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
	AL11966133	A. BUILDING: _____ B. WING _____	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY OAK PALM BEACH COUNTY	6026 OLD CONGRESS LANTANA, FL 33462

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure, Complaint (#2023007420, #2023013031, #2023014192, #2023014264, #2023018177, #2024002698, #2024003522, #2024005853) and Generator Monitoring survey was conducted on through . . . . . at Cherry Oak Palm Beach County. The facility had deficiencies identified related to the Relicensure and Complaint Numbers #2023007420, #2023013031, #2023014192, #2023018177, #2024003522 and #2024005853 at the time of the survey.	A 000		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 Appropriateness of placements; examinations of residents.- (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.	A 010		

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A 010	Continued From page 1 (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, 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	A 010		

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A 010	Continued From page 2 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. (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 -to- medical examination by a health care practitioner 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 the practitioner's form or 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, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S. (b) A resident requiring care of a may be retained provided that: 1. The resident contracts directly with a licensed	A 010		

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A 010	Continued From page 3 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 practitioner, 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 practitioner, the resident must be discharged from the facility. (c) A [redacted] 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 an 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	A 010		

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A 010	Continued From page 4 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, record review and interview, it was determined that the facility failed to obtain a new AHCA Form 1823 Health Assessment for significant change for 1 out of 2 sampled residents (Resident #4). The findings include: On , during a tour conducted with the Administrator Assistant, this surveyor entered Resident #4's room and the Resident was observed to be laying on a hospital bed. Resident #4 stated she was waiting for caregiver to assist so she can get out the bed and sit on her wheelchair. This surveyor asked the resident what services she receives from staff members, and she stated transferring, bathing and . During an interview on at approximately 10:30 AM with the Administrator Assistant, she stated Resident #4 is on hospice and she receives assistance with Activities of Daily Living (ADLs). Staff B (caregiver) was present during the interview and she confirmed Resident #4 needs assistance with transferring, bathing and . During an interview on at approximately 11:45 AM with the Administrator Assistant she was informed to provide a current Health Assessment to reflect resident's ADLs.	A 010		

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A 010	Continued From page 5 Review of Resident #4's chart revealed date of Admission on . . . . . ., further review of the resident's chart reveals most recent 1823 Health Assessment dated . . . . . documented Activities of Daily Living as: Independent for ambulation, bathing, grooming, toileting and transferring. During an interview with the Assistant Administrator and Acting Administrator on at 4:35 PM. The Acting Administrator stated the former Administrator did not have the most current 1823 Health Assessment to reflect resident's ADLs in file at the time of the survey. They both acknowledged the findings. No additional documentation was provided. Class III	A 010		
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	A 030		

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A 030	Continued From page 6 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, 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	A 030		

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A 030	Continued From page 7 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 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	A 030		

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A 030	Continued From page 8 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 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,	A 030		

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A 030	Continued From page 9 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 [illegible], 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 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 [illegible], 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, [illegible], 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	A 030		

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A 030	Continued From page 10	A 030		

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 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

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A 030	Continued From page 11 resident. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to provide a procedure for receiving and responding to resident complaints. The facility failed to demonstrate that such a procedure is implemented upon receipt of a complaint. The findings include: On record review of facility policy and procedure for resident complaints / customer concerns / grievances dated revealed: -The residents' monthly meeting is used as a medium for residents to express themselves in terms of complaints of grievances related to any issue that affects them in their living environment. -On an on-going basis, residents are allowed to voice problems to the provider or staff in charge, at any given time on an individual basis. The problem or grievances shall also be documented on a complaint log as well as follow-up actions taken by the provider to resolve such problems. On at 11:35 AM, during an interview with Resident #15, it was revealed that the resident has repeatedly requested from staff someone to fix her TV for approximately 3 months. The facility failed to document any procedure implemented by the facility to address the resident's complaint. The facility did not produce any documentation of follow-up actions to resolve the resident's complaint.	A 030		

