
		erview with the unit manager	'	(4) Director of Nursing and I		
	(UM) on	it 4:40 p.m., she said the		Managers will complete random		
		today. When asked when it d, she said the day after it was		audits throughout each shift for		
		she spoke with the pharmacy		weeks to validate that there is no) ≀ck	
		her they did not receive the		missing medications, and that		
	faxed order on		:	medications will be ordered thro	ugh ^S	
	The policy and pro-	cedure for medication ordering		pharmacy in a timely manner. Th	e es.	
	and receiving from	pharmacy indicates		Director of Nursing/Designee wil		
		ceived from the dispensing		review the audits and submit the		
		ely basis. The facility records of medication order		findings to the QA Committee	: }	
	and receipt. In the	section for receiving			•	
AHCA Form	3020-0001			- Members monthly. The QA	***************************************	

STATE FORM

WECommittee will determine whether invalion sheet 4 of 24 there is need for additional auditing

and if further education or revision to

the plan is needed.

Agency f	or Health Care Adm	Inistration		1.5			
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LTIPLE CONSTRUCTION DING:		(X3) DATE SURVEY COMPLETED	
		74809	B. WING		10/16/2014		
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
AVANTE	AT ORLANDO INC		TH SEMOR. D, FL 32807	AN BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT! (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
N 090	Continued From pa	ge 4	N 090	(4) Random medication cart au	dits		
	medications from pharmacy it lists: the nurse			will be conducted weekly x4 by	the		
promptly reports discrepancies and omission to the issuing pharmacy and the charge			Pharmacist or DON/Designee ar				
1		The UM then stated she did of when the order was faxed.		then monthly there after and re	sults		
	she said the facility	should not be using the		will be brought to QAA for follow up			
sample medication that was not supplied by the pharmacy that had no label. The nurses should have checked with the pharmacy to see when the medication was expected to arrive, and not continue to use the samples without asking.			education or actions.				
		samples without asking.	!		3		
					:		
í	Class III			•	į		
	Oldos III			N 094	i	. hete	
N 094 SS=D	59A-4.112(5), FAC	Drug Labeling	N 094	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		MINIT	
	Drugs and biologica	als used in the facility shall be			;		
		nce with currently accepted lies, Chapter 499, F.S., and		(1) RN # A was in-serviced on			
	Chapter 64B16, F./	A.C.		Medication Administration and			
		e is not met as evidenced by:	i	medications labels. Pharmacy w	as		
		ion, interview and record alled to ensure medications	:	notified and medication was ob-	tained.		
	were labeled appro	priately for 1 of 1 residents		No other residents had medi	cation		
	observed during me	edication administration (#56)		with missing labels	Cation		
	Findings:			_			
		cation, Vesicare, were		(3) Licensed nurses were in-sen			
	observed during the observation task or	e medication administration at 9:39 AM with RN		on medication administration; the			
	#A. The nurse adn	ninistered the medication		ordering/receiving medication for	rom		
		She verified the boxes had she thought they were		the Pharmacy; the appropriate			
	samples from the u			components pharmacy labeling	on		
	2020 0004						

	or Health Care Adm				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FUNI	01 001412011011		A. BUILDING:		·
		74809	B. WING		10/16/2014
NAME OF S	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	
				AN BOULEVARD	
AVANTE	AT ORLANDO INC	ORLANDO	O, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE
N 094	Continued From pa	ge 5	N 094		3
	In an interview with at 4:40 p.m., she or samples should no label. Review of the for medication labe pharmacy/registere change, or attach procedure included a label. Medication	the unit manager on onfirmed the medication t have been used without a ne facility policy and procedure		N 111 Housekeeping & Maintenance Services, Physical Environment Specifics	րիսի
	Specifics The facility shall pr (a) Housekeeping a necessary to maint comfortable interior (b) Clean bed and condition; (c) Private closet s	and maintenance services ain a sanitary, orderly, and	N 111	The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly and comfortab interior.	
	space; (e) Adequate and careas; (f) Comfortable and (g) The maintenan- Individual radios, T belonging to the re- of the resident's c	comfortable lighting levels in all d safe temperature levels; and de of comfortable sound levels. Vs and other such transmitters sidentwill be tuned to stations hoice. e is not met as evidenced by:	The state of the s	The privacy curtain in have been removed/replace wit clean or new curtains. Complete The door frame in has repaired and is free of rust and to	h ed: : been
HCA Form	failed to ensure fur and in good repair South Wings.)	ions and interview, the facility niture and fixtures were clean in 2 out of 2 wings (North and	:	baseboard has been repaired/ o replaced and is no longer comin the wall. Completed:	
TATE FOR	м		6899	WECS11	If continuation sheet 6 of 2

Agency	for Health Care Adm	inistration			
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		74809	B. WING		10/16/2014
			DESC CITY O	STATE, ZIP CODE	dan dan dan dan dan dan dan dan dan dan
NAME OF	PROVIDER OR SUPPLIER			AN BOULEVARD	
AVANTE	AT ORLANDO INC), FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI {EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
N 111	Continued From pa	ge 6	N 111	the wall has been pa	inted
				and is free of peeling. Complet	ed:
	Findings:				
	North Wing				
	1. On a	t 2:00 p.m. , the		the	has
	privacy curtain for t	oed A had grayish stain on it.		been painted/repaired/ or repla	iced.
	At 1:50 p.m.	frame rusted; the		The veneer on the cabinet unde	r the
	baseboard below th	ne window was coming off the		sink has been repaired/ or repla	iced.
		, the wall near the twas peeling. At 11:15 a.m.		Completed:	1
	, the	was gouged and a cabinet under the sink		136 and 134.	
		nts' closet has peeling veneer		have been painted and the base	board
		ges that can catch clothes or		in has been re-applie	i
		5 a.m. the gouged and in need of		1	1 (0
	painting. At 11:20	a.m. the		the wall. Completed:	1
	baseboards inside	nd in need of painting;		has	been
	from wall. At 11:25	the separating a.m. , the		and baseboards have	been
		and in need of painting; eeling off wall in the		re-applied to the	
	baseboards were p	being on wan in the	i	Completed:	has laced. laced
		t about 11:00 a.m.			
	, a ceiling tile	was broken leaving a hole 11:15 a.m. there		, ceiling tile has bee	n
		unfilled holes on the	i	replaced. Completed:	
				holes in the door w	ere :
		2:20 p.m. North wing nurse		filled and repainted. Complete	
	station, veneer/l areas around the n	is peeling off in several urse station.		mied and repainted. Complete	
	South Wing			the wall has been re	naired
		about 3:00 p.m. the conditioning (A/C) unit was		and baseboard re-applied. The	•
		vas a trace of water leakage			
	near the A/C unit.	A baseboard by the residents'		unit has been checked and is in	- '
	closet was peeling.			working condition with no leaki	ng.
AHCA Form STATE FOR			4899 Y	Completed: WECS11	If continuation sheet 7 of 24

