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
	AL11943030	A. BUILDING: _____ B. WING _____	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREEMONT ON THE PARK	3881 NE 3RD AVENUE OAKLAND PARK, FL 33334

(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 Abbreviated Relicensure and Generator Monitoring survey was conducted on at Treemont on the Park. The facility had deficiencies related to the Relicensure identified 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. (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,	A 010		

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A 010	Continued From page 1 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.	A 010		

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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 -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 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,	A 010		

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A 010	Continued From page 3 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 _____, 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 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	A 010		

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A 010	Continued From page 4 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 review, the facility failed to assess 1 of 3 sampled residents (Resident #1) for continued residency after a change in condition. This was evidenced by the facility's failure to update Resident #1's Resident Health Assessment (AHCA Form 1823) to reflect the development of a , and the decline in the resident's activities of daily living (ADLs). The findings included: During a tour of the facility conducted with Staff B (Lead CNA/MedTech, Designee) on at 9:50 AM, Resident #1 was observed lying in a hospice bed with half bedrails and the of the bed elevated 45 degrees or more. The resident was observed sleeping in a position with their bobbing forth. Staff B stated Resident #1 was on hospice services for and she was also on care services. Staff B further stated she did not know the status of the . Staff B also stated that the resident did not perform any ADLs on her own and that staff and hospice performed Resident #1's ADLs. A review of Resident #1's file revealed a Resident Health Assessment (AHCA Form 1823) dated . Resident #1 was documented as having as a diagosis. Resident #1 also had limited mobility as a physical limitation . Resident #1 required assistance with all ADLs (ambulation, bathing, , grooming, toileting, transferring) except for eating (supervision). Resident #1 was also receiving hospice as a nursing service. Further review of	A 010		

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A 010	Continued From page 5 the Resident Health Assessment form revealed Resident #1 was documented as not having any , III, or , but it was also documented that she had a on her managed by HH/SN and hospice. A review of Resident #1's file revealed an Initial General Plan from the hospice provider dated . The plan documented a diagnosis of Bed Confinement Status and . Further review revealed an order for care services. Further review of Resident #1's file revealed an Updated Comprehensve Assessment for a Evaluation from the hospice provider dated . The evalutation revealed the provider implemented interventions for the facility follow in conjuction with the care orders. The document stated the facility was responsible for repositioning her every 2 hours and keeping her skin clean and dry. Further review of Resident #1's file revealed an Updated Comprehensive Assessment from the hospice provider dated . The assessment revealed Resident#1 was diagnosed with a , and with the provoking factor being bedbound. Further review revealed an order for care services specific to treatment. Further review of Resident #1's file revealed progress notes from the facility dated - (No author). The progress note stated that Resident #1's primary care physician reports and considerable loss. Further review revealed Resident #1 was documented as not feeding herself and required over 45 minutes of feeding from staff.	A 010		

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A 010	Continued From page 6 Additionally, Resident #1 was documented as having a redeveloping on her which was now a and she was in bed constantly in a position; making it difficult to roll her into alternate positions. During an interview conducted with the Administrator on at 2:25 PM, he stated he was not aware that Resident #1's was a . He further stated the diagonisis should've been on the Resident Health Assessment along with her hospice diagnosis. He was informed that the diagnosis of the was not on the Resident Health Assesssment and the resident's ADLs do not correlate with the documentation of decline from hospice and the facility. The Administrator acknowledged the findings and stated he would have Resident #1 reassessed to accurately determine her care needs and her eligibility for residency. Class III	A 010		

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ZZ875	430.5025(4 &) / ; Training (4) Employees of covered providers must complete the following training for 's and related forms of : (a) Upon beginning employment, each employee must receive basic written information about interacting with persons who have 's or related forms of . (b) Within 30 days after beginning employment, each employee who provides personal care to or has regular contact with participants, patients, or residents must complete a 1-hour training program provided by the department. 1. The department shall provide training that is available online at no cost. The 1-hour training program shall contain information on understanding the basics about the most common forms of , how to identify the signs and symptoms of , and skills for communicating and interacting with persons with ' s or related forms of . A record of the completion of the training program must be made available to the covered provider which identifies the training curricula, the name of the employee, and the date of completion. 2. A covered provider must maintain a record of the employee's completion of the training program and, upon written request of the employee, provide the employee with a copy of the record of completion consistent with the employer's written policies. 3. An employee who has completed the training required in this subsection is not required to repeat the program upon changing employment to a different covered provider. (c) Within 7 months after beginning employment for a home health agency, nurse registry, or companion or homemaker service provider, each	ZZ875		

