

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2014 MAR 31 A 11: 22

SENIOR CARE GROUP, INC, d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Petitioner,

vs.

STATE OF FLORIDA AGENCY FOR
HEALTH CARE ADMINISTRATION,

Respondent.

Case No. 13-395PH

AHCA No. 2013005471

RENDITION NO.: AHCA- 14 -0275 -S-OLC

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Respondent.

ACHA No. 2013006461

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Respondent.

ACHA No. 2013006462

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH No. 14-248

vs.

ACHA No. 2013006534

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH No. 14-528

vs.

ACHA No. 2013007612

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

DOAH No. 14-521

vs.

ACHA No. 2013010196

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH
CARE CENTER,

Respondent.

FINAL ORDER

Having reviewed the Administrative Complaints and Notices of Intent to Deny, and all other matters of record, the Agency for Health Care Administration finds and concludes as follows:

1. The Agency has jurisdiction over Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center pursuant to Chapter 408, Part II, Florida Statutes, and the applicable authorizing statutes and administrative code provisions.

2. The Agency issued the attached Administrative Complaints and Notices of Intent to Deny and Election of Rights forms to Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center. (Ex. 1) The Election of Rights forms advised of the right to an administrative hearing.

3. The parties have since entered into the attached Settlement Agreement. (Ex. 2)

Based upon the foregoing, it is **ORDERED**:

1. The Settlement Agreement is adopted and incorporated by reference into this Final Order. The parties shall comply with the terms of the Settlement Agreement.

2. The Notice of Intent to Deny is superseded by this Agreement.

3. Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center shall pay the Agency \$25,500.00. If full payment has been made, the cancelled check acts as receipt of payment and no further payment is required. If full payment has not been made, payment is due within 30 days of the Final Order. Overdue amounts are subject to statutory interest and may be referred to collections. A check made payable to the "Agency for Health Care Administration" and containing the AHCA ten-digit case number should be sent to:

Office of Finance and Accounting
Revenue Management Unit
Agency for Health Care Administration
2727 Mahan Drive, MS 14
Tallahassee, Florida 32308

4. Conditional licensure status is imposed on Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center beginning on April 12, 2013.

ORDERED at Tallahassee, Florida, on this 28 day of March, 2014.



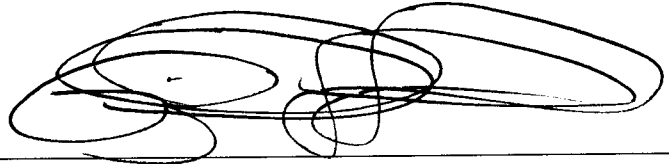
Elizabeth Dudek, Secretary
Agency for Health Care Administration

NOTICE OF RIGHT TO JUDICIAL REVIEW

A party who is adversely affected by this Final Order is entitled to judicial review, which shall be instituted by filing one copy of a notice of appeal with the Agency Clerk of AHCA, and a second copy, along with filing fee as prescribed by law, with the District Court of Appeal in the appellate district where the Agency maintains its headquarters or where a party resides. Review of proceedings shall be conducted in accordance with the Florida appellate rules. The Notice of Appeal must be filed within 30 days of rendition of the order to be reviewed.

CERTIFICATE OF SERVICE

I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 3rd day of March, 2014.



Richard Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Bldg. #3, Mail Stop #3
Tallahassee, Florida 32308-5403
Telephone: (850) 412-3630

Jan Mills Facilities Intake Unit (Electronic Mail)	Finance & Accounting Revenue Management Unit (Electronic Mail)
Thomas J. Walsh II Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Anna G. Small, Esq. Allen Dell, P.A. 202 South Rome Avenue Tampa, Florida 33606 (U.S. Mail)
Linzie F. Bogan Administrative Law Judge Division of Administrative Hearings (Electronic Mail)	Lynne A. Quimby-Pennock Administrative Law Judge Division of Administrative Hearings (Electronic Mail)

2013005471



Certified Article Number
7196 9008 9111 8922 9925
SENDERS RECORD
ELIZABETH DUDEK
SECRETARY

RICK SCOTT
GOVERNOR

May 22, 2013

ADMINISTRATOR
LAKESHORE VILLAS HEALTH CARE CENTER
16002 LAKESHORE VILLA DR
TAMPA, FL 33613

RECEIVED
FACILITY INTAKE UNIT
MAY 23 2013

LICENSE NUMBER: 1282096
FILE NUMBER: 62921
CASE #: 2013005471

Agency for Health
Care Administration
NOTICE OF INTENT TO DENY

Dear Ms. Johnson:

It is the decision of this Agency that Lakeshore Villas Health Care Center's license renewal application for a nursing home be DENIED.

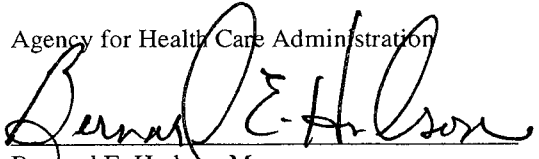
The specific basis for the Agency's decision is based on the following grounds:

- Pursuant to section 400.121(3)(d), F.S., the Agency shall revoke or deny a nursing home license for two class I deficiencies arising from separate surveys within a 30 month period. Lakeshore Villas Health Care Center was cited for Class I deficiencies on October 13, 2011 and November 14, 2012.
- Section 408.815(1), F.S., states that in addition to the grounds provided in authorizing statutes, grounds that may be used by the agency for denying and revoking a license or change of ownership application include any of the following actions by a controlling interest: (a) a violation of this part, authorizing statutes, or applicable rules; and (d) a demonstrated pattern of deficient performance.

EXPLANATION OF RIGHTS

Pursuant to Section 120.569, F.S., you have the right to request an administrative hearing. In order to obtain a formal proceeding before the Division of Administrative Hearings under Section 120.57(1), F.S., your request for an administrative hearing must conform to the requirements in Section 28-106.201, Florida Administrative Code (F.A.C), and must state the material facts you dispute.

SEE ATTACHED ELECTION AND EXPLANATION OF RIGHTS FORMS.

Agency for Health Care Administration

Bernard E. Hudson, Manager
Long Term Care Unit

cc: Agency Clerk, Mail Stop 3

EXHIBIT 1



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

RE: LAKESHORE VILLAS HEALTH CARE CENTER
CASE NUMBER: 2013005471

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed Notice of Intent to Deny of the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Impose a Fine, Administrative Complaint, or some other notice of intended action by AHCA.**

An Election of Rights must be returned by mail or by fax within twenty-one (21) days of the day you receive the attached Notice of Intent to Impose a Fine, Administrative Complaint or any other proposed action by AHCA.

If an **Election of Rights** with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action, you will have given up your right to contest the Agency's proposed action and **a final order will be issued.**

(Please reply using this Election of Rights form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

Please return your ELECTION OF RIGHTS to:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Phone: (850) 412-3630 Fax: (850) 921-0158

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS:

OPTION ONE (1) ____ **I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Fine, Administrative Complaint, or other notice of intended action by AHCA and I waive my right to object and have a hearing.** I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the proposed penalty, fine or action.

OPTION TWO (2) ____ **I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA, but I wish to be heard at an informal proceeding** (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) ____ **I dispute the allegations of facts and law contained in the Notice of Intent to Impose a Fine, Administrative Complaint, or other proposed action by AHCA, and I request a formal hearing** (pursuant to Section 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,
vs.

Case Nos. 2013006534

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH CARE CENTER,

Respondent.
_____ /

ADMINISTRATIVE COMPLAINT

COMES NOW the Agency for Health Care Administration (hereinafter "Agency"), by and through the undersigned counsel, and files this Administrative Complaint against Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center (hereinafter "Respondent"), pursuant to §§120.569 and 120.57 Florida Statutes (2013), and alleges:

NATURE OF THE ACTION

This is an action to change Respondent's licensure status from Standard to Conditional commencing June 4, 2013, and to impose administrative fines in the amount of two thousand five hundred dollars (\$2,500.00), based upon Respondent being cited for one (1) isolated State Class II deficiency.

JURISDICTION AND VENUE

1. The Agency has jurisdiction pursuant to §§ 120.60 and 400.062, Florida Statutes (2012).
2. Venue lies pursuant to Florida Administrative Code R. 28-106.207.

PARTIES

3. The Agency is the regulatory authority responsible for licensure of nursing homes and enforcement of applicable federal regulations, state statutes and rules governing skilled nursing facilities pursuant to the Omnibus Reconciliation Act of 1987, Title IV, Subtitle C (as amended),

Chapters 400, Part II, and 408, Part II, Florida Statutes, and Chapter 59A-4, Florida Administrative Code.

4. Respondent operates a one hundred seventy-nine (179) bed nursing home, located at 16002 Lakeshore Villa Drive, Tampa, Florida 33613, and is licensed as a skilled nursing facility license number 1282096.

5. Respondent was at all times material hereto, a licensed nursing facility under the licensing authority of the Agency, and was required to comply with all applicable rules, and statutes.

COUNT I

6. The Agency re-alleges and incorporates paragraphs one (1) through five (5), as if fully set forth herein.

7. That pursuant to Florida law, all licensees of nursing homes facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. § 400.022(1)(l), Fla. Stat. (2012).

8. That Florida law provides the following: “‘Practice of practical nursing’ means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist. A practical

nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing." § 464.003(19), Fla. Stat. (2012).

9. That Florida law provides the following: "A complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity which is standardized in the facility, and is completed within 14 days of the resident's admission to the facility and every twelve months, thereafter. The assessment shall be: 1. Reviewed no less than once every 3 months, 2. Reviewed promptly after a significant change in the resident's physical or mental condition, 3. Revised as appropriate to assure the continued accuracy of the assessment." Rule 59A-4.109(1)(c), Florida Administrative Code.

10. That Florida law provides "All physician orders shall be followed as prescribed and if not followed, the reason shall be recorded on the resident's medical record during that shift." Rule 59A-4.107(5), Florida Administrative Code.

11. That Florida law provides the following: "Every licensed facility shall comply with all applicable standards and rules of the agency and shall ... Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner." § 400.141(1)(h), Fla. Stat. (2012).

12. That on June 4, 2013, the Agency completed a re-visit to a complaint survey of Respondent's facility.

13. That based upon the review of records and interview, Respondent failed to ensure residents receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency, where, inter alia, Respondent failed to implement nutritional interventions for a resident and

failed to ensure that provided wound care services for the treatment of pressure ulcers for two (2) of seven (7) sampled residents, said failure being contrary to community standards and Respondent's policies and procedures, and the same being contrary to law.

14. That Petitioner's representative observed resident number two hundred twenty-three (223) on May 31, 2013, at approximately 5:30 p.m. and noted a thin gentleman in a private room on a low bed with signs on the door/equipment which indicated the resident was on special infection control precautions.