Agency f	sqency for Health Care Administration							
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		00			
		74809	B. WING		10/16/2014			
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE				
AVANTE	AT ORLANDO INC			AN BOULEVARD				
AVANTE), FL 32807					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE			
N 111	Continued From pa	ge 7	N 111	, walls have been ch	ecked			
				for cracking/repaired and painte	ed.			
	5. On at a			Completed:				
	fixtures in the resid	ells and cracks in wall around ent's At 3:00 p.m.						
	, a nigh	t stand for Bed A was in	1	night stand has bee				
	disrepair, i.e. all 3 d	frawers were out of tracks and hissing around the table top of		replaced. Closet door has been				
	the night stand. The	e the same the		repaired and is in proper working	ıg			
	resident's closet do	or was bent inward.		condition. Completed:				
	6. On	at 12:25 p.m. South wing		The glass door under the Activit				
		eer baseboards and around		cabinet has been removed make	•			
		ming off exposing sharp edges at on clothes and/or skin. An		cabinet into shelf. Completed:	iig.			
		er the television set has		Cabinet into shen. Completed.				
	missing glass pane A facility environme	on the door. ental tour was conducted with						
	the director of facili	ty services on from		Both North and South wing nurs	ses .			
		.m. The above observations diverified with him during the		stations have been evaluated fo	r best			
	tour.	d formed war that daming the		possible solution for repair. Bid	s have			
	Pattern			been received and a process has	been			
	Class III			selected to repair and improve t	the			
				appearance and safety of the we	orking			
N 201	400.022(1)(I), FS F	Right to Adequate and		area/surface of both nursing sta	tions.			
33-0	Appropriate Health	Care			1			
	The right to receive	adequate and appropriate		Contracted work expected comp	oletion			
		otective and support services, vices; mental health services,		by:				
	if available; planne	d recreational activities; and		NII) o	4			
		nabilitative services consistent are plan, with established and		14,11, 2	,01011			
	recognized practice	e standards within the						
		th rules as adopted by the						
	agency.		4					
	This Statute or Rul	e is not met as evidenced by:						

Agency for Health Care Adm STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
		74809	B. WING			
NAME OF PRO	VIDER OR SUPPLIER			TATE, ZIP CODE		
AVANTE AT	ORLANDO INC		TH SEMORA , FL 32807	IN BOULEVARD		
		TEMENT OF DEFICIENCIES	, FL 32607	PROVIDER'S PLAN OF CORRECT	ON (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX YAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_DBE COMPLETE	
N 111 C	ontinued From pa	ige 7	N 111	An inservice was provided to		
				Housekeeping and Maintenan	ce staff	
5.	On 10/13/14 at	about 3:10 p.m. alls and cracks in wall around		involved in the daily cleaning	and	
	aint coming on wa			maintenance of the wit	h focus	
	a nigi	nt stand for Bed A was in drawers were out of tracks and		on sanitary, correctly		
ec ec	srepair, i.e. air a d doe veneer was r	nissing around the table top of		operating/orderly and		
th	e night stand. Th	e the same the soor was bent inward.		providing a comfortable envir	onment.	
re	sident's closet de	oor was bent niward.		Nursing staff have also been		
6.	On	at 12:25 p.m. South wing		inserviced on proper way to n	otify	
: th	ne counter are co	neer baseboards and around ming off exposing sharp edges		Maintenance or Housekeepin	g of any	
th	at could be caud	ht on clothes and/or skin. An		cleaning, furniture or		
a	ctivity cabinet und rissing glass pan	der the television set has		using the TELS maintenance t	racking	
A	facility environm	ental tour was conducted with		reporting system. Completed		
th 1:	ne director of facil	lity services on trom o.m. The above observations				
w	rere discussed ar	nd verified with him during the				
to	our.			2) The Director of Plant,	1	
	attern			Administrator/or designee ha	ve	
C	lass III			conducted rounds on a daily	pasis to	
N 201 4	00:022(1)(I), FS I	Right to Adequate and		observe for clean, orderly, an	d	
	ppropriate Healti			comfortable interior.	!	
т	he right to receiv	e adequate and appropriate		3) will be broug	ht to	
h	ealth care and pr	otective and support services, ervices; mental health services,		morning meeting and discuss		
if	available: planne	ed recreational activities; and		the sheets and t		
· th	herapeutic and re	habilitative services consistent care plan, with established and		tool document prepared by t		
re	ecognized practic	e standards within the	1	Department Head team. Any		
		ith rules as adopted by the		immediate concerns will be		
	igency.					
т	his Statute or Ru	ile is not met as evidenced by:		addressed.		

Agency fo	or Health Care Admi	nistration			LIVEN DATE CLIENCEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		
		74809	B. WING		L
NAME OF D	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE	
		2000 NOR	TH SEMORA	AN BOULEVARD	1
AVANTE A	T ORLANDO INC		, FL 32807		
(X4) ID PREFIX TAG	/EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	DBE COMPLETE
N 111	Continued From pa	ge 7	N 111	4) The Administrator, Plant Di	rector,
	5. On at a	about 3:10 p.m.		Director of Nursing/designee v	
	paint coming off wa	ills and cracks in wall around		review daily and weekly findin	gs from
	fixtures in the resid	t stand for Bed A was in		the daily sheet an	
	disrenair, i.e. all 3 d	drawers were out of tracks and hissing around the table top of		QIS tool documents which will	
	edge veneer was n the night stand. Th	e the same the		presented to the QA committe	ee for 3
	resident's closet do	or was bent inward.		months and then randomly	
	6. On	at 12:25 p.m. South wing		thereafter.	
	Nurse station. Ven	eer baseboards and around			
	the counter are cor	ning off exposing sharp edges	1		
	that could be caugi	ht on clothes and/or skin. An	1		
	activity cabinet und missing glass pane	ier the television set has			
	A facility environme	ental tour was conducted with			
	the director of facil	ity services on from			
	1:15 p.m. to 1:45 p	.m. The above observations	1	Į	
		d verified with him during the			
	tour.			N 201	11/6/14
	Pattern		1	1	,41
	Class III		1		
					1
N 201	400.022(1)(I), FS F	Right to Adequate and	N 201	Corrective action has been	n
SS=G	Appropriate Health	Care		accomplished for the alleged	deficient:
	The right to receiv	e adequate and appropriate		practice in regards to Resider	
	health care and pr	otective and support services,		procede in regards to Resider	
	including social se	rvices; mental health services,		Immediate Corrective Actions	
	if available; planne	d recreational activities; and		miniediate corrective Actions	s.
	therapeutic and re	habilitative services consistent are plan, with established and		a. CNAs #C and # D were	
	recognized practic	e standards within the	:	immediately suspended, inv	nutius 41
	community, and w	ith rules as adopted by the		completed and but	esugation
	agency.			completed and both employ	ees were
1	This Clatute or Du	le is not met as evidenced by:		terminated.	
	This Statute of Ku	ie is not met as evidenced by.			