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A 030	Continued From page 12 On at 11:45 AM, during an interview with Resident #16, it was revealed that the Resident has repeatedly requested from staff someone to fix his window blinds and repair maintenance issues in his bathroom. He stated he reported his complaint to staff for the last year and the facility failed to document any procedure implemented by the facility to address the resident's complaint. The facility did not produce any documentation of follow-up actions to resolve the resident's complaint. On document review of the facility's work order system revealed the facility maintenance request log had no entries logged from . . . . . to . . . . . . In an interview on . . . . . at 4:45 PM with the Administrator, she stated the facility recently hired a new maintenance staff member, these issues need to be addressed. Class III	A 030		
A 034	59A-36.007(9) ASSISTIVE DEVICES (9) ASSISTIVE DEVICES. Facilities are responsible for ensuring the safe usage of a resident's assistive devices. (a) The facility must have policies and procedures that include the requirements and methods for assessing the physical condition of assistive devices that may injure the resident and procedures for recommending repair or replacement for the continuing safety of a resident's assistive device. (b) Documentation of each assistive device a resident uses must be included in the resident's	A 034		

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A 034	Continued From page 13 record. (c) Direct care staff using assistive devices while rendering personal services to residents must know how to operate and utilize the equipment. (d) All assistive devices must be clean, in good repair, and free of hazards. (e) The facility must encourage and allow the resident to function with independence when using the assistive device. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the safe usage of a resident's assistive device. The findings include: On record review of Resident #5's Health Assessment (AHCA form 1823) admission date , under Nursing/Treatment/ Service Requirements that the resident requires a rolling walker. On record review of Resident #5's chart revealed on a physician ordered prescription for a rolling walker On record review of Resident #5's chart revealed on a physician ordered prescription for a standing upright walker with seat. On at 3:15 PM, during an interview with the Administrator (Staff A) she stated after reviewing the resident's file that even though the resident had a prescription for a medical device there may be a cost associated that the resident or Guardian does not want to pay.	A 034		

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A 034	Continued From page 14 Class III	A 034		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident. For purposes of this paragraph, an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer are considered medications in previously dispensed, properly labeled containers. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident's medications or dosages change. (c) Placing an oral dosage in the resident's or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage. (f) Keeping a record of when a resident receives assistance with self-administration under this section.	A 052		

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A 052	Continued From page 15 (g) Assisting with the use of a [redacted], including removing the cap of a [redacted], opening the unit dose of [redacted] solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the [redacted]. (4) Assistance with self-administration of medication does not include: (a) Mixing, [redacted], converting, or [redacted] medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a [redacted] of the body. (d) Administration of [redacted] preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with [redacted], or [redacted] preparations. (g) Assisting with medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered	A 052		

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A 052	Continued From page 16 administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of Rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S. and this rule. (b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes, orally advising the resident of the name and dosage of the medication and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container. (d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record. (e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: 1. The health care provider may prescribe a	A 052		

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A 052	Continued From page 17	A 052		

medication schedule that coincides with the resident's presence in the facility,
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.
(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.
(g) As used in Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.
(h) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication.

This Statute or Rule is not met as evidenced by:
Based on observation, record review and interview, it was determined that the facility failed to ensure staff accurately assisted with self-administration of prescribed medication, by failing to orally advise the residents the name and dosage of the medication for 4 out of 4 sampled residents (Residents #10, #12, #13 and #18).

The findings include:

1) During medication pass on the

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A 052	Continued From page 18 surveyor observed Staff G (Medication Technician), assisting with self-administration of medication. Staff G did not orally advise Resident #10 of the name and dosage of the medication or verbally prompt the resident to take medication as prescribed. 2) During medication pass on the surveyor observed Staff G, assisting with self-administration of medication. Staff G did not orally advise Resident #12 of the name and dosage of the medication or verbally prompt the resident to take medication as prescribed. 3) During medication pass on the surveyor observed Staff G, assisting with self-administration of medication. Staff G did not orally advise Resident #13 of the name and dosage of the medication or verbally prompt the resident to take medication as prescribed. 4) During medication pass on the surveyor observed Staff G, assisting with self-administration of medication. Staff G did not orally advise Residents #18 of the name and dosage of the medication or verbally prompt the resident to take medication as prescribed. During an interview on at 1:00 PM, the acting Administrator was asked to provide medication waiver forms signed and dated for Residents#10, 12, 13 and 18. During an interview on at 4:35 PM the acting Administrator stated she does not have the waivers in the resident's file at this time. No additional documentation was provided. Class III	A 052		

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A 054	Continued From page 19	A 054		
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 observation and interview, it was determined that the facility failed to ensure the Medication Observation Record (MOR) was	A 054		