15. That Petitioner's representative reviewed Respondent's records related to resident number two hundred twenty-three (223) during the survey and noted as follows:

- a. The face sheet identified the resident's original admission date as May 7, 2012, and a most recent admission date as March 4, 2013.
- b. The resident was documented as a male, fifty-nine (59) years of age, suffering from the following diagnosis: pressure ulcer, paralysis agitans, hypertension, diabetes mellitus, anxiety, dementia without behavioral disturbance, chronic kidney disorder, depression, esophageal reflux, and Alzheimer's disease.
- c. A care plan was developed on May 16, 2013 as follows:
 - i. Problem of: Actual skin breakdown related to unstageable to coccyx debrided surgically May 3, 2013; May 3, 2013 Right outer ankle open area Stage II.
 - ii. Relevant care plan approaches were as follows: Treatment to coccyx/wound vac as ordered; Right ankle treatment as ordered; Monitor site for signs and symptoms of infection.
- d. Physician's orders included the following:
 - i. May 17, 2013 Telephone Order: Continue Medihoney to right lateral

ankle, change dressing every other day and as needed soiling/dislodgement.

- ii. May 17, 2013, Telephone Order: Discontinue Santyl to sacral wound, discontinue Acticoat Flex to sacral wound; Apply Silver Foam to sacral wound, for wound vac dressing.
 - iii. May 24, 2013, Telephone Order: Sacral wound: Apply collagen matrix to wound bed; then apply KCI wound vac. ,change dressing every Monday, Wednesday, and Friday and as needed (PRN) soiling/dislodgement.
- e. The resident's May 2013 Treatment Administration Record (TAR) reflected as follows:
- i. The May 17, 2013, treatment to the sacral area was documented to Apply silver foam to sacral wound. Then black foam then wound vac every Monday, Wed, and Friday and PRN. This treatment was not documented as administered on May 22, 2013, Wednesday, as ordered.
 - ii. A new treatment of May 24, 2013, to the sacral wound, was noted to be done on the 7:00 a.m. - 3:00 p.m. shift. On Friday May 31, 2013, at approximately 6:30 p.m., the treatment for that day had not yet been initialed as administered.
- f. Respondent's unit manager for the resident on May 31, 2013, at 6:40 p.m., confirmed to Petitioner's representative that this treatment should have been done by the day shift nurse.
- g. Weekly wound documentation signed by the resident's unit manager and dated May 30, 2013, documented the following wound measurements for May 30, 2013: Sacrum - 8.3 cm x 8.0 cm x 1.6 cm with undermining at 12:00 and 4.5

cm deep; Ankle - 0.5 cm x 0.4 cm x 0.2 cm.

- h. A progress note by the Wound Care Advanced Registered Nurse Practitioner dated May 24, 2013, documented the exact same measurements as the May 30, 2013 unit manager's weekly wound documentation.

16. That as a result of documentation in the record of resident number two hundred twenty-three (223), which was lacking documented care to the sacral wound on May 22 and 23, 2013, and the documented unchanged appearance of the wound for six (6) days, Petitioner's representative requested the opportunity to observe wound care of the resident on May 31, 2013 commencing at approximately 6:45 p.m. and noted as follows:

- a. An isolation sign was on the door with Personal Protection Equipment (PPE) hanging from a yellow door container.
- b. Prior review of the infection control log revealed that the resident was receiving contact isolation precautions for C. Diff (Clostridium Difficile).
- c. Respondent's staff nurse "A" was at the bedside and did not have an isolation gown covering his uniform.
- d. A wound vacuum machine was on the floor, resting on a floor mat on the right side near the head of the bed. The machine tubing was attached. It was not connected to the secondary tubing that attaches to the resident.
- e. An over bed table against the wall contained new wound care supplies including foam and 4x4s needed for wound care.
- f. The supplies were open and appeared ready to use.
- g. The over bed table had no clean barrier and also resting on the table were the following: a partial glass of cranberry juice with some partially dried areas of juice noted under the wound vacuum packaging, a covered Styrofoam cup of

water, eye glasses, newspaper, and a crossword puzzle book.

- h. Against the right wall were two large isolation waste bins; a red and a yellow one, with a partially consumed dinner tray on top of the red bin.
- i. Nurse "A" stated he had not completed the wound care today, and that the wound vacuum came off the sacral wound "by itself" earlier today and he had covered the wound with a temporary covering.
- j. There was a clear dressing over the sacral wound. It was not dated.
- k. Respondent's unit manager of the 200 hall came into the room to assist with positioning the resident.
- l. Nurse "A" washed his hands, gloved, and removed a small adhesive dressing covering the right lateral ankle.
- m. The unit manager began to measure the ankle wound using a stick end of a Q tip and comparing it to a paper ruler.
- n. She referred to the ankle wound as a Deep Tissue Injury (DTI).
- o. It is listed as a pressure ulcer on the wound care consult's document dated May 23, 2013.
- p. The ankle wound was an indented, round area in the middle of the wound with a yellow/pink base. The periwound area was red/pink and appeared inflamed and slightly edematous, extending about one inch past the open area boarder.
- q. The unit manager stated that the periwound discoloration was "not there before" and she would call the doctor.
- r. Staff nurse "A" stated he disagreed with the periwound being inflamed and stated when using the medication "Medihoney" the wound might look "a little irritated."

- s. The unit manager stated this was a change from the observation of a couple of days ago and stated the treatment with Medihoney had been ongoing for "about one month."
- t. The right ankle wound remained uncovered for the duration of the wound care, lasting over one and one half hours, including incontinence care provided by two aides, that required the turning and positioning of the resident.
- u. Staff nurse "A" changed his gloves, used hand gel, and moved to the right side of the bed to care for the sacral wound. The nurse stated he "measured him on Wednesday and the wound was around 9 x 9 centimeters (cm.) with undermining."
- v. He stated he was recently rehired by the facility and had returned several days ago. He was a Registered Nurse, listed on the employee list as the Wound Nurse.
- w. He removed the old undated dressing which contained a 4 x 4 gauze saturated with pink serous drainage.
- x. Continuing with the same gloves he measured the wound with a paper tape and found the following: length= 9.0 cm; width, 6.5 cm; depth 3.5 cm.
- y. The base of the wound was visible with about 20% yellow slough and 80 % granulation tissue.
- z. Using the same gloves, the nurse picked up a small flashlight and visualized the wound, set the flashlight down, picked up a Q tip and used the cotton end to evaluate the inside of the wound.
- aa. He stated there was tunneling in two areas; one area of 1.7-2.0 cm and a

second "around 4 o'clock" measuring 3.5 cm.

- bb. The nurse measured the wound on his knees, with his uniform against the bed at times.
- cc. Per a facility lab report, dated April 20, 2013, a wound culture revealed heavy growth of two bacteria, Escheriachia Coli and Proteus Mirabilis.
- dd. The resident was treated with a course of the antibiotic Cipro.
- ee. The resident was shaking with a Parkinsonian type tremor of the upper extremities. He was on his left side. He was alert and oriented. He denied pain at about 7:10 p.m.
- ff. At about 7:10 p.m., the unit manager observed the wound vacuum on the floor. She picked it up, removed the tubing and discarded it.
- gg. She initially placed it back on the floor mat, picked it up again and hung it from the bed rail.
- hh. Staff nurse "A" then was observed to re-glove without sanitizing his hands, touched a red garbage bag on the bed with the clean gloves, and turned to the over bed table and began assembling his supplies, including clean 4x4s, with the same gloves.
- ii. He removed his gloves, did not sanitize his hands, re-gloved, sprayed a 4 x 4 gauze with wound cleanser, and placed the 4x4 into the base of the wound.
- jj. The periwound skin was red and blotchy with the perimeter extending over one inch past the open wound. There was no odor present.
- kk. He again removed his gloves, did not sanitize, and re-gloved.
- ll. He then moved the juice and personal items off the table, and moved some wound care supplies from the bed to the table.

- mm. He did not clean up the spilled/dried juice on the table.
- nn. The nurse noted that the resident was incontinent of a small amount of soft bowel movement. He stopped the wound care and asked for the assistance of nurse aides to help with the incontinence care.
- oo. Around 7:25 p.m., two aides came into the room wearing isolation apparel including gowns, gloves and masks.
- pp. Staff nurse "A" stepped away from the bed, removed his gloves, washed his hands and left the room, stating he was going to "get wipes to wipe down the pump."
- qq. The sacral wound remained covered with a 4x4 saturated in wound cleanser. The ankle wound remained uncovered.
- rr. One of the aides stated they needed to remove the two rubber backed incontinence pads under the resident as they were not to be used with the special mattress under the resident.
- ss. They rolled the resident side to side to remove the pads and again to provide incontinence care.
- tt. The sacral wound remained covered with the unsecured 4x4 and the ankle wound remained uncovered during the incontinence care.
- uu. At 7:35 p.m., staff nurse "A" returned wearing an isolation gown over his uniform.
- vv. He began to clean the wound vacuum machine with a solution marked "Virasept."
- ww. A hand written note on the pump spray stated "C. Diff." and large black labeling down the side stated "EXP: November 2011."

- xx. After he cleaned the machine this surveyor asked about the expiration date.
- yy. The unit manager from another unit appeared at the door and initially stated that was the manufacturing date, but then agreed EXP was the universal label for expiration and left to obtain another bottle of cleanser.
- zz. Staff nurse "A" resumed wound care after he re-gloved and moved to the window side of the bed, attempted to reposition the resident alone, stated it was "better from the other side," and moved the over bed table again to the door side of the bed.
- aaa. He handled the spray bottle, the resident, the plugs to an outlet, and the air mattress controls at the bottom of the bed with the same gloves.
- bbb. At 7:50 p.m., nurse "A" disposed of his gloves, used hand gel, re-gloved and repositioned the resident on his left side, toward the window.
- ccc. At this time, the unit manager from another unit was assisting with positioning the resident, asked the resident if he was okay, and the resident stated he needed a pain pill. The resident stated his pain was nine (9) of ten (10).
- ddd. The unit manager of the 200 hall was informed of the need for a pain pill.
- eee. At 7:57 p.m., staff nurse "A" removed the 4x4 gauze from the sacral wound, removed the right glove, did not use hand sanitizer, re-gloved the right hand, and sprayed wound cleanser on a clean 4x4.
- fff. He removed both gloves and re-gloved without using hand sanitizer.
- ggg. He cleaned the periwound area with the wound cleanser gauze, removed his gloves, did not sanitize his hands, and continued.
- hhh. No bone was visible, but the wound base showed outlines of boney prominences. (An X-ray of the sacrum and coccyx were done on April 26,

2013, to rule out osteomyelitis. There was none detected at that time.)

- iii. Nurse "A" removed his gloves, used hand sanitizer, re-gloved and used several packages of skin prep to the area surrounding the wound.
- jjj. He removed his gloves, did not sanitize his hands, and re-gloved.
- kkk. He used a two inch clear tape to, as he said, "picture frame" the wound in the periwound area.
- lll. At 8:07 p.m. the unit manager returned with the pain pill.
- mmm. The resident, alert and oriented, stated again that the pain was nine (9) of ten (10).
- nnn. The unit manager gave him the pill, crushed in applesauce, and left the room without washing her hands.
- ooo. At 8:10 p.m., nurse "A" prepared the wound supplies by cutting the black foam piece used with the wound vacuum.
- ppp. He removed the gauze in the sacral wound base and, using his right index finger, covered with a clean gloved finger, he probed the sacral wound areas of tunneling near the proximal edge of the wound, toward the spine.
- qqq. He removed his gloves, used hand gel, re-gloved, and placed small pieces of white foam wedges along the areas of wound tunneling.
- rrr. He then placed the large piece of black foam into the wound, covering the wound bed.
- sss. He covered the entire wound with clear plastic wound covering.
- ttt. He then removed his gloves, did not sanitize his hands, re-gloved and cut a hole in the center of the clear plastic wound cover for the wound vacuum site.
- uuu. He created a "foam bridge" across the right buttocks for the tubing for the

wound vacuum, again removed his gloves, did not sanitize, and re-gloved to complete the wound care.

vvv. The surveyor left the resident bedside at 8:25 p.m., one hour and forty minutes after the beginning of wound care.