DDINTED: 10/24/2014

						APPROVED
STATEMEN	or Health Care Adm of DEFICIENCIES OF CORRECTION	Inistration (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		74809	B. WING			
NAME OF	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	AT ORLANDO INC	2000 NOR	TH SEMORA	AN BOULEVARD		
AVANTE	AT UKLANDU INC	ORLANDO	O, FL 32807			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT! (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
N 201	Continued From pa	ige 8	N 201	b. The nurse, employee # B wa	as	
		ion, interview, and record		immediately suspended pendir	ng	
		the highest practicable		investigation and reinstated fo	llowing	
	mental, psychosoci a resident with	ial, and physical well being for who resisted		completion of the investigation	n. The	
	care that resulted it			nurse employee is currently		
		al injury for 1 of 1 resident	1	participating in ongoing educa	tion	
		sampled residents (#86) and keep the drug regimen free of	i	regarding assessment and resp	onse to	1
		cations for 1 of 6 residents		residents with behaviors.		
	sampled residents	essary medications of 31 (#86).				
		V/-	:	c. Resident # 86 was immedia		
	Findings:		1	assessed by the IDT for manag		1
			i	of her current physical, menta		
	1 Pacord review r	evealed resident #86 was	:	psychosocial wellbeing. Behav		!
		ility on with diagnoses		Observation was done to atter	•	
	including, but not li	mited to,		identify potential patterns and	•	
		sessment dated		triggers; Pain re-assessment		1
	indicated the reside			conducted, and medication re-		1
		s usually understood and can . She has no hallucinations or		was conducted by the Pharma	cist in	
		hibits physical behavioral		conjunction with the IDT.		
		I towards others such as, shing, scratching 1-3 days a		d. Hospice, the primary physic	cian.	
	week. She rejects	care 1-3 days a week. The		psychiatrist, affiliated consulta		
	resident is always .	of and of bowel. She requires		family, and primary care staff		
	nequently	with activities of daily living.		involved in the review, revision		
				updates to her individualized p	-	
	On at 11:	07 a.m., resident #86 was		care. She has resumed her usu		
	heard yelling. The was closed, but the the common area of person in the	the resident's door resident could be heard from	1	preferred routines.		

	Health Cara Adm	inistration			FORM APPROVED
STATEMEN	or Health Care Adm IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		74809	B. WING		10/16/2014
NAME OF E	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	
AVANTE	AT ORLANDO INC			AN BOULEVARD	
AVANTE	AT ONLANDO INC	ORLANDO	D, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	RTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE
N 201	Continued From pa	age 9	N 201	2. Those Potentially Affected by	the .
	resident in the	She was yelling, "get out."		alleged deficient practice as not	ed
	She was attempting	g to kick, bite, and hit 2		within F309:	j
		sistants (CNAs) # C and #D.			,
		nued to tell the CNAs to "get ev did not stop care and/or		a. All residents with a diagnosis	of
		D was holding both of the	;	other	
		htly and the resident was		and high risk behavi	ors
		e of her grip. CNA #C was n the resident's shirt and the		were identified.	
		to yell and made repeated		The continued.	
		ck, and hit the CNAs. Neither	į.	b. Identified Residents were re	
		#C stopped attempting to te the resident's repeated	į	assessed by the IDT for manager	ment :
		to get out and the resident's		of their current physical, mental	
	continued attempts	to kick, hit, and bite them.	1	psychosocial wellbeing with care	
		risibly distressed. Both CNAs he resident as she resident	-	1	
		bite them and kick them.	1	updates as indicated. There wer	
		hey continued to ignore the		others noted to have been affec	ted by
		to stop, they said they the resident was soiled with		the alleged deficient practice.	
		and they had to clean her.		c Bain to accessment is supplied	
	They said she then	would not let them dress her,		c. Pain re-assessment is ongoing	on
	so they held her ha	ands so she couldn't hit them.	:	designated residents with	
				haviors/psych to ru	
		es, the Unit Manager (UM) was		pain as a causative factor. Medic	ation
		servation and she entered the it was visibly upset and was		reviews were conducted for	T.
		ing as she was saying, "help		designated residents by the	
	me" and "get out of	f here." She was still trying to		Pharmacist in conjunction with ti	ne
		ne CNAs while they stood at		IDT.	
		did not attempt to speak to the and respectful manner. At			
	that time CNA#D s	said to the UM, "this resident is		d. Behavioral Monitoring is ongo	ing
		nce of the resident and the		on designated residents with a ki	nown
		asked both CNAs to leave the yed with the resident.		hx of behaviors affecting others,	
	sile sta	you will the resident.		refusals of care to identify potent	
	Later the same day	y, at 11:20 A.M. licensed		notterns and tri	