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A 054	Continued From page 20 updated immediately after each medication was administered for 32 out of 32 residents. The findings Included: During an observation of medication pass on . . . . . , Staff G (Medication Technician) was observed by the surveyor updating the MOR, by clicking on multiple residents' pictures . This surveyor observed no residents present at the time of Staff G updating the MOR. During an interview conducted on at approximately 9:13 AM with Staff G , she stated she did an update on the MOR after she had administered the medication for 32 residents. She stated she did not know she was to immediately update the MOR after each medication was offered to the resident. She stated she has a lot of residents and she is the only Medication Technician on her shift (7:00 AM - 3:00 PM). She stated it is easier for her to give medications first and update the MOR later. During an interview on at 4:35 PM with the acting Administrator and the Assistant Administrator they both acknowledged the findings. Class III	A 054		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week:	A 079		

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A 079	Continued From page 21	A 079		

Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week

0-5	168
	212
16-25	253
26-35	294
36-45	335
46-55	375
56-65	416
66-75	457
76-85	498
86-95	539

For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week.

2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.

3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility.

4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night.

5. A staff member who has completed courses in First Aid and , , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times.

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A 079	Continued From page 22 a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least . must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or	A 079		

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A 079	Continued From page 23 arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident	A 079		

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A 079	Continued From page 24 needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure access to entry and exiting of the facility for emergency personnel and visitors to the facility. Facility also failed to ensure that at least one staff member designated in charge, and who has access to facility and resident records in case of an emergency is always present in the facility. The findings include: On . . . . . the Surveyors entered the facility at 9:06 AM and found no one at the receptionist desk. An observation was made of one facility employee who was cleaning the area. She was asked in her language by the surveyor who spoke the same language, who was in charge of the facility. The employee stated no one was there, and no one was in charge of the facility.	A 079		

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A 079	Continued From page 25 In an interview with Staff G, MedTech on [redacted] at 9:09 AM she stated no one was in charge and that the Administrator should be at the facility in 30 minutes. In an interview with the Executive Director on [redacted] at 9:38 AM (who had come from a sister facility to assist with the survey), she stated that she is not the Administrator and had come to the facility to assist. She further stated that a new Administrator will be starting on [redacted]. In a confidential interview on [redacted] at 1:24 PM with a representative from the Local entity providing emergency services he stated they have problems all the time trying to get in as there is no staff available to answer the door. Or, if there are staff there, you can't get them, and after after-hours it takes forever to get inside the building. He stated the facility is always changing the code to the door and they are never alerted regarding the change. Observation by this surveyor on [redacted] revealed a transport personnel at the front door bringing a resident [redacted] to the facility. This surveyor observed him standing outside the main entry door for [redacted] minutes with an exasperated look on his [redacted]. This surveyor attempted to open the door for him but could not. The Executive Director came out of the Administrator's office located to the left inside the building (visible from the door) and buzzed him in. He stated to this surveyor that "this is all the time." He did not give his name or the company he represented. In an interview with the Executive Director/Acting Administrator, Executive Director for the facility and the facility's owner on [redacted] at 4:49 PM	A 079		

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A 079	Continued From page 26 they were informed of the finding, specifically of the inability of emergency personnel, visitors and others to access the interior of the facility. Class III	A 079		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHERRY OAK PALM BEACH COUNTY	6026 OLD CONGRESS LANTANA, FL 33462

(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 152	Continued From page 27 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to maintain a safe and decent living environment. The findings include: On at 10:45 AM, an observation found the outdoor grounds unkept and grass needed to be trimmed. The front of facility which is the south/east side of the facility has a parking lot which is partially flooded. A tour of the North side of the facility had two garbage bins which were overflowing with large amounts of construction debris all along the side of facility, which is visible from the residents rooms facing north side which included 5 mattresses, 2 recliners, black garbage bags and other construction debris. (Photographic evidence obtained). On at 11:45 AM, an observation, interview and record review revealed Resident #16 stated he did request a repair to his window blinds which do not go up or down. Observation by surveyor revealed the resident's window blinds located in his room were not functional. They would not go up or down. Record review revealed a maintenance log dated . . . . . that this issue was documented as needing repair. Resident #15 stated her (Comcast) cable TV	A 152		