17. That Petitioner's representative further reviewed Respondent's records related to resident number two hundred twenty-three (223) during the survey and noted as follows:

- a. The resident had a history of Depressive Disorder and Parkinson's Disease (Paralysis Agitans), both of which could have contributed to his inability to express his anguish during this extended wound care experience.
- b. He was observed to be passive when asked if he was doing alright, until the time when he requested pain medication.
- c. The psychological overlay from this experience, outside the expectations for wound care of this type, are yet to be determined. The dependent state of this resident was clearly documented throughout the medical record.
- d. On May 14, 2013, the nurse practitioner wrote that the resident was "eating with staff assisting" and he "wants to go home." The nurse practitioner added that the resident was "more alert" but "slow to answer."
- e. It is unknown whether the resident felt the degree of anguish or degradation others would feel in this situation. He seemed unable to express his feelings during this observation.
- f. The resident was fifty-four (54) years of age, seventy-two (72) inches tall, and had an admission weight of one hundred fifty-four (154) pounds.
- g. Weight change history for April to May 2013 reflected as follows:
 - i. April 16, 2013 – one hundred forty-nine (149) pounds.

- ii. April 22, 2013 – one hundred forty-eight (148) pounds.
 - iii. April 29, 2013 – one hundred forty-eight (148) pounds.
 - iv. May 13, 2013 – one hundred thirty-eight (138) pounds.
 - v. May 27, 2013 – one hundred thirty-nine (139) pounds.
 - vi. May 30, 2013 – one hundred thirty-nine (139) pounds.
- h. Care plan dated May 17, 2013, provides as follows:
- i. Problem: ...risk for alteration in nutrition/hydration related to texture modified diet. Cognitive impairment.
 - ii. Relevant goal related to this nutrition concern: ...will not experience significant weight changes thru next review date of 8/13/13.
 - iii. Relevant approach was in place to assist with achieving this goal:
Supplements as ordered.
- i. The registered dietitian's notes since development of this care plan revealed the following entries:
- i. May 17, 2013, 10:23 p.m. - Weight and Wound review: Weight down in past month, after having been stable for over a month -- now at 138 lbs, 78% of ideal body weight (IBW). This represents a significant weight loss of 7.5% in 30 days, likely r/t C-Diff. Skin: Stage II sacrum (This wound is actually a large stage 4 pressure ulcer). Labs: most recent from 5-11 indicate moderately depleted hemoglobin and hematocrit at 10.3/30/4; albumin from 5-2 significantly depleted at 2.48. Diet: LCS Puree with nectar thick liquid--resident averages 50% - 100% at most meals. Also receives Med Pass 90 ml four times a day, Prostat 30 ml twice a day, and multi-vitamin (MVI) with minerals for extra nutrition support.

Recommend: (1) change Med Pass to 120 ml four times a day secondary to wound (2) change Prostat to 30 ml three times a day secondary to wound/C-Diff (3) clarification: MVI with minerals one daily by mouth secondary to wound (3) fortified foods three times a day with meals.

ii. May 30, 2013, 7:29 p.m. - Weight/Wound review: Weight has stabilized in past 2 weeks--now at 139 lbs, 81% of ideal body weight (IBW). This represents a significant weight loss of 6.1% in 30 days and 9.7% in 90 days--most recent loss likely related to C-Diff. Skin: Stage IV sacrum and open area right ankle. Labs: most recent from 5-11 indicate moderately depleted hemoglobin and hematocrit at 10.3/30.4; albumin from 5-2 significantly depleted at 2.48. Diet: LCS Puree with nectar thick liquids--resident eats well at meals (50-100%). Also receives Med Pass 120 ml four times a day, Prostat 30 ml three times a day, MVI with minerals, and fortified foods for extra nutrition support. Recommend: (1) magic cup each day at lunch secondary to weight loss.

j. A telephone physician order written on May 17, 2013 provided: 1. Change Med Pass to 120 ml four times a day; 2. Change Prostat to 30 ml three times a day.

k. The resident's May 2013 medication administration record (MAR) and treatment administration record (TAR) did not reflect the orders to increase the supplement of Med Pass and Prostat written on May 1, 2013, and therefore the supplements were not administered in accordance with the dietitian's recommendations or physician's orders.

18. That Petitioner's representative interviewed Respondent's registered dietitian on May 31,

2013 at 7:09 p.m. regarding resident number two hundred thirty-three (233) who indicated as follows when shown that the supplement orders from May 17, 2013, had not been implemented: "He needs everything we can give him and then some. I know the order was written to increase Med Pass and Prostat. I wrote it myself."

19. That Petitioner's representative interviewed Respondent's director of nursing on June 1, 2013 at 10:30 a.m. advising of the infection control concerns noted during the observation the night before with staff nurse "A" and resident number two hundred thirty-three (233) to which the director responded that the nurse was recently rehired and was not, in fact, the wound nurse, and that nurse A, who was not in the building on this day, was to be monitoring wound healing and a desk nurse on the north wing.

20. That Petitioner's representative requested an updated employee list as nurse "A" was listed as "wound nurse," and the second list recorded nurse "A" as a staff nurse.

21. That Petitioner's representative reviewed Respondent's records related to resident number seventy-three (73) during the survey and noted as follows

- a. The resident was readmitted on November 28, 2012, per the facility face sheet.
- b. Diagnoses listed on the Physician Order Sheet (POS) for June 2013 included dementia, cardiovascular accident (CVA), osteomyelitis and sacral decubitus.
- c. Weekly Wound Documentation forms dated January 4, through May 29, 2013, documented that the resident was receiving ongoing treatment for a Stage IV sacral pressure ulcer.
- d. Weekly Wound Documentation forms dated April 6 through May 30, 2013, showed additional treatment for an unstageable wound on the right ischium.
- e. Current wound orders per the June 2013 physician order sheet were as

follows:

- i. Sacrum - apply Medihoney, fill with Ca (calcium) alginate, cover with clear occlusive dressing. Change every Monday, Wednesday and Friday and PRN (as needed).
- ii. Right hip - apply silver hydrogel with collagen (wound size). Cover with dcd (dry clean dressing). Change Monday, Wednesday and Friday and PRN.

22. That Petitioner's representative requested the opportunity to observe wound care of resident number seventy-three (73) on June 3, 2013 commencing at approximately 11:35 a.m. with Respondent's employee "B," the resident's assigned nurse, and noted as follows:

- a. The resident was positioned on the left side.
- b. The nurse washed her hands, put on gloves and removed the existing dressing from the resident's right hip wound.
- c. A moderate amount of serous drainage was noted on the discarded dressing.
- d. Without washing hands or changing gloves, she removed and discarded the dressing from the sacral wound. No drainage was noted on the sacral dressing.
- e. The nurse then removed her gloves, washed her hands and put on clean gloves.
- f. She proceeded to clean the sacral wound with wound cleanser and discarded the soiled gauze.
- g. She then cleaned the right hip wound and discarded the soiled gauze.
- h. The nurse did not wash her hands and/or change gloves between cleaning the two separate wounds.

- i. The nurse continued the wound care as ordered by applying Medihoney and calcium alginate to the sacral wound which was then covered with a clear occlusive dressing.
- j. Without washing hands and/or changing gloves, the nurse completed the wound care for the right hip wound with silver hydrogel ointment and collagen.
- k. She covered the wound with a clean adhesive dressing.
- l. She discarded the used supplies, removed her gloves and washed her hands.

23. That Petitioner's representative interviewed Respondent's employee "B" directly after the above described observation and the employee indicated as follows:

- a. When asked about facility policy and/or procedure regarding wound care for residents with multiple wounds, the nurse stated that it was "usually" the procedure to provide treatment to each wound area separately.
- b. She stated that, due to the resident's advanced age, she chose to dress the clean, dry sacral wound and proceed directly to the hip wound dressing.
- c. When asked about the possibility of cross contamination, she agreed that there was a potential for cross-contamination by not washing her hands and changing gloves between the two separate wound care treatments.

24. That Petitioner's representative reviewed Respondent's policy and procedure on wound care for dressing applications entitled "Skin and Wound Management, Dressings, Dry/Clean, Level III from the Nursing Services Policy and Procedure Manual, copyright 2001 MED-PASS, Inc. (Revised October 2010), and noted under a subheading titled "Steps in the Procedure" the following twenty-five (25) numbered items:

- a. Step one (1) - Clean a bedside stand and establish a clean field.

- b. Steps two (2) through six (6) - Provided additional instructions for assembling supplies and preparing the resident for the procedure.
- c. Step seven (7) - Wash and dry your hands thoroughly.
- d. Step eight (8) - Put on clean gloves. Loosen tape and remove soiled dressing.
- e. Step nine (9) - Pull glove over dressing and discard into plastic or biohazard bag.
- f. Step ten (10) - Wash and dry your hands thoroughly.
- g. Steps eleven (11) through thirteen (13) - Provided instructions for opening and arranging dressing supplies using clean technique.
- h. Step fourteen (14) - Put on clean gloves.
- i. Step fifteen (15) - Contained instructions for wound assessment.
- j. Step sixteen (16) - Cleanse the wound. Use a syringe for irrigation if ordered. If using gauze, use a clean gauze for each cleansing stroke. Clean from the least contaminated area to the most contaminated area (usually, from the center outward).
- k. Steps seventeen (17) through nineteen (19) - Provided instructions to complete the dressing application.
- l. Step twenty (20) - Remove disposable gloves and discard into designated container. Wash and dry your hands thoroughly.
- m. Steps twenty-one (21) through twenty-five (25) - Instructions to make the resident comfortable following completion of the procedure.

25. That Respondent's employee "B" did not follow Respondent's policy and procedure steps seven (7), eight (8), ten (10), and fourteen (14), where the employee failed to remove gloves, wash hands, and put on clean gloves between treating two separate wounds for resident

number seventy-three (73).

26. That on June 24, 2013 at 12:00 noon, Respondent's nursing home administrator and director of nursing were again informed of the concerns with wound care for residents numbered two hundred twenty-three (223) and seventy-three (73).

27. That the above reflects Respondent's failure to ensure residents receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency, failed to follow physician orders, and failed to ensure that it maintained the facility premises and equipment and conduct its operations in a safe and sanitary manner including, but not limited to, the failure to follow Facility policy and procedure and community standards related to hand sanitation and glove use during wound care, the failure to implement contact procedures related to infection control, the failure to implement care planned interventions, and the failure to follow physician orders.

28. That the Agency determined that this deficient practice has compromised the resident's ability to maintain or reach his or her highest practicable physical, mental, and psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services. A class II deficiency is subject to a civil penalty of \$2,500 for an isolated deficiency, \$5,000 for a patterned deficiency, and \$7,500 for a widespread deficiency,

29. That Respondent was cited for an isolated Class II deficient practice.

WHEREFORE, the Agency seeks to impose an administrative fine in the amount of two thousand five hundred dollars (\$2,500.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(8)(b), Florida Statutes (2012).