4072450998

Agency	for Health Care Adm	inistration			
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		74809	B. WING		10/16/2014
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE	
		2000 NOR	TH SEMORA	AN BOULEVARD	
AVANTE	AT ORLANDO INC	ORLANDO	, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDERICIENCY)	DBE COMPLETE
N 201	Continued From pa	•	N 201	e. A 100% audit of the Care	1
		#B was observed preparing ked into resident #86's		Plans/Kardex for the identified	3
	When she exited th	e said it was		residents was conducted and	
	una ardarad na na	0.25 milligrams (mg) and it eded (PRN) for agitation. She		corrections were made on	
	said the resident w	ould not take it so she was		and the second	
		ysician to ask for an ion to be given via an		f. Updates to care plans and Kar	dayar
		njection.		were provided through educatio	
	In an interview with	CNA #C and #D on		shift reports, and skills fair activity	
	at 11:30 a.m., CNA	#D said she was assigned to		Similar reports, and skins lan activity	iles.
		day and she was familiar with said the resident is not always		g. Residents will be discussed as	
		depends on her mood. When		indicated at Daily Ops and Clinica	
	she entered the res	ident's deliver care			
		nt told her to get out. She said e nurse who instructed her to		Quality Reviews, Weekly QOL	i
		nember with her to provide		meetings, and as part of daily, v	
	resident who was without cleaning he	she did not want to leave the of BM at that time r even though the resident at that time. CNA #B said		and monthly QAA/QAPI activitie	35.
		sists care we usually come ould not leave the resident		3. System Changes and Measur	es
	soiled." When ask	ed why they did not stop and		were put into place to ensure th	at the
		sident continued to refuse and more agitated, they said, "we		alleged deficient practice does r	ot
	had to finish because	se we could not leave her that		recur includes:	į
	way. What else we couldn't let her hit u	re we supposed to do? We			
	couldn't let her hit u	s.		 a. Director of nursing/designees 	
		on on at 12 p.m., the		provided education to nursing st	
		ved being taken out of her		F309, F241, and F329 "Know Yo	ur
		recliner chair. At that time, the nt was upset and continued to		Role" and	
		er for the next 40-45 minutes.			
		e said she stayed in the		Pain Management training by	
	with the resident to	observe her, but out of her		Hospice and Dr. Miller on	
	reach and spoke to	the resident in a calm			

Agency for Health Care Adm	inistration			
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
	74809	B. WING		10/16/2014
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
AVANTE AT ORLANDO INC			AN BOULEVARD	
AVAINTE AT OREANDO INC	ORLANDO	D, FL 32807		
PREFIX (EACH DEFICIENCY	ITEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMPLETE
N 201 Continued From pa	ige 11	N 201	c. "Walk in the Shoes" of the res	sident
	the resident refused theed the nurse to call the	į	Training on with	
physician to ask for	a medication that could be		continuation during	
agreed to finished of the chair with staff of the chair with staff of the chair with staff of the chair was able to help the	injection. The UM verentually became calmer and getting dressed and transfer to assist. The physician ordered ne time for agitation, but the to need to give it because she er resident become calmer and	C TA VIEW VIEW VIEW VIEW VIEW VIEW VIEW VIEW	d. The Hand in Hand Series wa conducted for sessions 1-4 on following dates: Module 1; — Modul	the -
allow care.		1	- Modules 3 &4.	
observed being tak by CNA #E. "Refus ticket. The residen yelling, kicking or h CNA #E at that time eat. She said she h before and depend she will feed hersel in an interview with p.m., she said she behavior was not a the resident with dithe resident with dithe resident first exto get out. They si care against the res have continued whextremely upset. Shappened to the ter they should have dresident with different first extremely upset. Shappened to the ter they should have dresident with different first extremely upset. Shappened to the continued whextremely upset. Shappened to the city should have dresident with the continued who was the continued who	thought the both CNAs coepitable. They did not treat gnity or respect. She thought ses could have been avoided sontinued to provide care when pressed her wishes for them hould have not have started sidents wishes and should not en the resident became the said she thought what sident was not acceptable and one a better job carring for a because they care for home. "That is the type e for."	en i median salah siringan an	e. Director of Nursing, ADON, ar Members provided all day skills training on	and J, and are the ident ties at es

Agency	for Health Care Adm	inistration			
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		74809	B. WING		10/16/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
AVANTE	AT ORLANDO INC		TH SEMOR	AN BOULEVARD	
	011111111111111111111111111111111111111				241
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
N 201	Continued From pa	•	N 201	h. External Activities Consultant	
		ed CNA #D was the CNA who int every day she worked for 8		providing on site visits for next 4	
	shifts in an	d 22 shifts in		weeks to further develop person	
	CNA#C worked 19			centered programming with "All	` .
	assignments.	The facility had consistent		About Me" data.	
		.m. the resident was observed		i. Education on bedside and on u	nit
		cliner chair across from her ening to the music program		activities for C.N.A. staff was prov	rided
	and alternatively clo	osing eyes. The first knuckle right hand was red and		on	
	On	at 10:15 a.m. the resident		j. Hand in Hand Training will be	
		d eyes with her eyes closed. e door, she opened eyes and	,	included in ongoing orientation a	nd
	spoke calmly. The	first knuckle on the back of the		staff education offerings.	:
	right hand was red,	, and had a purple ards her fingers. The knuckle			,
		iddle finger was red. The		4. How the corrective action(s) w	ill be
	resident smiled and	moved her right hand freely.		monitored to ensure the practice	will
	In an interview with			not recur:	
	a.m., she said the r pain in her right har	esident initially complained of and said "they		a. Will conduct a random care as	ıdit
		inted to her right hand. She		of (2) residents identified with	, un
		vas notified and an X ray was)	or related	with
		gative for		the potential for behavioral	with
	resident became ca	alm after she stepped away		manifestations weekly for four (4	
	from the bedside as manner.	nd spoke to her in a calm		consecutive weeks	'
	mainer.			consecutive weeks	
	In an interview with the resident on	the hospice CNA caring for at 12:19 p.m., she said		b. DON/Designee will conduct a	
		sident can be combative with		random audit of two (2) residents	
		depends how you approach		receiving Pain Management a	
		aid if the resident says no swing at her, she steps away		minimum of 3 times weekly for 3	
	and tells the nurse	that the resident refused care		months.	
		aid usually she can go back		_	
HCA Form STATE FOR			esso /	, c. The Adm/Activity staff or design will perform on unit rounds a	nee inuation sheet 13 of 24

minimum of 3 x weekly for 3 months to ensure comfort care alternatives are in place and working effectively

