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
	AL11965789	A. BUILDING: _____ B. WING _____	02/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEQUESTA TERRACE	400 NORTH US ONE TEQUESTA, FL 33469

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A 000	Initial Comments An unannounced Relicensure with Extended Congregate Care (ECC) survey, Complaint survey (#2023000958 & #2023007244), and a Generator Monitoring survey were conducted on at Tequesta Terrace. The facility had a deficiency identified related to the Relicensure survey and Complaint #2023007244 at the time of the visit.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline,	A 030		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 030	Continued From page 1 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . , neglect, and , ; 6. Administrative and housekeeping schedules and requirements; 7. . . . . control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which	A 030		

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A 030	Continued From page 2 residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's	A 030		

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A 030	Continued From page 3 representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ..., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ..., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal	A 030		

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A 030	Continued From page 4 representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that	A 030		

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A 030	Continued From page 5 retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to respond to the written concerns of 1 of 2 sampled residents reviewed for grievances (Resident #5), as per the facility's grievance policy. The findings included:	A 030		

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A 030	Continued From page 6 During a phone interview on at 11:30 AM with Resident #5's Power of Attorney, she voiced concerns over the continuing failure of the facility to respond to repeated written requests for information regarding her mother's medical status and the reason for twice monthly physician visits. After the phone interview, Resident #5's POA emailed a detailed timeline of communication attempts made to the Registered Nurse Practitioner, the facility's Director of Memory Care, and the facility's Executive Director. The following is the timeline of events related to concerns voiced by the POA to the facility and health care provider regarding the request for her mother's health status and need for physician visits: On . . . . . , after reviewing Medicare claims for Resident #5, the POA saw charges for physician visits on . . . . . and . . . . . The claims were denied due to "MISSING/INCOMPLETE/INVALID PLACE OF SERVICE." The representative emailed the facility's Director of Memory Care to ask if someone could confirm why this doctor was called in to see her mother. On , the Representative received an email reply from the Director of Memory Care advising that she would pass on the issue with the billing statements to the physician's registered nurse practitioner (RNP). The representative was told that the RNP had her own schedule when seeing residents and could better explain medical services and claims. The Representative received no further response or explanation regarding these visits. On , the Representative called the physician's office and spoke with the receptionist	A 030		

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A 030	Continued From page 7 to request info for recent medical visits. The Receptionist said that the facility should be able to provide this information, but the Representative was told to call and speak to the Office Manager. On , the Representative called the physician's office and received a recorded message from answering service stating "mailbox is full." On , the Representative called the physician's Office Manager and was told that the physician visits the facilities twice a month. The services included in these visits are vitals, , and review of medications. The Representative told the Office Manager that she was waiting for a call RNP to provide Resident #5's medical status, and, unless twice monthly visits are necessary, once monthly visits were adequate. Representative received no response from RNP. Representative made no further attempts to contact the RNP or physician's office due to lack of response. On , Resident #5's POA sent an email to the Director of Memory Care and the Executive Director to advise that she had contacted the physician's office a few times, and she had left messages for the RNP, but received no response. The POA stated she had reviewed Resident #5's Medicare claims for all of 2022, which included a total of 18 visits from the visiting physician/RNP, but she had not been able to verify if these provider visits were accurate, nor had she been able to obtain answers regarding Resident #5's medical care. The POA asked the Memory Care Director and Executive Director if they had records to confirm that this provider routinely visits residents twice monthly. The POA	A 030		

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A 030	Continued From page 8 asked if twice monthly visits to take vitals and was standard procedure because the POA was under the impression that these services were included in the extra monthly charges being paid when Resident #5 moved into Memory Care. No response from the the Memory Care Director or Executive Director was received concerning any of the POA's questions. On , the POA called United Healthcare (UHC) to review Resident #5's recent claims activity and claims codes. The POA learned that claim code #99337 (used on statements) was defined as "Home/Residential visit" including history, exam, medical decision-making, and typical visit with patient lasts 60 minutes. Claim code #99350 (for statements) is defined as "Domestic/Residential Home" including "significant new problem" for minimum 60 minutes visit. UHC advised this code indicates activity by MD versus NP. The note "significant new problem" concerned the POA and was seeking answers as to what "significant new problem" her mother was experiencing. On , the POA sent a "SECOND REQUEST" to the Director of Memory Care and the facility's Executive Director, and she forwarded her previous email dated in a final attempt to allow them to answer her questions. She stated to the Directors that she had received no response from the facility to any of her previous requests. After , the POA made no further attempts to contact the facility or RNP regarding her concerns because all previous requests were ignored.	A 030		

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A 030	Continued From page 9 On at approximately 3:00 PM, the Executive Director stated that she did not recall getting any emails from the POA or messages from staff related to the concerns voiced by Resident #5's POA. Review of Physician/RNP Summary Notes found in Resident #5's record, shows once monthly visits by health care provider from until . Review of Grievance Log shows no evidence of grievances filed/received by Resident #5's POA concerning the issues voiced in emails to the Director of Memory Care or Executive Director in , and , of 2023. Review of the Facility's Grievance Policy and Procedure ( ) documents: Procedure: 1. Grievances - grievances are formal written complaints made made to the community when prompt or bedside resolution to the satisfaction of the person making the objections was not possible. Where there is a grievance, the concern is: a. documented on the Grievance Report. b. Listed on the facility Grievance Tracking Log. c. Discussed with the Health and Wellness Director, Executive Director and additional staff as warranted. d. Response to the person making the objection preferably within 5 days unless otherwise advised based on event. e. Discussed through meetings which may be in person and/or telephone conferences.	A 030		

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A 030	Continued From page 10 f. Included in quality improvement activities as warranted. 7. Upon receipt of the grievance, the supervisor will contact the Executive Director. 8. The grievance will be logged on the facility grievance log. 9. At the time of the complaint, the employee/supervisor will attempt to intervene in an appropriate manner in an effort to resolve the stated grievance as they relate to their department and services. If this in accomplished to the satisfaction of the filing party, the interventions will be documented, and the completed grievance form will be returned to the Executive Director or designee. 10. If the person filing the grievance is not satisfied with the department manager's interventions, Executive Director will contact them to assist in resolution. 11. All Community grievance investigations will be initiated as soon as possible after the grievance is filed. Completed and timely follow up will be conducted by the department supervisor and forwarded to the Executive Director. Review of the facility's policy and procedure regarding Third Party Service Providers documents: Procedure: 3. All Third-Party Service Providers will be required to communicate with the Director of Clinical Services or the Administrator regarding the status of the visit. Based on the Third Party Service Provider Policy and Procedure, the facility should have been able to provide the necessary information requested by Resident #5's POA on _____ when she made her first request to the facility's Director of	A 030		

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A 030	Continued From page 11 Memory Care to ask if someone could confirm why this doctor was called in to see her mother. Class III	A 030		