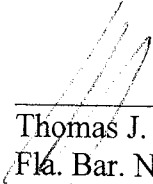
COUNT II

30. The Agency re-alleges and incorporates paragraphs one (1) through five (5), and Count I as if fully set forth herein.

31. Based upon Respondent's one (1) cited State Class I deficiency, it was not in substantial compliance at the time of the survey with criteria established under Part II of Florida Statute 400, or the rules adopted by the Agency, a violation subjecting it to assignment of a conditional licensure status under § 400.23(7)(a), Florida Statutes (2012).

WHEREFORE, the Agency intends to assign a conditional licensure status to Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(7), Florida Statutes (2012) commencing June 4, 2013.

Respectfully submitted this 24 day of July, 2013.



Thomas J. Walsh II, Esquire
Fla. Bar. No. 566365
Agency for Health Care Admin.
525 Mirror Lake Drive, 330G
St. Petersburg, FL 33701
727.552.1947 (office)

DISPLAY OF LICENSE

Pursuant to § 400.23(7)(e), Fla. Stat. (2012), Respondent shall post the most current license in a prominent place that is in clear and unobstructed public view, at or near, the place where residents are being admitted to the facility.

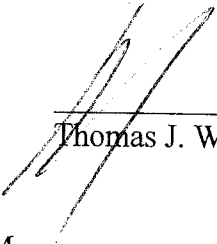
Respondent is notified that it has a right to request an administrative hearing pursuant to Section 120.569, Florida Statutes. Respondent has the right to retain, and be represented by an attorney in this matter. Specific options for administrative action are set out in the attached Election of Rights.

All requests for hearing shall be made to the attention of: ***The Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Bldg #3, MS #3, Tallahassee, Florida, 32308, (850) 412-3630.***

RESPONDENT IS FURTHER NOTIFIED THAT A REQUEST FOR HEARING MUST BE RECEIVED WITHIN 21 DAYS OF RECEIPT OF THIS COMPLAINT OR WILL RESULT IN AN ADMISSION OF THE FACTS ALLEGED IN THE COMPLAINT AND THE ENTRY OF A FINAL ORDER BY THE AGENCY.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served by U.S. Certified Mail, Return Receipt No: 7013 0600 0001 6664 8952 on July 24, 2013 to Jacqueline F. Hurt, Administrator, Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center, 16002 Lakeshore Villa Drive, Tampa, Florida 33613, and by Regular U.S. Mail to David R. Vaughan, Registered Agent for Senior Care Group, Inc., 1240 Marbella Plaza Drive, Tampa, Florida 33619.



Thomas J. Walsh, II, Esquire

Copies furnished to: Patricia R. Caufman, FOM

Jonathon S. Grout, Esq.
Counsel for Petitioner
P.O. Box 875
Cape Canaveral, Florida 32931

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

**RE: Senior Care Group, Inc.
d/b/a Lakeshore Villas Health Care Center**

CASE NO. 2013006534

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed action by the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint**.

Your Election of Rights must be returned by mail or by fax within 21 days of the day you receive the attached Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint.

If your Election of Rights with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action by AHCA, you will have given up your right to contest the Agency's proposed action and a final order will be issued.

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

PLEASE RETURN YOUR ELECTION OF RIGHTS TO THIS ADDRESS:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308.
Phone: 850-412-3630 Fax: 850-921-0158.

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) _____ I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Late Fine or Fee, or Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the penalty, fine or action.

OPTION TWO (2) _____ I admit to the allegations of facts contained in the Notice of Intent to Impose a Late Fee, the Notice of Intent to Impose a Late Fine, or Administrative Complaint, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact contained in the Notice of Intent to Impose a Late Fee, the Notice of Intent to Impose a Late Fine, or Administrative Complaint, and I request a formal hearing (pursuant to Subsection 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

PLEASE NOTE: Choosing **OPTION THREE (3), by itself, is **NOT** sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes.**

It must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

1. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.

License type: _____ (ALF? nursing home? medical equipment? Other type?)

Licensee Name: _____ License number: _____

Contact person: _____

Name		Title
Address: _____		_____
Street and number	City	Zip Code

Telephone No. _____ Fax No. _____ Email(optional) _____

I hereby certify that I am duly authorized to submit this Notice of Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ Date: _____

Print Name: _____ Title: _____



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 8, 2013

RECEIVED
GENERAL COUNSEL

JUL 12 2013

Agency for Health
Care Administration

LAKESHORE VILLAS HEALTH CARE CENTER
16002 LAKESHORE VILLA DR
TAMPA, FL 33613

Dear Administrator:

The attached license with Certificate #18248 is being issued for the operation of your facility. Please review it thoroughly to ensure that all information is correct and consistent with your records. If errors or omissions are noted, please make corrections on a copy and mail to:

Agency for Health Care Administration
Long Term Care Section, Mail Stop #33
2727 Mahan Drive, Building 3
Tallahassee, Florida 32308

Issued for status change to Conditional.

Sincerely,

Tracey Weatherspoon for

Kathy Munn
Agency for Health Care Administration
Division of Health Quality Assurance

Enclosure

cc: Medicaid Contract Management



CERTIFICATE #: 18248

LICENSE #: SNF1282096

State of Florida
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

NURSING HOME
CONDITIONAL

This is to confirm that SENIOR CARE GROUP, INC. has complied with the rules and regulations adopted by the State of Florida, Agency For Health Care Administration, authorized in Chapter 400, Part II, Florida Statutes, and as the licensee is authorized to operate the following:

LAKESHORE VILLAS HEALTH CARE CENTER
16002 LAKESHORE VILLA DR
TAMPA, FL 33613

TOTAL: 179 BEDS

STATUS CHANGE

EFFECTIVE DATE: 06/04/2013

EXPIRATION DATE: 06/29/2013

Molly J. Keady
Deputy Secretary, Division of Health Quality Assurance

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

Case Nos. 2013007612

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH CARE CENTER,

Respondent.

ADMINISTRATIVE COMPLAINT

COMES NOW the Agency for Health Care Administration (hereinafter "Agency"), by and through the undersigned counsel, and files this Administrative Complaint against Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center (hereinafter "Respondent"), pursuant to §§120.569 and 120.57 Florida Statutes (2013), and alleges:

NATURE OF THE ACTION

This is an action to change Respondent's licensure status from Standard to Conditional commencing July 11, 2013, and to impose administrative fines in the amount of five thousand dollars (\$5,000.00), based upon Respondent being cited for one (1) isolated State Class II deficiency.

JURISDICTION AND VENUE

1. The Agency has jurisdiction pursuant to §§ 120.60 and 400.062, Florida Statutes (2013).
2. Venue lies pursuant to Florida Administrative Code R. 28-106.207.

PARTIES

3. The Agency is the regulatory authority responsible for licensure of nursing homes and enforcement of applicable federal regulations, state statutes and rules governing skilled nursing facilities pursuant to the Omnibus Reconciliation Act of 1987, Title IV, Subtitle C (as amended),

Chapters 400, Part II, and 408, Part II, Florida Statutes, and Chapter 59A-4, Florida Administrative Code.

4. Respondent operates a one hundred seventy-nine (179) bed nursing home, located at 16002 Lakeshore Villa Drive, Tampa, Florida 33613, and is licensed as a skilled nursing facility license number 1282096.

5. Respondent was at all times material hereto, a licensed nursing facility under the licensing authority of the Agency, and was required to comply with all applicable rules, and statutes.

COUNT I

6. The Agency re-alleges and incorporates paragraphs one (1) through five (5), as if fully set forth herein.

7. That pursuant to Florida law, all licensees of nursing homes facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. § 400.022(1)(l), Fla. Stat. (2013).

8. That Florida law provides the following: “‘Practice of practical nursing’ means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm and the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist. A practical

nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing." § 464.003(19), Fla. Stat. (2013).

9. That Florida law provides the following: "A complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity which is standardized in the facility, and is completed within 14 days of the resident's admission to the facility and every twelve months, thereafter. The assessment shall be: 1. Reviewed no less than once every 3 months, 2. Reviewed promptly after a significant change in the resident's physical or mental condition, 3. Revised as appropriate to assure the continued accuracy of the assessment." Rule 59A-4.109(1)(c), Florida Administrative Code.

10. That Florida law provides "All physician orders shall be followed as prescribed and if not followed, the reason shall be recorded on the resident's medical record during that shift." Rule 59A-4.107(5), Florida Administrative Code.

11. That Florida law provides the following: "Every licensed facility shall comply with all applicable standards and rules of the agency and shall ... Maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner." § 400.141(1)(h), Fla. Stat. (2013).

12. That on July 11, 2013, the Agency completed a complaint survey of Respondent's facility.

13. That based upon the review of records and interview, Respondent failed to ensure residents receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency, where Respondent failed to, inter alia, ensure and provide appropriate interventions for bowel

incontinence and a dislodged dressing to prevent fecal contamination of an open wound on a resident's coccyx whose wound was then identified to be a stage II pressure ulcer that had tripled in size within one week from July 2 through 9, 2013, said failure being contrary to community standards and Respondent's policies and procedures, and the same being contrary to law.

14. That Petitioner's representative reviewed Respondent's records related to resident number one (1) during the survey and noted as follows:

- a. The resident was originally admitted to the facility on April 7, 2005.
- b. Medical diagnoses included osteoarthritis, depression, Alzheimer's disease, general muscle weakness, and dysphagia.
- c. The most recent minimum data set, dated June 10, 2013, included the following:
 - i. Section G documented the resident was total dependent upon one person physical assistance for toileting and personal hygiene and bed mobility.
 - ii. Section M documented the resident had two stage II pressure ulcers.
- d. A care plan, last updated June 12, 2013, documented under "Problem" that the resident had a stage II pressure ulcer to the resident's left buttock.
- e. A "Weekly Wound Documentation" sheet documented on June 11, 2013, that the coccyx wound was measured to be 1.7cmx1.7cmx0.1cm, and documented the wound as being a stage II pressure ulcer.
- f. A weekly wound measurement of July 2, 2013 documented the wound measured to be 1.2cmx0.7cmx0.3cm.
- g. A weekly wound measurement of July 9, 2013 documented the wound measured to be 4.0cmx4.1cmx with "unstageable tissue damage."

15. That on July 11, 2013 commencing at approximately 10:20 a.m., Petitioner's representative observed resident number one (1) and interacted with Respondent's caregivers, and noted as follows:

- a. The resident was observed lying in bed.
- b. There was a strong odor of feces that was noted at first in the hall and persisted outside of the resident's room.
- c. Petitioner's representative knocked on the door, and Respondent's employee "A" opened the door and stated that she was the certified nurse assistant (CNA) that was assigned to the resident and was going to render incontinence care to the resident.
- d. The resident made no attempt to verbalize, with eyes were closed and both arms appearing contracted.
- e. The resident was lying on the left side to reveal a moderate amount of stool.
- f. Approximately one inch up from the stool, a soiled gauze dressing that was not attached to the resident's skin on the bottom was dangling, and had another piece of gauze protruding from underneath that appeared heavily soiled with drainage and brown discoloration on the edges.
- g. Employee "A" was observed to cleanse the stool using upward strokes, repeatedly using the same soiled cloth and cleansing upward from the resident's anal area toward the wound that was not protected by the dressing.
- h. After removing the stool, using the one soiled wash cloth, she then dried the area with a towel.