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Agency for Health Care Admir	nistration		Eliteration and the second	FORM AFFROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	74809	B. WING		10/16/2014
NAME OF PROVIDER OR SUPPLIER AVANTE AT ORLANDO INC	2000 NOR		TATE, ZIP CODE AN BOULEVARD	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D.BE COMPLETE
will not become com will agree to care. S another hospice CN small steps and exp the way. The social services	Jent and hold her hand, she bative or agitated, and she she said she often works with A, but they provide care in Jain each step of care along director was interviewed on m. regarding how she document on the MDS ng resident *#86's behavior, nents in her social service is he retrieves from nurses s, and CNA interviews. She calim when she is in the artrum. She said it depends either or not she allows care, noted and she she or not she allows care, noted and she she or not she allows care. In the artrum she so the calim when she is in the artrum. She said it depends either or not she allows care, noted and she she or not she allows care and will attempt to kick ers. The notes did not to determine why the behaviors or that the ders for PRN in for increased agitation fused care on of revealed the physician's L noted nursing staff tation. Nurses notes ident refused care and was spitting. The physician wrote to receive 0.25 mg of the care of	N 201	d. The DON/designee will audit the Use of the Stop and Watch S and Shift Huddles weekly x 3 fo weeks and then ongoing as part facility QAA e. Quality reporting systems will used to evaluate Casper QM dat Pain and use, and related indicators and to develo enhance PIP's as indicated. This of correction will be monitored monthly Quality Assurance mee until such time consistent substacompliance has been met.	system r 4 of the l be ia, p or p plan at the ting

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Aconou fo	r Health Care Adm	inistration			FORM APPROVED
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		74809	B. WING		10/16/2014
NAME OF PR	OVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	
		2000 NOF	TH SEMORA	AN BOULEVARD	
AVANIEA	T ORLANDO INC	ORLAND	O, FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE COMPLETE
N 201 (Continued From pa	ige 14	N 201		i
1		ng care and being combative		Page intentionally left blank.	
		the resident refused, she order to give her an injection.		l age intentionary tere blanks	
	A care plan was ini				
- 1	agitation, and	. The care plan	i		
		ons to: observe for agitation	!		1
		vay and re-approach if the interventions was added	1		
		ough each care routine, step	1		
		esident becomes combative.	1		
		not include interventions to give			-
		; when she became	-		
		h staff interviews and	;		
	documentation rev	ealed the resident was given	1		
t	he medication for	refusing care.			
	n an interview with	RN #F on 10:33	1		
	a.m., he said he wi	li give the PRN when	1		
		he resident is agitated when	(
		are. He said he did not does			
		avior because she is usually		* *	
		an interview with LPN #B on			
		n, she said the resident gets			
		e gets bothered. She said the			
		havior approximately 1-3 said if the resident is agitated	1		
		int to give care, they tell her so			
	she can administer				
,	On at 3:5	5 p.m. the director of nursing			
		de any policies or procedures	1		
		s with and			
1	pehaviors. On	she provided a policy for	1		
		The policy referred to a			
		on as an extraordinary reaction			
		nary stimuli, such as the			
		care. The heading of			
	identification, com	ection and intervention in		i .	

Agency for Health Care Administration					
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		1			
		74809	B. WING		10/16/2014
NAME OF F	PROVIDER OR SUPPLIER			TATE, ZIP CODE	
AVANTE	AT ORLANDO INC			IN BOULEVARD	
73174174	711 One 1110	ORLANDO	, FL 32807		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID .	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL	
PRÉFIX TAG	(EACH DEFICIENCY	' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	CROSS-REFERENCED TO THE APPRO	
IAG			1710	DEFICIENCY)	
		4.5	N 201		
N 201	Continued From pa	ge 15	NZUI		
		situations " included:			
		to meet the needs of the			1
		re staff have the knowledge of		Page intentionally left blank.	,
		ents' care needs; supervision			
		appropriate behaviors;			
		planning, and monitoring of			
		and behaviors with might lead			
		t, such as residents with			
		rs. The facility Clinical			
		matic Behavior Management			
	included: identify in				1
	cognition	document details about			
		nset, frequency, and			1
		s, document features of any staff will use protocols to			
		terventions, other than			1
		e nature and causes of the			
		r. The policy for Behavior			
		onitoring indicated the facility			
		ulatory requirements related	.		+
		ations to manage problematic			
	behavior. The "mo	nitoring" section of the policy			1
		locument in progress notes or			
		ent forms the following			
		er and frequency of episodes,			
		itating factors, interventions			
		comes associated with			
	interventions.				
	During a mastine	ith the Administrator, DON,	.		
		nd acting ADON/Independent			
		or all Avante buildings on	1		
		., the events of the previous	.		
		ent #86 were discussed. They			
		anner in which the resident			
		not acceptable and the			
		avoidable substantial distress.			
	At that time the edu	cation for care of residents			
		biting resistance to care was			
	discussed. Although	th the DON and acting DON			

ency for Health Care A TEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	DATE SURVEY COMPLETED
) PEAN OF CONTECTION		B, WING		
	74809			
ME OF PROVIDER OR SUPPL	JIER STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	
	2000 NOR	TH SEMORA	N BOULEVARD	
ANTE AT ORLANDO IN	C ORLANDO), FL 32807	THE ACCIDITATION	(X5)
	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLETE
		1		
N 201 Continued From		N 201		
described train	ing in progress, they indicated the			
1 thi completes	random observations of care and			
thou had no for	mal process to observe care or	1		
CNIA-mureas 2	and document findings. They have		Page intentionally left blank.	
not provided th	e free Centers for Medicare and	1		
Medicaid Serv	ces training for Person-Centered			
Care of Person		1		i
to their	stair.			
0.0	36 was admitted to the facility on	1		4
2. Resident #	agnoses including but not limited			
to:	agnosco molading	1		
end a	dult Review of the	ì		
physicians orr	ers revealed the resident was			ł
receiving	0.5 milliorams (mg)3 times a day	<i>'</i>		
for agitation o	The target behaviors	ł.		
listed on the b	ehavior/intervention flow record	1		
listed the targ	et behaviors as and			
hallucinations	Specific agitated behaviors were			1
not listed. Th	e behavior flow records for indicate the resident had	4 !		
	indicate the resident had or hallucinations. The form include	d ,		
no	as redirect, one on one, change			
a section suc	terventions and it listed			1
"medication-s	hould not be first intervention."	;		
		i		!
On n	urses notes indicated the resident	ì		
was very agit	ated and refused for staff to give	1		
care. The re-	sident was kicking, hitting, and			
spitting at sta	ff. A new order was received for g now. Another order was received			
0.5 m	0.25 mg every 6 hours for			
on to	e physicians note indicated nursing			
agitation. In	ncreased agitation and it was most			
likely due to	will rule out			
process. Th	e only hehavior documented in the			
nursing note:	for was when the resident			
hecame com	hative with care on and			
The	social service notes documented			
the model and	becomes combative with ADL care			

