Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11965667	A. BUILDING: _____ B. WING _____	06/08/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBOR OAKS AT GREENACRES	3400 JOG RD GREENACRES, FL 33467

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Unannounced Relicensure, Focused Control and Generator Assessment surveys were conducted on through at Arbor Oaks at Greenacres. The facility had deficiencies identified related to the Relicensure survey at the time of the visit.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident,	A 010		

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A 010	Continued From page 1	A 010		

additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.
(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:
a. Move, turn, or reposition without total physical assistance;
b. Transfer to a chair or wheelchair without total physical assistance; or
c. Sit safely in a chair or wheelchair without personal assistance or a physical .
2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.
3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.
(2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident ' s representative or designee or the resident ' s family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department.

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A 010	Continued From page 2 (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility.	A 010		

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A 010	Continued From page 3 (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview and record	A 010		

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A 010	Continued From page 4 review, the facility failed to ensure that a current Resident Health Assessment (AHCA form 1823) recorded the significant change of Hospice documented under the nursing services, for 1 of 3 sampled Residents (Resident # 6). The findings include: A record review was conducted of Resident # 6's file revealed an admission date to the facility on . Review of Resident #6's Health Assessment (AHCA form 1823) dated revealed the following diagnoses: , ( ). Further review of Resident #6's record revealed an Interdisciplinary Care Plan (IDP) indicating that Resident # 6 as a hospice patient with an effective date of . Further review of the AHCA 1823 form dated revealed it doesn't list the significant change of hospice under the Nursing Treatment , Service Requirements. On at 11:00 AM, this surveyor informed Staff A that the significant change of hospice was not documented on AHCA form 1823 for Resident # 6. She acknowledged and provided no information. This surveyor gave Staff A an opportunity to locate an updated AHCA 1823. Staff A sated that she could not locate an updated AHCA 1823 form and no additional information was provided. On at 2:54 PM, an interview was conducted with the Administrator and the Director of Nursing (DON), the findings were acknowledged, and no additional information was provided.	A 010		

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A 010	Continued From page 5 Class III	A 010		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical [illegible], the facility must, pursuant to section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility	A 054		

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A 054	Continued From page 6 failed to ensure that the medication Observation Records (MORs) were updated (signed), immediately after medication assistance was provided to a resident, for 4 of 21 sample medication pass observations (Resident # 3, Resident # 7, Resident #9, and Resident #10). The findings include: On at 11:03 AM, a random review of the Medication Observation Records (MORs) was conducted with Staff A Licensed Practical Nurse (LPN). The review revealed that several 8 AM medications were not signed off (initialed/documented) by Staff A on the MOR. The following medications were not signed for the following residents: a) Resident # 3 - . . . . 50 mg b) Resident # 7 - . . . . . check c) Resident # 9 - Almodipine Besylae .5 mg, Aripiprazole 5 mg, . . , . . , . . 5 mg, ... 100 mg d) Resident # 10 - _ . . . . 50 mg On . . . . . at 11:11 AM and interview was conducted with Staff A. She stated that Resident # 3 only had one pill and it was given to her. She then signed the book in front of this surveyor. Staff A stated that she wrote the . . . . , ... (b/p) number on another paper for Resident # 7 and she did not transfer it to the MOR. She then wrote the b/p number in the MOR in front of this surveyor. This surveyor informed Staff A that the MOR was not signed for Resident # 9 for 6 days (through . . . . .). Staff A stated that Resident # 9 is a new admission. She will	A 054		

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A 054	Continued From page 7 need to follow-up with her daughter. On at 11:23 AM, Staff A called the daughter regarding the medication. Staff A stated that Resident 10's son was at the facility and she got side tracked. She then signed the MOR in front of this surveyor. This surveyor informed Staff A that the MOR must be signed immediately after the medications are given. On at 1:08 PM, an interview was conducted with the Director of Nursing (DON). This surveyor informed the DON of the medications that were not signed in the MORs. The DON stated that he will follow-up with the pharmacy for Resident # 9 to obtain her medications. During an interview conducted on at 2:54 PM, the Administrator and the DON were informed about the unsigned medications. Class III	A 054		