16. That Petitioner's representative interviewed at approximately 10:45 a.m. on July 11, 2013, Respondent's employee "B" regarding resident number one (1) and the employee indicated as follows:

- a. The certified nursing assistant did not tell her anything about the resident or any concerns that should have been reported to the nurse after she rendered incontinence care.
- b. Certified nursing assistants are expected to notify the nurse to "Check their skin" during incontinence care.

17. That on July 11, 2013 commencing at approximately 12:00 p.m., Petitioner's representative observed resident number one (1) and interacted with Respondent's caregivers, and noted as follows:

- a. Respondent's Unit Manager assisted with re-positioning the resident onto the right side so that the surveyor could observe the resident's coccyx area.
- b. The unit manager stated that the nurse had gone on break, and that no one had told her about any problem with the resident's dressing.
- c. She washed her hands and gloved.
- d. The soiled, partially attached dressing remained in place, now one hour and forty minutes after Employee "A" was observed to give the resident incontinence care and had observed that the dressing to the pressure ulcer was no longer intact.
- e. The bottom half of the outer dressing remained unsecured to the skin, and a gauze dressing protruding underneath was saturated with yellow drainage, and dots of darker brown substance on the edges.
- f. The unit manager was asked to remove the dressing so the surveyor could

view the wound.

- g. The top adhesive part of the dressing was attempted to be removed by the unit manager, but only came loose with difficulty, and then the skin underneath was noted to be bright red and very fragile.
- h. The unit manager stated that she would make the wound care nurse aware and the dressing would be changed.

18. That Petitioner's representative interviewed at approximately 1:15 p.m. on July 11, 2013, Respondent's wound care nurse regarding resident number one (1) and the employee indicated as follows:

- a. The unit manager had informed her of the problem with the resident's dressing.
- b. She confirmed that the dressing should be maintained to be intact at all times, and if it becomes dislodged, then the nurse, or the treatment/wound care nurse should be notified immediately.
- c. She confirmed that exposing the wound to fecal contamination can cause delayed healing or worsening of the wound.
- d. She stated that she had created a larger dressing so that the adhesive would not be in contact to the fragile skin.
- e. She confirmed that she had re-measured the wound on July 9, 2013, and notified the physician and the family that the wound had tripled in size within one week's time.

19. That Petitioner's representative interviewed at approximately 2:40 p.m. on July 11, 2013, Respondent's employee "D" regarding resident number one (1) and the employee indicated as follows:

- a. He is employed by the facility as a nurse, and most recently he has been a treatment and wound care nurse, although he has taken resident assignments as well.
- b. When asked what his expectations would be if a certified nursing assistant performed bowel incontinence care and observed that a dressing had become open or dislodged within the area of the bowel incontinence, he replied "I would expect them to clean the resident and then come to me immediately and let me know. If the dressing is open then that makes the wound susceptible to cross contamination, and maybe infection, and worsening of the wound. If it is coming off, then it is not going to be an effective dressing. The dressing should be secured on all sides of the wound to protect it and allow healing."
- c. He also stated that the certified nursing assistant should not be wiping the feces toward the open wound to avoid bacterial contamination that could cause infection, impair healing, and worsen the pressure ulcer.

20. That Petitioner's representative reviewed during the survey Respondent's policy and procedure entitled "Diarrhea and Fecal Incontinence," last revised 8/11, and noted the following provisions:

- a. Step 6: "Wipe feces from the resident's skin."
- b. Step 11. "When evaluating the condition of the resident's skin, note the following ... c. Pressure ulcers."

21. That the above reflects Respondent's failure to ensure residents receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative

services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency, failed to follow ensure that incontinent care was provided to assure that no contamination of wounds occurs, to ensure incontinent care includes checks for skin condition and prompt attention given to presented issues, such as loose and soiled bandages, and to ensure effective bandaging of wounds to minimize risk of infection or contamination.

22. That the Agency determined that this deficient practice has compromised the resident's ability to maintain or reach his or her highest practicable physical, mental, and psychosocial well-being, as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services. A class II deficiency is subject to a civil penalty of \$2,500 for an isolated deficiency, \$5,000 for a patterned deficiency, and \$7,500 for a widespread deficiency,

23. That Respondent was cited for an isolated Class II deficient practice.

24. That the fine amount shall be doubled for each deficiency if the facility was previously cited for one or more class I or class II deficiencies during the last licensure inspection or any inspection or complaint investigation since the last licensure inspection. Section 400.23(8)*b), Florida Statutes (2013).

25. That Respondent was cited for a Class II deficient practice during a survey of June 4, 2013. See Attachment "A," attached hereto and incorporated herein by reference.

WHEREFORE, the Agency seeks to impose an administrative fine in the amount of five thousand dollars (\$5,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(8)(b), Florida Statutes (2013).

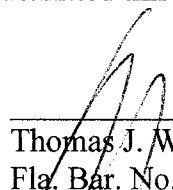
COUNT II

26. The Agency re-alleges and incorporates paragraphs one (1) through five (5), and Count I as if fully set forth herein.

27. Based upon Respondent's one (1) cited State Class I deficiency, it was not in substantial compliance at the time of the survey with criteria established under Part II of Florida Statute 400, or the rules adopted by the Agency, a violation subjecting it to assignment of a conditional licensure status under § 400.23(7)(a), Florida Statutes (2013).

WHEREFORE, the Agency intends to assign a conditional licensure status to Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(7), Florida Statutes (2012) commencing July 11, 2013.

Respectfully submitted this 7 day of August, 2013.



Thomas J. Walsh II, Esquire
Fla. Bar. No. 566365
Agency for Health Care Admin.
525 Mirror Lake Drive, 330G
St. Petersburg, FL 33701
727.552.1947 (office)

DISPLAY OF LICENSE

Pursuant to § 400.23(7)(e), Fla. Stat. (2012), Respondent shall post the most current license in a prominent place that is in clear and unobstructed public view, at or near, the place where residents are being admitted to the facility.

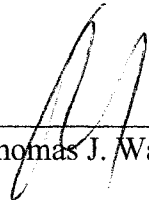
Respondent is notified that it has a right to request an administrative hearing pursuant to Section 120.569, Florida Statutes. Respondent has the right to retain, and be represented by an attorney in this matter. Specific options for administrative action are set out in the attached Election of Rights.

All requests for hearing shall be made to the attention of: ***The Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Bldg #3, MS #3, Tallahassee, Florida, 32308, (850) 412-3630.***

RESPONDENT IS FURTHER NOTIFIED THAT A REQUEST FOR HEARING MUST BE RECEIVED WITHIN 21 DAYS OF RECEIPT OF THIS COMPLAINT OR WILL RESULT IN AN ADMISSION OF THE FACTS ALLEGED IN THE COMPLAINT AND THE ENTRY OF A FINAL ORDER BY THE AGENCY.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served by U.S. Certified Mail, Return Receipt No: 7013 0600 0001 6664 8990 on August 2, 2013 to Jacqueline F. Hurt, Administrator, Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center, 16002 Lakeshore Villa Drive, Tampa, Florida 33613, and by Regular U.S. Mail to David R. Vaughan, Registered Agent for Senior Care Group, Inc., 1240 Marbella Plaza Drive, Tampa, Florida 33619.



Thomas J. Walsh, II, Esquire

Copies furnished to: Patricia R. Cauffman, FOM

Jonathon S. Grout, Esq.
Counsel for Petitioner
P.O. Box 875
Cape Canaveral, Florida 32931

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

**RE: Senior Care Group, Inc.
d/b/a Lakeshore Villas Health Care Center**

CASE NO. 2013007612

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed action by the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint.**

Your Election of Rights must be returned by mail or by fax within 21 days of the day you receive the attached Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint.

If your Election of Rights with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action by AHCA, you will have given up your right to contest the Agency's proposed action and a final order will be issued.

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

PLEASE RETURN YOUR ELECTION OF RIGHTS TO THIS ADDRESS:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308.
Phone: 850-412-3630 Fax: 850-921-0158.

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) _____ I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Late Fine or Fee, or Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the penalty, fine or action.

OPTION TWO (2) _____ I admit to the allegations of facts contained in the Notice of Intent to Impose a Late Fee, the Notice of Intent to Impose a Late Fine, or Administrative Complaint, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact contained in the Notice of Intent to Impose a Late Fee, the Notice of Intent to Impose a Late Fine, or Administrative Complaint, and I request a formal hearing (pursuant to Subsection 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

PLEASE NOTE: Choosing **OPTION THREE (3), by itself, is **NOT** sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes.**

It must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

1. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.

License type: _____ (ALF? nursing home? medical equipment? Other type?)

Licensee Name: _____ License number: _____

Contact person: _____
Name Title

Address: _____
Street and number City Zip Code

Telephone No. _____ Fax No. _____ Email(optional) _____

I hereby certify that I am duly authorized to submit this Notice of Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ Date: _____

Print Name: _____ Title: _____

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH CARE CENTER,

ACHA No. 2013010196

License No. 1282096

File No. 62921

Provider Type: Nursing Home

Respondent.

ADMINISTRATIVE COMPLAINT

COMES NOW the Agency for Health Care Administration (hereinafter "Agency"), by and through the undersigned counsel, and files this Administrative Complaint against Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center (hereinafter "Respondent"), pursuant to §§120.569 and 120.57 Florida Statutes (2013), and alleges:

NATURE OF THE ACTION

This is an action to impose administrative fines in the amount of \$10,000.00, impose conditional licensure, and to impose survey fees of \$6,000.00 with a 6 month survey cycle based upon Respondent being cited for one State Class I deficiency.

PARTIES

1. The Agency is the licensing and regulatory authority that oversees skilled nursing facilities (also called nursing homes) and enforces the state statutes and rules governing such facilities. Ch. 408, Part II, Ch. 400, Part II, Fla. Stat.; Ch. 59A-4, Fla. Admin. Code. The Agency is authorized to deny, suspend, or revoke a license, and impose administrative fines pursuant to sections 400.121, and 400.23, Florida Statutes, assign a conditional license pursuant to subsection 400.23(7), Florida Statutes, and assess costs related to the investigation and prosecution of this case pursuant to section 400.121, Florida Statutes

2. The Respondent operates a one hundred seventy-nine (179) bed nursing home, located at 16002 Lakeshore Villa Drive, Tampa, Florida 33613, and is licensed as a skilled nursing facility license number 1282096.

3. Respondent was at all times material hereto, a licensed nursing facility under the licensing authority of the Agency, and was required to comply with all applicable rules, and statutes.

COUNT I

4. Under Florida law, all licensees of nursing homes facilities shall adopt and make public a statement of the rights and responsibilities of the residents of such facilities and shall treat such residents in accordance with the provisions of that statement. The statement shall assure each resident the right to receive adequate and appropriate health care and protective and support services, including social services; mental health services, if available; planned recreational activities; and therapeutic and rehabilitative services consistent with the resident care plan, with established and recognized practice standards within the community, and with rules as adopted by the agency. § 400.022(1), Fla. Stat. (2013).

5. Under Florida law, every licensed facility shall comply with all applicable standards and rules of the agency and shall maintain the facility premises and equipment and conduct its operations in a safe and sanitary manner. § 400.141(1)(h), Fla. Stat. (2013).