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Agency	for Health Care Adm	inistration			
STATEME	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING:		00.00
		74809	B. WING		10/16/2014
		A			1
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE AN BOULEVARD	
AVANTE	AT ORLANDO INC		O. FL 32807	AN BOOLEVARD	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE COMPLETE
N 201	Continued From pa	age 17	N 201		
ĺ	and will attempt to	kick and scratch caregivers.	1		
1		n did not include any attempts	1		
		ause of the behavior or any nor	1	Page intentionally left blank.	
	pharmacological a			Page Intentionally left blank.	`
	Resident #86 had		1		
	medication related		1		1
	and revised on	The goal was for the of discomfort or adverse	ì		į
	reactions related to		1		1
		ntions was to administer the			
		tion per the physician's order.			ļ
		not include any listing of non			1
	pharmacological in	terventions.			
	12		į		
		07 a.m., resident #86 was observation at that time	ł		
		n her she was			
		She was attempting to kick,	i		
		fied nursing assistants (CNAs)	ž.		
	# C and #D. The r	esident continued to tell the	1		
		f here," but they did not stop	1		
		way. CNA #D was holding	1		
		t's hands tightly and the			
		the break free of her grip.			
		npting to button the resident's ent continued to yell and made	:		
		to bite, kick, and hit the CNAs.			
		or CNA #C stopped attempting			
	to provide care des	spite the resident's repeated			
		to get out and the resident's			
		s to kick, hit, and bite them.			
		visibly distressed. Both CNAs the resident as she resident			
		bite them and kick them.			
1		hey continued to ignore the			
1		s to stop, they said they			
		the resident was solled with			
		and they had to clean her.			
i	They said she then	n would not let them dress her,			
AUCA Form	3020-0001				

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Age	ency for Health Care Adm	ninistration			TORMATTROTED
STA	TEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		74809	B. WING		10/16/2014
NAN	E OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	
A3//	ANTE AT ORLANDO INC	2000 NO	RTH SEMORA	AN BOULEVARD	
AVA	ANTE AT ORLANDO INC	ORLAND	O, FL 32807		
PR	EFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ALD BE COMPLETE
٨	201 Continued From pa	age 18	N 201		
	so they held her ha	ands so she couldn't hit them.			
	At 11:20 A.M. licenwas observed prepinto resident #86's said it wamilligrams (mg) and (PRN) for agitation.	sed practical nurse (LPN) #B paring medication and walked When she exited the	To the second state of the	Page intentionally left blan	k.
	revealed the reside 9 times from gave the PRN #B gave the PRN	ication administration sheet int received the extra doses of 1 to RN #8 4 of the 9 times and LPN 2 of the 9 times and ional time on			
	a.m., he said he wil the CNAs tell him the they want to give ca see combative beh- calm with him. In a	RN #F on 10:33 Il give the PRN when he resident is agitated when are. He said he did not does avior because she is usually in interview with LPN #B on . she said the resident gets			
	combative when sh resident had that be times a week. She	e gets bothered. She said the ehavior approximately 1-3 said if the resident is agitated give care, they tell her so she	: :		:
	behaviors exhibited receiving the extra documented as eith restlessness, althou	ugh the behavior that er for the extra dose of			

MANE OF PROVIDER OR SUPPLIER TABON DEPRETATION NUMBER PART PROVIDER OR SUPPLIER TABON DEPRETATION NUMBER PART PROVIDER OR SUPPLIER TABON DEPRETATION NUMBER PART PROVIDER OR SUPPLIER TABON DEPRETATION NUMBER PART PROVIDER OR SUPPLIER TABON DEPRETATION NUMBER PART PROVIDER OR SUPPLIER PROVIDER OR SUPPLIER PART PROVIDER OR SUPPLIER PART PROVIDER OR SUPPLIER PART PROVIDER OR SUPPLIER PART PROVIDER OR SUPPLIER PART PROVIDER OR SUPPLIER PART PART PROVIDER OR SUPPLIER PART	Agency f	or Health Care Adm	inistration				***
NAME OF PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER AVANTE AT ORLANDO INC DISCUSSION ORTH SEMORAN BOULEVARD ORLANDO, FL. 32807 (XA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL). THE PRECEDING SECRETION SHOULD BE CROSS-REFERENCE OF A PROPABATE N 201 Continued From page 19 pharmacological interventions or other behavioral interventions were not documented. Class II N 203 400.022(1)(n), FS Right to be Treated with Dignity SS-G-G The right to be treated courteously, fairly, and with the fullest measure of dignity and to receive a written statement and an oral explanation of the services provided by the licensee, including those required to be offered on an as-needed basis. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to treat a resident with which with gingly and respect when the resident graphs of the state of the services provided by the licensee, including those required to be offered on an as-needed basis. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to treat a resident with which will be a serviced to the services provided by the licensee, including those required to be offered on an as-needed basis. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review the facility failed to treat a resident with many provided with a same provided with a same provided with care interventions. She accepted care with a continued calm demeanor. Findings: On at 11:07 a.m., resident #86 was heard yelling. The the resident's door was closed, but the resident graphs on the resident with the same provided with care interventions. She accepted care with a continued calm demeanor. Findings: On at 11:07 a.m., resident #86 was the only resident in the She was tempting to kick, bite, and hit 2 certified nursing assistants (CNA,8), # C and #D. The resident continued to tell the CNAs to 'get out.' She was attempting to kic	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
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PRINTED: 10/24/2014