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A 152	Continued From page 28 service supplied by the facility has not been getting a signal for the last 3 months. Observation of the resident's TV revealed no cable signal. Review of the maintenance log showed no documentation of any maintenance requests or repairs from until . (Photographic evidence obtained). On at 4:45 PM the survey team met with the Administrator to conduct the Exit Conference. She was informed of the findings of the survey, and acknowledged the findings. Class III	A 152		
A 160	59A-36.015(1) FAC Records - Facility 59A-36.015 Records. The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident	A 160		

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A 160	Continued From page 29 was admitted with a [illegible]; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to Rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of [illegible]. (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in Rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in Rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by Rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in Rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related [illegible], a copy of all such facility advertisements as required by Section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in Rule 59A-36.007, F.A.C. (j) All food service records required in Rule 59A-36.012, F.A.C., including menus planned	A 160		

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A 160	Continued From page 30 and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to Section 429.435, F.S., and rule Chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to Section 381.031, F.S., and Chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to Section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) The facility's policies and procedures pursuant to subsection 59A-36.007(10), F.A.C.; (q) The facility's . . . . . prevention policies and procedures; (r) The facility's medication practices; (s) The facility's policy on physical ; (t) The facility's policy on assistive devices; (u) The facility's policy on third-party providers; (v) The facility's policy on visitation pursuant to Section 408.823(2)(a), F.S.; (w) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in Rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview, the facility failed to	A 160		

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A 160	Continued From page 31 establish/or maintain records in a manner that allows them to be readily available/or immediately produce documents, records, or other such data upon request. The findings Include: During an interview with the Executive Director on [redacted] at 10:16 AM (who had come to the facility from a sister facility to assist with the survey), a request was made to her for the facility files for Residents #1, 2 and 3. She stated she would pull them and make them available. In an interview with the Executive Director on at 12:04 PM, this surveyor informed her that the requested files had not been provided for review. She stated she was having someone pull them. In an interview with the Executive Director on at 1:17 PM, this surveyor informed her again that the resident files that were requested had not been provided, and another request was made for them. She stated she was not familiar with Resident #3, and that resident hasn't been at the facility since 2022. She also stated the owner (who was at the facility) was not aware of the resident either. In an interview with the Executive Director on at 2:49 PM, she informed the surveyor that she is having trouble printing the staff schedules and she is contacting Corporate to assist. The facility did not have staff schedules posted, provided to staff, or available for review by the surveyors. In an interview on [redacted] at 4:21 PM with the Executive Director, Owner, and facility's	A 160		

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A 160	Continued From page 32 Executive Director, the owner stated they have nothing regarding Resident #3. The Owner stated he handles the litigation but has nothing regarding the resident. In an interview with the Executive Director on . . . . . at 12:03 PM she was reminded that the Medication Observation Records (MORs) for Resident #1 had not been received. In an interview with the Executive Director on at 1:12 PM she was reminded that the Medication Observation Records (MORs) for Resident #1 had not been received. This surveyor suggested they email them as she stated they were having difficulty printing them. They were not emailed. In an interview with the Executive Director on at 3:28 PM, this surveyor reminded her that the requested MORs for Resident #1 still had not been received for review. She left the room where the surveyors were working to go look for them. In an interview with the Executive Director on . . . . . at 3:41 PM she stated she is still trying to print the MORs and if she is unable to, she will email them to me. On . . . . . at 4:26 PM, the Acting Administrator provided this surveyor with the last of the previously requested MORs for Resident #1. No additional information/discussion was provided. Class III	A 160		

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A 161	Continued From page 33	A 161		
A 161	429.275(2) FS; 59A-36.015(2) FAC Records - Staff 429.275 (2) The administrator or owner of a facility shall maintain personnel records for each staff member which contain, at a minimum, documentation of background screening, if applicable, documentation of compliance with all training requirements of this part or applicable rule, and a copy of all licenses or certification held by each staff who performs services for which licensure or certification is required under this part or rule. 59A-36.015 (2) STAFF RECORDS. (a) Personnel records for each staff member must contain, at a minimum, a copy of the employment application, with references furnished, and documentation verifying freedom from signs or symptoms of communicable . . . . . In addition, records must contain the following, as applicable: 1. Documentation of compliance with all staff training and continuing education required by Rule 59A-36.011, F.A.C., 2. Copies of all licenses or certifications for all staff providing services that require licensing or certification, 3. Documentation of compliance with level 2 background screening for all staff subject to screening requirements as specified in Section 429.174, F.S., and Rule 59A-36.010, F.A.C., 4. For facilities with a licensed capacity of 17 or more residents, a copy of the job description given to each staff member pursuant to Rule 59A-36.010, F.A.C., 5. Documentation verifying direct care staff and	A 161		