6. Under Florida law, a complete, comprehensive, accurate and reproducible assessment of each resident's functional capacity which is standardized in the facility, and is completed within 14 days of the resident's admission to the facility and every twelve months, thereafter. The assessment shall be: 1) Reviewed no less than once every 3 months; 2) reviewed promptly after a significant change in the resident's physical or mental condition; 3) revised as appropriate to assure the continued accuracy of the assessment. Rule 59A-4.109(1)(c), Florida

Administrative Code.

7. The Agency re-alleges and incorporates paragraphs one (1) through three (3), and Count I of this Complaint as if fully recited herein.

8. On or about August 13, 2013, the Agency conducted a complaint survey of the Respondent.

9. That based upon observation, interviews, and the review of records, Respondent failed to ensure resident rights to dignity where Respondent failed to respect the right to a dignified transfer process and a dignified quality of life for a sole resident currently residing in a facility with revoked Medicaid and Medicare certification.

10. That resident number one (1) was transferred into the Respondent facility after the facility transferred out all prior residents under the supervision of the Agency.

11. That resident number one (1), who was eighty-nine (89) years old, was the sole resident living in the facility at the time of this investigation.

12. That Petitioner's representative observed resident number one (1) on August 13, 2013, sleeping on a mattress on the floor, covered with a sheet in room 111, a private room. There were no signs of incontinence.

13. That resident number one (1) was the only resident in the entire facility and the entire 179 bed facility was dark with closed rooms and common areas, except the small area of the 100 hall where the resident was residing.

14. That there was one licensed practical nurse giving the resident medications, one aide caring for the resident, and the interim Director of Nursing was seated at the desk.

15. That there was no sign on the door and no specific personal protection equipment indicating a need for isolation requiring a private room.

16. That Petitioner's representative interviewed Respondent's corporate nursing home

administrator who indicated the following related to resident number one (1):

- a. The resident was receiving one-on-one care and the resident's activities included fishing in the pond in the front of the facility.
- b. The resident was admitted from a "sister" facility when the resident lost funding for Medicaid.
- c. This facility offered to "forgo" the private pay fees.
- d. The facility planned to transfer the resident back to the prior facility in "about a month."
- e. The facility was able to offer the resident a private room and the resident "needed" a private room, but was unable to explain why.

17. That Petitioner's representative reviewed Respondent's records related to resident number one (1) during the survey and noted as follows:

- a. The facility face sheet revealed the resident had an admitting diagnosis of senile dementia.
- b. Other diagnoses listed included: late effects of cardiovascular disease/dysphasia, hypertension, BPH (benign prostate hypertrophy), anxiety state, hyperlipidemia, osteoporosis, history of UTI (urinary tract infection), coronary artery obstruction with infarct, and a history of falls.
- c. The billing section of the facility face sheet documented the resident was private pay.
- d. Medicaid and Medicare numbers were listed.
- e. The responsible party listed an adult child.
- f. A primary physician was listed.
- g. Current physician's telephone orders stated to give "high calorie shakes q (every)

dinner.”

- h. The resident’s weight on admission was 134.0 pounds, and the resident was 67 inches tall.
- i. It was unknown if the resident had lost weight since the transfer to this facility one week prior.

18. That Petitioner’s representative reviewed Respondent’s policy entitled “Charity Care,” signed on August 5, 2013, after Respondent’s transfer and discharge of all prior residents, including eight (8) or more private pay residents, and noted as follows:

- a. Under the section “Eligibility”, the facility policy stated that an “unpaid account balance will be considered for write off as charity care or adjustment based on demonstrated need for financial assistance.”
- b. “Medicaid eligible residents who are currently eligible for benefits, but were not eligible at the time of service, will automatically qualify for charity care at the appropriate level”.

19. That Respondent admitted resident number one (1) on August 6, 2013, after it had successfully discharged all of the residents on August 2, 2013, including both publically funded (Medicaid and Medicare) and private pay residents.

20. That Petitioner’s representative observed resident number one (1) on August 13, 2013 commencing at 11:45 A.M. and noted as follows:

- a. The resident was brought into the dining room by the aide.
- b. The resident was served a regular diet consisting of: grilled cheese sandwich, soup, ice cream, cake, juice, and milk.
- c. The aide removed the crusts from the sandwich and placed it in front of the resident.

- d. The resident required verbal cues to take a bite, and refused the soup.
- e. The resident did not consume much of the lunch, less than 50%.
- f. The aide said the resident had snacks earlier.
- g. The resident said “hello” to the surveyor, but other responses were incoherent, though the resident did state that the resident was “not doing well,” but could not elaborate why.
- h. The resident was seated in a wheelchair with bilateral leg splints on, covered with shoes, was clean and dry, and without evidence of incontinence.

21. That Petitioner’s representative interviewed Respondent’s social worker related to resident number one (1) on August 13, 2013 at 11:40 A.M. and again at 2:00 P.M. and noted as follows:

- a. She had been the Business Office Manager at the sister facility, where the resident came from.
- b. She knew the power of attorney for the resident from that position.
- c. She was promoted to social worker about one half years ago, and had worked for the corporation for about five (5) years.
- d. When asked about the details of the transfer of the resident to this facility, the social worker stated that she received a call from the Corporate nursing home administrator and was asked to identify residents at the resident’s prior facility that were listed as either “Medicaid pending” or private pay.
- e. When asked to see if there was anyone interested in transferring ”to this facility,” she identified the resident because the resident’s Medicaid ended the end of July, 2013, and was pending for August, 2013.
- f. She did not recall the date of the call from the nursing home administrator, but

thought it might have been August 5, 2013, three days after the discharge of all the residents on August 2, 2013.

- g. She did not know why the resident lost Medicaid benefits.
- h. She recalled that someone asked the state agency that processes benefits to please advise about the loss of benefits and she got a response that a Financial Release form was not received within sixty (60) days.
- i. She did not know who would have been responsible at the prior facility.
- j. The sister facility, where the resident had resided, had a social worker that was no longer there.
- k. She was now sending a list of forms to the adult child of the resident that were needed for Medicaid benefits to be reestablished.
- l. She thought the process took three (3) to four (4) weeks.
- m. When asked for a date when the process of reapplication started, she did not remember, but then stated an e-mail went out on August 5, 2013.
- n. When asked if the resident was the only one that fit the transfer criteria, she stated that there were others but resident number one (1) was the only one not receiving Skilled Services.
- o. When asked if there were plans to admit other residents to the facility, the social worker stated “no.”
- p. When asked what the facility transfer benefit to the resident was, the social worker stated she did not know.

22. That “Skilled Services” is a Medicare term used to define a specific group of medically necessary therapies that include physical therapy, occupational therapy, and speech therapy.

23. That Petitioner's representative noted in the medical records of resident number one (1) a physician's telephone order dated August 6, 2013 at 10:56 A.M., the day the resident was admitted to the facility, directing to discontinue physical therapy services, a skilled service. It was signed by an unknown provider.

24. That Petitioner's representative reviewed a form provided to the surveyors and a copy of an email dated August 5, 2013, and noted as follows:

- a. The email dated August 13, 2013 at 11:26 A.M. from an Adult Economic Services worker to the social worker stated to send encrypted emails only and contained an attached file and a link to access accounts.
 - b. At the bottom of the printed email is another email dated August 5, 2013 from this social worker inquiring about the status of resident number one (1).
 - c. A second page, stapled to the email trail, is a "Provider Inquiry Sheet".
 - d. Under client name, the entry included the first name and last initial of resident number one (1).
 - e. The column titled "Main Inquiry Reason" contained an entry stating "Coverage Inquiry/SOC amount."
 - f. The column titled "Provider Question" stated "The Business office has notified me that [resident number one (1)'s] coverage will end on July 31, 2013. Please advise why and if we can reapply for [gender pronoun] (not the gender of resident number one [1]) ICP Benefits [as] is Long Term Care resident requires custodial care."
 - g. The far right hand column stated "Please reapply as we didn't get a recent financial release form within 60 days from the date of application (5/6/13)."
25. That Petitioner's representative telephonically interviewed the adult child of, and

also the power of attorney for, resident number one (1) on August 13, 2013 at 1:05 P.M. and noted as follows:

- a. The adult child stated “nothing was said” about the billing during the transfer process from the resident’s prior facility.
- b. The adult child stated twice that the child had no concerns with care at the prior facility.
- c. The resident had no medical conditions that required a private room, and was in a three bed ward at the prior facility.
- d. The adult child was approached at the prior facility by the social worker, the same one that is at this facility, and asked about moving the resident to this facility.
- e. The adult child was told the resident would receive one-on-one staffing care, a private room, and was told the resident was the “only one there.”
- f. The adult child expected the resident to be in this facility “about one month” and then would go back to the prior facility.
- g. The resident was “in [] own world” (mentally) and went “up and down the halls” in the prior facility.
- h. The adult child was asked to bring in some documents today, August 13, 2013, for the Medicaid application.
- i. The adult child thought that the child had faxed in something a few months ago to the other facility and did not have any other information.
- j. There was no financial arrangement with this facility and the adult child was not expecting a bill.
- k. The facility asked for Social Security information today and the adult child was looking for it.

- l. The adult child confirmed that the resident did not need a private room medically and was “just old,” about to turn 90 years old.
- m. The adult child did not know if the resident had a different physician.
- n. The adult child did not know why the Medicaid was discontinued at the prior facility, had no Medicaid phone number, no workers name, and was unfamiliar with how to contact them.

26. That Petitioner’s representative further reviewed Respondent’s records related to resident number one (1) during the survey and noted as follows:

- a. The resident had a consent to treat form, dated August 6, 2013 at 11:45 a.m.
- b. Verbal permission was given by telephone from the resident’s adult child/ power of attorney.
- c. A “Do Not Resuscitate” form was dated November 27, 2012.
- d. A Statement of Incapacity was dated March 28, 2012.
- e. Power of attorney paperwork listed the adult child.
- f. A physician’s telephone order dated August 6, 2013 at 10:56 a.m., the day of the transfer, stated to discontinue Physical Therapy.
- g. There was no further information regarding why the resident was receiving these services.
- h. A telephone order dated August 8, 2013, stated to discontinue a Wanderguard that had been used related to elopement risk.
- i. There were no further details as to whether the elopement behaviors continued.
- j. An unsigned copy of the new physician’s orders was in the chart dated August 6, 2013

27. That the long term care unit, where resident number one (1) currently resided, was

as follows:

- a. Two of the three hallways had rooms dark, doors closed, and hallway lights dimmed.
- b. Other areas of the facility, a large single story building with 179 beds, had darkened, cavernous hallways, and a rehabilitation dining area between two long term care units was dark, and contained plastic covered equipment on the tables.
- c. The building was clearly empty, other than this one resident and the three staff members on the unit for the resident in room 111.

28. That later in the day on August 13, 2013, Respondent's director of nursing stated that the new physician had not visited the resident at this facility; the physician at the prior facility did not come to this facility; and therefore the resident had to change physicians.