AGENCY for Health Care Administration XIT PROVIDERS DEPICIABLES AND PLAN OF CORRECTION XIVE PROVIDERS OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMDRAN BOULEVARD ORLANDO, FL 32807 AVANTE AT ORLANDO INC (XA) ID SUMMARY STATEMENT OF DEFICIENCIES TAG N 203 Continued From page 20 CNA #C was attempted to kick, kind, and hit the CNAs. They did not stop attempting to provide care despite the residents repeated requests for them to get out and the resident's statempts to kick, kind, and bite them. The resident was visibly distressed. Both CNAs began to lauly at the resident as she resident continued to ty to bite them and kick them. When asked why they were continuing to ignore the resident's requests to stop, they said they continued be netword in the them draws her so they held her hands so she couldn't hit them. Within a few minutes, the Unit Manager (UM) was informed and she entered the The resident was visibly upset and was yelling and screaming as she was saying. Thelp me" and "get out of here." She was still trying to hit, bite, and kick the CNAs while they stood at the bedside. They did not attempt to speak to the resident in a calm and respectful manner even after the UM entered. At that time CNAB Dail to the UM, This resident is ; and high risk behaviors
NAME OF PROVIDER OR SUPPLIER 74809 STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807 PROVIDER OR SUPPLIER SUMMARY STATE, MAY DE PECCESS BY PULL PREFIX SENCH PERCENS STATE, MAY DE PECCESS BY PULL PREFIX SENCH PERCENS STATE, MAY DE PERCENS BY PULL PREFIX TAG N 203 Continued From page 20 N 203 CNA #C was attempting to button the resident's shirt and the resident continued to yell and attempt to bite, kick, and hit the CNAs. They did not stop attempting to provide care despite the residents repeated requests for them to get out and the resident was visibly distressed. Both CNAs began to laugh at the resident was visibly distressed. Both CNAs began to laugh at the resident was visibly distressed. Both They said she then would not let them dress her so they held her hands so she couldn't hit them. Within a few minutes, the Unit Manager (UM) was informed and she entered the The resident was visibly upset and was yelling and screaming as she was saying, help me' and' get out of here. She was still trying to hit, bite, and kick the CNAs while they stood at the bedside. They did not attempt to speak to the resident in a calm and respectful manner even after the UM entered. At that time CNA #D said to the UM, this resident is a calm and respectful manner even after the UM entered. At that time CNA #D said to the UM, this resident is a calm and respectful manner even after the UM entered. At that time CNA #D said to the UM, this resident is a calm and respectful manner even after the UM entered. At that time CNA #D said to the UM, this resident is a calm and respectful manner even after the UM entered. At that time CNA #D said to the UM, this residents is a facility and the provided to primary staff through education, shift reports, and skill fair activities. 2. Identification of other residents having the potential to be affected was accomplished by: (1) All residents with a diagnosis of other time the provident is a calm and respectful manner even after the UM entered. At
NAME OF PROVIDER OR SUPPLIER AVANTE AT ORLANDO INC DRIANDO, FL. 32807 ICAG) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG) REQULATORY ORLS: CIENTFYING INFORMATION) N 203 Continued From page 20 CNA #C was attempting to button the resident's shirt and the resident continued to yell and attempt to bite, kick, and hit the CNAs. They did not stop attempting to provide care despite the residents repeated requests for them to get out and the resident's attempts to kick, hit, and bite them. The resident was visibly distressed. Both CNAs began to laugh at the resident as she resident continued to try to bite them and kick them. When asked why they were continuing to ignore the resident's requests to stop, they said they continued because the resident was solled with bowel movement and they had to clean her. They said she then would not let them drass her so they held her hands so she couldn't hit them. Within a few minutes, the Unit Manager (UM) was informed and she entered the The resident mas she was saying, help me' and' get out of here.' She was still trying to hit, bite, and kick the CNAs while they stood at the bedside. They did not attempt to speak to the resident in a calm and respectful manner even after the UM entered. At that time CNA #70 bail to the UM, this resident is
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not attempt to speak to the resident in a calm and compared to speak to the resident in a calm and compared to the compared to
respectful manner even after the UM entered. At that time CNA#D said to the UM, "this resident is and high risk behaviors
crazy" in the presence of the resident and the UM. The UM then asked both CNAs to leave the were identified and reassessed by the
she stayed with the resident. IDT for management of their current
h. Sad washing day and another state
In an interview with CNA #C and #D on at 11:30 a.m., CNA #D said she was assigned to wellbeing. There were no others
gara for regident that day and she was familiar
with resident #86 because she cares for her identified to have been affected by
every day she works. She said the resident is not always resistant to care. When she entered the
resident told her to get out. She said she
reported it to the nurse who instructed her to take identified residents.
another staff member with her to provide care. CNA #D said she did not want to leave the

Agency	for Health Care Adm	inistration			ONWATTROVED
STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	100	DATE SURVEY COMPLETED
		74809	B. WING		10/16/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
AVANTE	AT ORLANDO INC		TH SEMOR D, FL 32807	AN BOULEVARD	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(XS) COMPLETE TE DATE
N 203	resident who was without cleaning he was refusing care a when a resident result when a resident result when a resident result when a resident continued and more agitated, because we could 12:00 p.m., the restaken out of her resident was calm. hit or bite staff. At resident was uspet and kick her, but si because she did no watched the resident was upset and kick her, but si because she did no watched the resident of the resident with did not laugh at residen was not a the resident with din to laugh at residen with on to laugh at resident with din to laugh at resident with din to laugh at resident with din to laugh at resident with din to laugh at resident with din to laugh at resident's wish continued to prirst expressed her They should have the resident's wish continued when thupsel. She said she toot account when the upsel. She said she toot account was not a continued to prirst expressed her sident's wish continued when the upsel. She said she took cause they care because they care because they care	of BM at that time reven though the resident at that time. CNA #B said sists care we usually come ould not leave the resident d why they did not stop as the to refuse and became more they said, "we had to finish not leave her that way." on at approximately ident was observed being a wheeled recilier. The and was not attempting to kick, that time the UM said the and continued to attempt to hit are eventually became calm a tatempt further care, in from a distance, and spoke on. After she was calm, the	N 203	b. Observations are addressed in the morning clinical review. c. A 100% audit of Care Pans/Karde was completed for identified residents. Updates were added to individualized plans of care as indicated. 3. Actions taken/systems put into place to reduce the risk of future occurrence include: a. Inservice education programs we conducted separately with licensed and non-licensed staff by the Direct of Nursing Services (DON)/designee Topics include Resident Rights and Recognizing/Preventing completed on b. Proper procedures for addressing resident preferences obtained from interview information were discussed Altering care to accommodate resident choice were also addressed to assure the maintenance of resided dignity and respect. c. The Director of Nursing, ADON, a	x ere :
HCA Form	tor." 3020-0001			designated MDS/Unit Managers are	
STATE FOR			6000 /	N conducting clinical rounds on "All about Me" Questionnaires to reaffin	ietion sheet 22 of 24

choices and preferences.