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ZZ875	Continued From page 1	ZZ875		

employee who provides personal care must complete 2 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person ' s independence in activities of daily living, and skills in working with families and caregivers.
(d) Within 7 months after beginning employment for a nursing home, an assisted living facility, an adult family-care home, or an adult day care center, each employee who provides personal care must complete 3 hours of training in addition to the training required in paragraphs (a) and (b). The additional training must include, but is not limited to, behavior management, promoting the person's independence in activities of daily living, skills in working with families and caregivers, group and individual activities, maintaining an appropriate environment, and ethical issues.
(e) For an assisted living facility, adult family-care home, or adult day care center that advertises and provides, or is designated to provide, specialized care for persons with 's or related forms of , in addition to the training specified in paragraphs (a) and (b), employees must receive the following training:
1. Within 3 months after beginning employment, each employee who provides personal care to or has regular contact with the residents or participants must complete the additional 3 hours of training as provided in paragraph (d).
2. Within 6 months after beginning employment, each employee who provides personal care must complete an additional 4 hours of -specific training. Such training must include, but is not limited to, understanding and related forms of , the stages of 's , communication strategies, medical information,

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ZZ875	Continued From page 2 and stress management. 3. Thereafter, each employee who provides personal care must participate in at least 4 hours of continuing education each calendar year through contact hours, on-the-job training, or electronic learning . For this subparagraph, the term "on-the-job training" means a form of direct coaching in which a facility administrator or his or her designee instructs an employee who provides personal care with guidance, support, or -on experience to help develop and refine the employee's skills for caring for a person with 's or a related form of . The continuing education must cover at least one of the topics included in the -specific training in which the employee has not received previous training in the previous calendar year. The continuing education may be fulfilled and documented in a minimum of one quarter-hour increments through on-the-job training of the employee by a facility administrator or his or her designee or by an electronic learning chosen by the facility administrator. On-the-job training may not account for more than 2 hours of continuing education each calendar year. (f)1. An employee provided, assigned, or referred by a health care services pool must complete the training required in paragraph (c), paragraph (d), or paragraph (e) that is applicable to the covered provider and the position in which the employee will be working. The documentation verifying the completed training and continuing education of the employee, if applicable, must be provided to the covered provider upon request. 2. A health care services pool must verify and maintain documentation as required under s. 400.980(5) before providing, assigning, or referring an employee to a covered provider.	ZZ875		

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ZZ875	Continued From page 3 (7) For a certified nursing assistant as defined in s. 464.201, training hours completed as required under this section may count toward the total hours of training required to maintain certification as a nursing assistant. (8) For a health care practitioner as defined in s. 456.001, training hours completed as required under this section may count toward the total hours of continuing education required by that practitioner's licensing board. (9) Each person employed, , or referred to provide services before , , must complete the training required in this section before , . Proof of completion of equivalent training completed before , , shall substitute for the training required in subsection (4). Each person employed, , or referred to provide services on or after , , may complete training using approved curriculum under paragraph (5)(d) until the effective date of the rules adopted by the department under subsection (6). This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain the mandatory annual continuing education training for 's as a facility that advertises specialty services for (secured facility/memory care). This was evidenced by the facility's failure to ensure 3 out of 3 sampled staff completed a 4 hour Department of Elderly Affairs (DOEA) approved training for 2024 and 2025. The finding included: During an interview conducted with Staff B (Lead CNA/MedTech, Designee) on at 10:07AM, she stated that the facility is a secured	ZZ875		

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ZZ875	Continued From page 4	ZZ875		

facility and the Memory Care residents are not separated from the general population. Staff B further stated she and the care were responsible for caring for the Memory Care and AL residents. Observations of the facilitity confirmed the entire facility is secured.

At this time, a sample of the care staff files were requested for review. The review revealed the following information:

1) A review of Staff B's (Lead CNA/MedTech, Designee) file revealed Staff B had not completed a 4 hour DOEA approved training for and Related (ADRD) in 2024 or 2025.

2) A review of Staff C's (CNA) file revealed Staff C had not completed a 4 hour DOEA approved training for 's and Related (ADRD) in 2024 or 2025.

3) A review of Staff D's (HHA) file revealed Staff D had not completed a 4 hour DOEA approved training for 's and Related (ADRD) in 2024 or 2025.

Review of Staff B, C and D's file revealed all had been employed with the facility for over 12 months.

During an interview conducted with the Administrator on at 2:21PM, he stated that the facility was secured facility and operated as memory care. The Administrator further stated that all his staff were trained on ADRD standards on an annual basis. At this time, he was informed that 3 out of 3 sampled staff (Staff B, Staff C, and Staff D) had not completed any ADRD training since 2023. The Administrator acknowledged the

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ZZ875	Continued From page 5 findings and stated that he would have all of his care staff participate in an DOEA approved 4 hour ADRD training to ensure compliance. Class III	ZZ875		