29. That on or about August 13, 2013, Petitioner's representative reviewed a physician's progress note, dated August 1, 2012, which revealed that resident number one (1) was unable to participate in the MMSE screening tool as the resident's dementia was too far advanced

30. That Petitioner's representative interviewed Respondent's director of nursing and nursing home administrator regarding resident number one (1) on August 13, 2013 at 2:26 P.M. and noted as follows:

- a. When asked how the resident came to be admitted the facility, the administrator stated the last resident was discharged under Agency oversight on August 2, 2013, and she was on her way back to the corporate office when she received a call from corporate counsel that the facility could accept private pay residents.
- b. The administrator was notified that the facility would be accepting a private pay resident on August 5, 2013 from a sister facility.

- c. The administrator indicated the resident had lost Medicaid and was moved to Medicaid pending as the family had not provided paperwork on time.
 - d. The administrator indicated that the corporation had the idea that as it litigated the license for this facility, it could assist this family with long term care costs, and assist this facility while it litigated its license.
 - e. When asked if it was the facility's intention to have only one resident, the administrator stated that it would like to admit more, but it "took the one resident."
 - f. When asked if she felt it was an advantage to the facility during litigation to have a resident at the facility, the administrator shrugged and stated that she did not know.
 - g. When asked if this facility was recruiting residents from external sources such as hospitals, the administrator stated "no."
 - h. When asked about the financial arrangements with the resident, the administrator they were preventing the resident's discharge or the family incurring large debt.
 - i. The administrator indicated that the charitable policy was not offered to other residents at the sister facility because they were able to fill the beds.
 - j. The resident would have received a 30 day notice had the resident had stayed in the sister facility.
 - k. When asked if the administrator was aware if the sister facility provided services in a timely manner to maintain the resident's Medicaid eligibility, the administrator stated that she was not aware of the responsibility of the sister facility staff related to the process.
31. That Petitioner's representative telephonically interviewed the physician of

resident number one (1) on August 13, 2013 at 2:45 P.M. and noted as follows:

- a. He had not visited the resident since the resident's admission on August 6, 2013.
- b. He made rounds on Wednesday and intended to see the resident on August 14, 2013.
- c. He was aware that the physician's orders were not signed yet.
- d. The physician stated that the advanced registered nurse practitioner had seen the resident on an unknown date and they were trying to locate a progress note.

32. That there was no note in the medical record of resident number one (1) which would indicate that the resident had been seen in this facility by either a Physician or a Nurse Practitioner.

33. That Petitioner's representative observed resident number one (1) on August 13, 2013 commencing at 2:40 P.M. and noted as follows:

- a. The resident was in the hallway of the resident's room, near the dining room, scooting the wheelchair with feet.
- b. The resident was using the hand rail on the left side to assist.
- c. An aide was nearby.
- d. The resident was confused with a vacant look to the face and eyes and did not respond to the surveyor's questions.
- e. The resident was unable, due to confusion, to express any anxiety, a diagnosed disorder, anguish, or satisfaction that the resident felt related to the new surroundings, new staff, and isolation due to the lack of any peers nearby.

34. That on or about August 16, 2013, the Agency received and reviewed an eighty-six (86) page faxed document from Respondent and noted that page thirty-nine (39) was from a Multiple Data Set document, dated August 14, 2013, which stated "Factors that can Exacerbate

Behavior” that contained four items checked: "Sleep Disturbances; Frustration due to problem communicating discomfort or unmet needs; Frustration, agitation R/T (related to) needs to urinate or have BM; Recent change, such as new admission, new unit, new care staff, withdrawal from a treatment program; and need for repositioning".

35. Since the resident had been moved to a new facility, had new caregivers, new surroundings, and a new physician, any of these factors could contribute to an unexpected decline.

36. That the above reflects Respondent’s failure to ensure resident rights to dignity where, inter alia, Respondent failed to respect the right to a dignified transfer process and a dignified quality of life for one of the residents currently residing in a facility with revoked Medicaid and Medicare certification including but not limited to the absent of socialization with peers, the failure to provide skilled services, the failure to ensure timely physician transfer and evaluation, the failure to note and address care and services related to new surroundings, staff, and withdrawn treatments.

37. That under Florida law, a Class I deficiency is a deficiency that the agency determines presents a situation in which immediate corrective action is necessary because the facility’s noncompliance has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility. The condition or practice constituting a class I violation shall be abated or eliminated immediately, unless a fixed period of time, as determined by the agency, is required for correction. § 400.23(8)(a), Fla. Stat. (2013).

38. That a class I deficiency is subject to a civil penalty of \$10,000 for an isolated deficiency, \$12,500 for a patterned deficiency, and \$15,000 for a widespread deficiency. The fine amount shall be doubled for each deficiency if the facility was previously cited for one or more class I or class II deficiencies during the last licensure inspection or any inspection or

complaint investigation since the last licensure inspection. A fine must be levied notwithstanding the correction of the deficiency. § 400.23(8)(a), Fla. Stat. (2013).

39. The Respondent's actions or inactions constituted an isolated Class I violation.

40. The Agency cited the Respondent for a class I violation.

WHEREFORE, the Agency seeks to impose an administrative fine in the amount of ten thousand dollars (\$10,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(8)(a), Florida Statutes (2013).

COUNT II

41. The Agency re-alleges and incorporates paragraphs one (1) through three (3), and Count I of this Complaint as if fully recited herein.

42. That Respondent has been cited with one (1) State Class I deficiency and therefore is subject to a six (6) month survey cycle for a period of two years and a survey fee of six thousand dollars (\$6,000) pursuant to Section 400.19(3), Florida Statutes (2013).

WHEREFORE, the Agency intends to impose a six (6) month survey cycle for a period of two years and impose a survey fee in the amount of six thousand dollars (\$6,000.00) against Respondent, a skilled nursing facility in the State of Florida, pursuant to Section 400.19(3), Florida Statutes (2013).

COUNT III

43. The Agency re-alleges and incorporates paragraphs one (1) through five (5), and Count I as if fully set forth herein.

44. Based upon Respondent's one (1) cited State Class I deficiency, it was not in substantial compliance at the time of the survey with criteria established under Part II of Florida Statute 400, or the rules adopted by the Agency, a violation subjecting it to assignment of a conditional licensure status under § 400.23(7)(a), Florida Statutes (2012).

WHEREFORE, the Agency intends to assign a conditional licensure status to Respondent, a skilled nursing facility in the State of Florida, pursuant to § 400.23(7), Florida Statutes (2013).

CLAIM FOR RELIEF

WHEREFORE, the Petitioner, State of Florida, Agency for Health Care Administration, seeks a final order that:

1. Makes findings of fact and conclusions of law in favor of the Agency.
2. Imposes the relief sought in the Administrative Complaint.

Respectfully submitted on this 17 day of October, 2013.

Thomas J. Walsh II, Esquire
Florida Bar No. 566365
Office of the General Counsel
Agency for Health Care Administration
525 Mirror Lake Drive, 330G
St. Petersburg, FL 33701
Telephone: (727) 552-1525
Facsimile: (727) 552-1440
walsht@myflorida.ahca.com

DISPLAY OF LICENSE

Pursuant to § 400.23(7)(e), Fla. Stat. (2012), Respondent shall post the most current license in a prominent place that is in clear and unobstructed public view, at or near, the place where residents are being admitted to the facility.

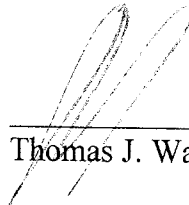
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All requests for hearing shall be made to the attention of: ***The Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Bldg #3, MS #3, Tallahassee, Florida, 32308, (850) 412-3630.***

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served by U.S. Certified Mail, Return Receipt No: 7013 0600 0001 6664 9133 on October 17, 2013 to Counsel for Petitioner, Anna G. Small, Esq., Allen Dell, P.A., 202 South Rome Avenue, Tampa, Florida 33606.



Thomas J. Walsh, II, Esquire

Copies furnished to: Patricia R. Cauffman, FOM

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

**RE: Senior Care Group, Inc.
d/b/a Lakeshore Villas Health Care Center**

CASE NO. 2013010196

ELECTION OF RIGHTS

This Election of Rights form is attached to a proposed action by the Agency for Health Care Administration (AHCA). The title may be **Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint.**

Your Election of Rights must be returned by mail or by fax within 21 days of the day you receive the attached Notice of Intent to Impose a Late Fee, Notice of Intent to Impose a Late Fine or Administrative Complaint.

If your Election of Rights with your selected option is not received by AHCA within twenty-one (21) days from the date you received this notice of proposed action by AHCA, you will have given up your right to contest the Agency's proposed action and a final order will be issued.

(Please use this form unless you, your attorney or your representative prefer to reply according to Chapter 120, Florida Statutes (2006) and Rule 28, Florida Administrative Code.)

PLEASE RETURN YOUR ELECTION OF RIGHTS TO THIS ADDRESS:

Agency for Health Care Administration
Attention: Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308.
Phone: 850-412-3630 Fax: 850-921-0158.

PLEASE SELECT ONLY 1 OF THESE 3 OPTIONS

OPTION ONE (1) _____ I admit to the allegations of facts and law contained in the Notice of Intent to Impose a Late Fine or Fee, or Administrative Complaint and I waive my right to object and to have a hearing. I understand that by giving up my right to a hearing, a final order will be issued that adopts the proposed agency action and imposes the penalty, fine or action.

OPTION TWO (2) _____ I admit to the allegations of facts contained in the Notice of Intent to Impose a Late Fee, the Notice of Intent to Impose a Late Fine, or Administrative Complaint, but I wish to be heard at an informal proceeding (pursuant to Section 120.57(2), Florida Statutes) where I may submit testimony and written evidence to the Agency to show that the proposed administrative action is too severe or that the fine should be reduced.

OPTION THREE (3) _____ I dispute the allegations of fact contained in the Notice of Intent to Impose a Late Fee, the Notice of Intent to Impose a Late Fine, or Administrative Complaint, and I request a formal hearing (pursuant to Subsection 120.57(1), Florida Statutes) before an Administrative Law Judge appointed by the Division of Administrative Hearings.

PLEASE NOTE: Choosing OPTION THREE (3), by itself, is NOT sufficient to obtain a formal hearing. You also must file a written petition in order to obtain a formal hearing before the Division of Administrative Hearings under Section 120.57(1), Florida Statutes.

It must be received by the Agency Clerk at the address above **within 21 days** of your receipt of this proposed administrative action. The request for formal hearing must conform to the requirements of Rule 28-106.2015, Florida Administrative Code, which requires that it contain:

1. Your name, address, and telephone number, and the name, address, and telephone number of your representative or lawyer, if any.
2. The file number of the proposed action.
3. A statement of when you received notice of the Agency's proposed action.
4. A statement of all disputed issues of material fact. If there are none, you must state that there are none.

Mediation under Section 120.573, Florida Statutes, may be available in this matter if the Agency agrees.

License type: _____ (ALF? nursing home? medical equipment? Other type?)

Licensee Name: _____ License number: _____

Contact person: _____

	Name	Title
Address:	_____	_____
	Street and number	City Zip Code

Telephone No. _____ Fax No. _____ Email(optional) _____

I hereby certify that I am duly authorized to submit this Notice of Election of Rights to the Agency for Health Care Administration on behalf of the licensee referred to above.

Signed: _____ Date: _____

Print Name: _____ Title: _____

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

LAKESHORE VILLAS HEALTH CARE CENTER,

Petitioner,

vs.