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A 161	Continued From page 34 administrator participation in resident elopement drills pursuant to paragraph 59A-36.007(8)(c), F.A.C. (b) The facility is not required to maintain personnel records for staff provided by a licensed staffing agency or staff employed by an entity . . . . . to provide direct or indirect services to residents and the facility. However, the facility must maintain a copy of the contract between the facility and the staffing agency or contractor as described in Rule 59A-36.010, F.A.C. (c) The facility must maintain the written work schedules and staff time sheets for the most current 6 months as required by Rule 59A-36.010, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documented Elopement Drills conducted twice a year for 3 out of 4 sampled staff (Staff D, E and F). The finding included: 1) Review of the facility's personnel file on . . . . . for Staff D (Caregiver) revealed a date of hire of . Further review of the facility's Elopement Drills Log dated . . . . . documented Staff D participation. No additional documentation was provided to demonstrate staff participated twice annually for the year 2023. 2) Review of the facility's personnel file on . . . . . for Staff E (Caregiver) revealed a date of hire of . Further review of the facility's Elopement Drills Log dated . . . . . documented Staff E participation. No additional documentation was provided to demonstrate staff participated twice annually for the year 2023.	A 161		

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A 161	Continued From page 35 3) Review of the facility's personnel file on for Staff F (Medication Technician) revealed a date of hire of . Further review of the facility's Elopement Drills Log revealed no participation of Staff F. No additional documentation was provided to demonstrate staff participated twice annually for the year 2023. During an interview on at 4:35 PM with the Acting Administrator and Assistant Administrator they both acknowledged the findings. No additional documentation was provided. Class	A 161		

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CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [illegible] are enrolled in the national retained print notification program at the Federal Bureau of Investigation: 1. A person with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. 2. Effective [illegible], or a later date as determined by the Agency for Health Care Administration, for the participation of qualified entities in the clearinghouse under s. 435.12, a person with a break in service of more than 90 days from a position for which screening is conducted by a qualified entity participating in the clearinghouse must submit to a national screening if the person returns to a position for which screening is conducted by a qualified entity. (c) An employer of persons subject to screening or a qualified entity participating in the clearinghouse must register with the clearinghouse and maintain the employment or affiliation status of all persons included in the clearinghouse. 1. Before [illegible], initial status and any changes in status must be reported within 10 business days after a person receives his or her initial status or after a change in the person ' s status has been made. 2. Effective [illegible], initial status and any changes in status must be reported within 5 business days after a person receives his or her initial status or after a change in the person ' s status has been made.	CZ814		

AHCA Form 3020-0001

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

Agency for Health Care Administration

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CZ814	Continued From page 1 (d) An employer or a qualified entity participating in the clearinghouse must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee or a person with a current or potential affiliation with a qualified entity for electronic submission to the Department of Law Enforcement. The registration must include the person ' s full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain the employment status for Staff A (acting Administrator) within the Clearinghouse Background Screening. The findings included: A team of surveyors entered the facility for biannual survey on at approximately 9:00 AM, during the survey the surveyors observed no receptionist at the front desk. The surveyor asked Staff (housekeeping) if the Administrator was in the building and she stated the facility has no Administrator. The surveyor asked for the manager or supervisor on duty and she stated she did not know. Staff G (Medication Technician) was in the common area (near the dining room) assisting with medication pass, she was asked if the Administrator was in the building and she stated the facility had no Administrator.	CZ814		

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CZ814	Continued From page 2 She stated she was going to call the manager Staff L (Assistant Administrator) to let her know AHCA was in the building. During an interview on at approximately 9:45 AM Staff A (acting Administrator) introduced herself as the acting Administrator, she stated she was going to conduct the survey with Staff L (Administrator's Assistant). During review of the Background Screening Clearinghouse Roster on and , revealed the facility former Administrator listed as the current facility Administrator. During an interview on at 4:35 PM Staff A (acting Administrator) acknowledged the findings and no additional information was provided. Unclassified	CZ814		