	for Health Care Adm				
STATEMEN AND PLAN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		
		74809	B. WING		10/16/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
AVANTE	AT ORLANDO INC			AN BOULEVARD	
AVANTE			D, FL 32807		·
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N 203	Continued From pa	age 22	N 203	d. The Director of Nursing/Des	ignee
	Record review reve	ealed resident #86 was		provided education to nursing	staff on
	admitted to the fac	lity on with a diagnosis		F309, F241 and F329 in a serie	s'of
	of data set assessme	Review of her minimum revealed the		education to include: "Know Y	our
		physical behaviors (hitting, cratching, or grabbing) 1-3	!	Role" and	and
		d rejected care 1-3 times per		Sensitivity training on "Walk in	the
		s with all	I	Shoes", (Need to show	v
	ADLs and has seve Social Services no	ere tes dated indicated the	1	continued presentations on this	and
		make needs known to staff.		the Know Your Role)	1
				e. Pain Management training w	
	Class II			done Hospice and Dr. Miller	
N 433	400.191(5)(a)2. FS	Nursing Home Guide Posted		done nospice and bi. Willer	
SS=B		-		f. The Hand in Hand Series Mod	lule 1
	(5) Every nursing h	ome facility licensee shall:	1	completed on 11/5. Module 21	n he
		lent number of prominent		completed by 11/7. Modules 3	
		sing home so as to be sidents and to the general		to be completed by	
		he pages that list the facility in	į.	g. An external Activity Consulta	nt
		rsion of the Nursing Home		assisted with expansion of	
	Gulde.			Therapeutic bedside Activities	
		e is not met as evidenced by:			1.1.
		ion and interview, the facility es of the most current version		and will provide onsite	visits
	of the nursing hom			for the next 4 weeks utilizing "A	u .
	Findings:		!	about Me" data.	
	Observation a-	vation on at 11:00 a.m. revealed		h. Education on bedside and on	*ha
		guide that was posted an area	-	unit activities for C.N.A. staff wa	
	on the wall in the m	on the wall in the main hallway. The date of the juide was 1012. In an interview with the		provided on 11/5.	5
HCA Form				i. An all-day skills fair for all staf	Fune
TATE FOR	М		oreo /	conducted on 11/4 and 11/5. To	tion sheet 23 of 2

include Resident Dignity; Non-Verbal Communication; Identification of Pain; Resident Rights; Preventing

STATEMEN	or Health Care Adm T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		2000 NOR	TH SEMOR	AN BOULEVARD	
WANTE	AT ORLANDO INC), FL 32807		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	RTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLE
N 203	Continued From pa	age 22	N 203	j. How the corrective action(s)	will be
	Record review reve	ealed resident #86 was		monitored to ensure the practi	ce will
	admitted to the fac	ility on with a diagnosis Review of her minimum		not recur:	
	data set assessme resident exhibited p	physical behaviors (hitting,		4. a. The Director of Nursing Se	ervices
	times per week an	ushing, scratching, or grabbing) 1-3 week and rejected care 1-3 times per		(DON), or designee, will conduct	t
	week. She require	s with all	į	random observations of staff	1
	ADLs and has seve Social Services no	ces notes dated indicated the		providing care 3 times weekly o	ver
	resident is able to	make needs known to staff.	1	the next three (3) months to en	sure
	1			staff are promoting and mainta	ining
	Class II		İ	resident dignity in accordance v	with
N 433 SS=B	400.191(5)(a)2, FS	Nursing Home Guide Posted		resident preferences.	į
		ome facility licensee shall:	1	b. The use of the Stop and Wat	ch and
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	Guide.		and the same of th	c. The facility will review result	s as
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	Based on observat			correction will be monitored at	the :
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	Enininida.		1	compliance has been met.	
	on the wall in the r	at 11:00 a.m. revealed guide that was posted an area nain hallway. The date of the n an interview with the		,	

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11:39

Agency f	or Health Care Adm	inistration			(Y2) DATE SLIBVEY
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N 433	Continued From pa	age 23	N 433	2) Administrator/ or Medical	11
	Administrator on	at approximately 1:30		Records/or designee will monito	
	p.m., he said he th	ought he posted the current ipdate to the nursing home		quarterly for proper printing an	
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	Pattern			3) Posting of the Nursing Home	guide
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ELIZABETH DUDEK SECRETARY

2014

Administrator Avante At Orlando Inc 2000 North Semoran Boulevard Orlando FL 32807

RE: Recertification, Relicensure and Life Safety Code Surveys

Dear Administrator:

On , 2014-C , 2014, a Recertification, Relicensure and Life Safety Code surveys were conducted at your facility by representative(s) of this office.

The purpose of this visit was to determine if your facility was in compliance with requirements for nursing homes participating in the Medicare and/or Medicaid programs. Your facility was found not in substantial compliance with the participation requirements.

Enclosed are the provider's copies of Form CMS-2567 (Statement of Deficiencies and Plan of Correction) and State (3020) Form. These forms reference the deficiencies that were identified during the visit.

A Plan of Correction (POC) for the deficiencies must be submitted to this Field Office 10 days after your facility receives the faxed Form CMS-2567. Failure to submit an acceptable POC within ten (10) days after receipt of the faxed statement of deficiencies may result in the imposition of remedies. You will be notified by telephone or fax if your POC is found to be acceptable. If your POC is found to be unacceptable, you will be informed in writing. The correction date indicated by the facility shall be after the date of survey exit. Deficiencies shall be corrected no later than 2014.

Your POC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur; and,
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur. i.e., what quality assurance program will be put into place.



Page 2

Recommended Remedies:

Please note that this letter does not constitute formal notice of imposition of alternative sanctions or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other sanction is warranted, we will provide you with a separate formal notification of that determination.

Informal dispute resolution for the cited deficiencies will not delay the imposition of the enforcement actions recommended. A change in the seriousness of the noncompliance found may result in a change in the remedy recommended. When this occurs, you will be advised of any change in remedy.

- A mandatory denial of payment for new admissions will be imposed 2015 if substantial compliance is not achieved by that time.
- Termination of Medicare Agreement. We are recommending to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on if substantial compliance is not achieved by that time.
- Civil Money Penalty, in an amount and duration to be determined by CMS.

Informal Dispute Resolution:

In accordance with §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

> Attention: IDR Coordinator Agency for Health Care Administration 2727 Mahan Drive, Mail Stop 9-A Tallahassee, Florida 32308 FAX (850) 414-6946 or Phone number: (850) 412-4301 IDRCoordinator@ahca.mvflorida.com

The IDR request must be sent during the same 10 days you have for submitting a Plan of Correction for the cited deficiencies. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

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(s). If you have questions, please contact Theresa DeCanio at (407) 420-2502.

Avante At Orlando Inc . 2014

Page 3

Sincerely.

Theresa DeCanio, RN Field Office Manager

TDC/al Enclosures: CMS-2567 and State Form 3020

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