Case No. 13-395PH
AHCA No. 2013005471

STATE OF FLORIDA AGENCY FOR
HEALTH CARE ADMINISTRATION,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

ACHA No. 2013006461

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH CARE CENTER,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

ACHA No. 2013006462

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH CARE CENTER,

Respondent.

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,
vs.

DOAH No. 14-248
ACHA No. 2013006534

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH CARE CENTER,

Respondent.
_____ /

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,
vs.

DOAH No. 14-528
ACHA No. 2013007612

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH CARE CENTER,

Respondent.
_____ /

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,
vs.

DOAH No. 14-521
ACHA No. 2013010196

SENIOR CARE GROUP, INC. d/b/a
LAKESHORE VILLAS HEALTH CARE CENTER,

Respondent.
_____ /

SETTLEMENT AGREEMENT

State of Florida, Agency for Health Care Administration (hereinafter the "Agency"), through its undersigned representatives, and Senior Care Group, Inc. d/b/a Lakeshore Villas Health Care Center (hereinafter "Lakeshore"), pursuant to Section 120.57(4), Florida Statutes, each individually, a "party," collectively as "parties," hereby enter into this Settlement Agreement ("Agreement") and agree as follows:

WHEREAS, Lakeshore is a nursing home licensed pursuant to Chapters 400, Part II, and 408, Part II, Florida Statutes, Section 20.42, Florida Statutes and Chapter 59A-4, Florida Administrative Code; and

WHEREAS, the Agency has jurisdiction by virtue of being the regulatory and licensing authority over Lakeshore, pursuant to Chapters 400, Part II, and 408, Part II, Florida Statutes; and

WHEREAS, the Agency served Lakeshore with a Notice of Intent to Deny dated May 22, 2013, in Agency case number 2013005471, notifying Lakeshore of the Agency's intent to deny the application for renewal of licensure for Lakeshore; and

WHEREAS, the Agency completed a survey of Lakeshore and its Facility on or about April 12, 2013, (hereinafter "April Survey"), during which deficient practice was cited; and

WHEREAS the citation of the above referenced deficient practice subject Lakeshore to the imposition of administrative sanctions of one thousand dollars (\$1,000.00) and the imposition of conditional licensure commencing April 12, 2013, in Case Number 2013006461; and

WHEREAS, the Agency completed a survey of Lakeshore and its Facility on or about June 4, 2013, (hereinafter "June Survey"), during which deficient practice was cited; and

WHEREAS the citation of the above referenced deficient practice subject Lakeshore to the imposition of administrative sanctions of one thousand dollars (\$1,000.00) and the continued imposition of conditional licensure in Case Number 2013006462; and

WHEREAS, the Agency served Lakeshore with an administrative complaint on or about July 26, 2013, in Agency case number 2013006534, notifying Lakeshore of the Agency's intent to impose administrative sanctions of two thousand five hundred dollars (\$2,500.00) and the continued imposition of conditional licensure; and

WHEREAS, the Agency served Lakeshore with an administrative complaint on or about August 9, 2013, in Agency case number 2013007612, notifying Lakeshore of the Agency's intent to impose administrative sanctions of five thousand dollars (\$5,000.00) and the continued imposition of conditional licensure; and

WHEREAS, the Agency served Lakeshore with an administrative complaint on or about October 16, 2013, in Agency case number 2013010196, notifying Lakeshore of the Agency's intent to impose administrative sanctions of ten thousand dollars (\$10,000.00), the imposition of a six-month survey cycle and its six thousand dollar (\$6,000.00) fee, and the continued imposition of conditional licensure; and

WHEREAS, Lakeshore requested a formal administrative proceedings by selecting Option "3" on the Election of Rights form or by the filing of a Petition in Case Numbers 2013005471, 2013006534, 2013007612, and 2013010196; and

WHEREAS, the parties have negotiated and agreed that the best interest of all the parties will be served by a settlement of this proceeding; and

WHEREAS, Lakeshore has sought inactive licensure for its license, license number 1282096; and

NOW THEREFORE, in consideration of the mutual promises and recitals herein, the parties intending to be legally bound, agree as follows:

1. All recitals herein are true and correct and are expressly incorporated herein.
2. Both parties agree that the "whereas" clauses incorporated herein are binding findings of the parties.
3. Upon full execution of this Agreement, Lakeshore agrees to waive any and all appeals and proceedings to which it may be entitled including, but not limited to, an informal proceeding under Subsection 120.57(2), Florida Statutes, a formal proceeding under Subsection 120.57(1), Florida Statutes, appeals under Section 120.68, Florida Statutes; and declaratory and all writs of relief in any court or quasi-court of competent jurisdiction; and agrees to waive compliance with the form of the Final Order (findings of fact and conclusions of law) to which they may be entitled, provided, however, that no agreement herein shall be deemed a waiver by the parties of their right to judicial enforcement of this Agreement. Lakeshore specifically waives the necessity of the drafting of or service of an Administrative Complaint(s) for the relief stipulated to in this Agreement as the same relates to the April Survey and June Survey.
4. Upon full execution of this Agreement, the parties agree as follows:
 - a. Lakeshore shall pay nineteen thousand five hundred dollars (\$19,500.00) in administrative fines and a survey fee of six thousand dollars (\$6,000.00), for a total monetary assessment of twenty-five thousand five hundred dollars (\$25,500.00) to the Agency within thirty (30) days of the entry of the Final Order. Respondent also accepts the imposition of a six-month survey cycle and conditional licensure status commencing April 12, 2013.

b. Lakeshore shall ensure that, on or before October 1, 2014, an independent purchaser not affiliated with Lakeshore shall file a "Change of Ownership" application seeking the licensure currently held by Lakeshore. Lakeshore shall ensure any such applicant possess, at a minimum, the following qualifications:

i. The applicant, or a controlling interest¹ of the applicant, shall have been licensed, or be a controlling interest in an entity or entities which has been licensed, to operate a nursing home in the State of Florida pursuant to the provisions of Chapters 400, Part II, and 408, Part II, Florida Statutes, and Chapter 59A-4, Florida Administrative Code, for a continuous period of at least three (3) years prior to the filing of the application.

ii. The nursing home or nursing homes of the applicant, or the nursing home or nursing homes in which the controlling interest of applicant are licensed as nursing home(s) or in which the controlling interest of applicant holds a controlling interest in the licensed nursing home(s), shall not have been subject to a Class I or a widespread Class II deficient practice² within a three (3) year period predating the filing of the application for "Change of Ownership" licensure.

c. Effective at 5:00 p.m., December 31, 2014, the nursing home license of Lakeshore, license number 1282096, shall be deemed relinquished and cancelled, unless the Agency has issued a "Change of Ownership" license to another person or entity to operate the facility. This date may be extended in the sole discretion of the Agency. Absent such extension, the licensure of Lakeshore shall be deemed relinquished and

¹ "Controlling Interest," as utilized herein, means as defined in Section 408.803(5), Florida Statutes (2013).

² "Patterned and widespread Class I and Class II deficient practices" are defined in Section 400.23(8), Florida Statutes (2013).

cancelled without regard to the status, substantive or legal, of any pending licensure application related to the license currently held by Lakeshore.

5. Venue for any action brought to enforce the terms of this Agreement or the Final Order entered pursuant hereto shall lie in Circuit Court in Leon County, Florida.

6. By executing this Agreement, Lakeshore denies, and the Agency asserts the validity of the allegations raised in the administrative complaints and the Surveys referenced herein. No agreement made herein shall preclude the Agency from imposing a penalty against Lakeshore for any deficiency/violation of statute or rule identified in a future survey of Lakeshore, pursuant to the provisions of Chapters 400, Part II, 408, Part II, Florida Statutes, and Chapter 59A-4, Florida Administrative Code. In said event, Lakeshore retains the right to challenge the factual allegations related to the deficient practices/ violations alleged in the instant cause.

7. Lakeshore acknowledges and agrees that this Agreement shall not preclude or estop any other federal, state, or local agency or office from pursuing any cause of action or taking any action, even if based on or arising from, in whole or in part, the facts raised in the administrative complaints or Surveys. This agreement does not prohibit the Agency from taking action regarding Lakeshore's Medicaid provider status, conditions, requirements or contract.

8. Upon full execution of this Agreement, the Agency shall enter a Final Order adopting and incorporating the terms of this Agreement and closing the above-styled cases.

9. Each party shall bear its own costs and attorney's fees.

10. This Agreement shall become effective on the date upon which it is fully executed by all the parties.

11. Lakeshore for itself and for Lakeshore's related or resulting organizations, successors or transferees, attorneys, heirs, and executors or administrators, does hereby discharge the State of Florida, Agency for Health Care Administration, and its agents, representatives, and attorneys of and from all claims, demands, actions, causes of action, suits, damages, losses, and expenses, of any and every nature whatsoever, arising out of or in any way related to this matter and the Agency's actions, including, but not limited to, any claims that were or may be asserted in any federal or state court or administrative forum, including any claims arising out of this agreement, by or on behalf of Lakeshore or related facilities.

12. This Agreement is binding upon all parties herein and those identified in paragraph eleven (11) of this Agreement.

13. In the event that Lakeshore was a Medicaid provider at the subject time of the occurrences alleged in the complaint herein, this settlement does not prevent the Agency from seeking Medicaid overpayments related to the subject issues or from imposing any sanctions pursuant to Rule 59G-9.070, Florida Administrative Code.

14. Lakeshore agrees that if any funds to be paid under this agreement to the Agency are not paid within thirty-one (31) days of entry of the Final Order in this matter, the Agency may deduct the amounts assessed against Lakeshore in the Final Order, or any portion thereof, owed by Lakeshore to the Agency from any present or future funds owed to Lakeshore by the Agency, and that the Agency shall hold a lien against present and future funds owed to Lakeshore by the Agency for said amounts until paid.

15. The undersigned have read and understand this Agreement and have the authority to bind their respective principals to it.

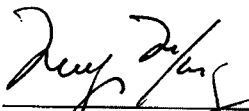
16. This Agreement contains and incorporates the entire understandings and agreements of the parties.

17. This Agreement supersedes any prior oral or written agreements between the parties.


18. This Agreement may not be amended except in writing. Any attempted assignment of this Agreement shall be void.

19. All parties agree that a facsimile signature suffices for an original signature.


The following representatives hereby acknowledge that they are duly authorized to enter into this Agreement.


Molly McKinstry, Deputy Secretary
Health Quality Assurance
Agency for Health Care Administration
2727 Mahan Drive, Building #1
Tallahassee, Florida 32308

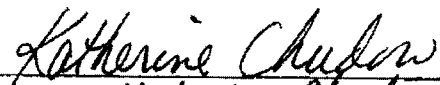
DATED: 3/28/14


Anna Small, Esquire
Allen Dell
Counsel for Respondent
202 South Rome Avenue, Suite 100
Tampa, FL 33606
Florida Bar No. 17064


DATED: 3/10/14


Stuart F. Williams, General Counsel
Office of the General Counsel
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
Florida Bar No. 670731

DATED: 3/26/14


Name: Katherine Chudow
Title: CFO
Senior Care Group, Inc.

DATED: 3/10/14



Thomas J. Walsh II, Senior Attorney
Office of the General Counsel
Agency for Health Care Administration
525 Mirror Lake Drive North, Suite 330G
St. Petersburg, Florida 33701
Florida Bar No. 566365

DATED: 3/12/17