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
	AL11969283	A. BUILDING: _____ B. WING _____	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ARBOR AT LAKE WORTH	9130 HYPOLUXO RD LAKE WORTH, FL 33467

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure, Complaint (#2025017976 and #2025004675) and Generator Monitoring survey was conducted on - at The Arbor at Lake Worth. The facility had deficiencies related to the Relicensure and Complaint 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,	A 010		

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A 010	Continued From page 1	A 010		

additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care.
(d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to:
a. Move, turn, or reposition without total physical assistance;
b. Transfer to a chair or wheelchair without total physical assistance; or
c. Sit safely in a chair or wheelchair without personal assistance or a physical .
2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days.
3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.

(2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the

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A 010	Continued From page 2 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 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	A 010		

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A 010	Continued From page 3 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 , 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	A 010		

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A 010	Continued From page 4 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 observations, interview and record review, it was determined that, the facility failed to ensure a resident was reassessed for continued residency after experiencing a significant change in health status. The facility failed to determine whether it remained capable of providing the care and services required by the resident's physician's orders and medical diagnoses for 1 of 2 sampled residents (Resident #5). The findings include: On at 8:40 AM, this surveyor observed emergency medical services ( ) personnel transporting Resident #5 from the facility to the hospital. On at 11:42 AM, this surveyor observed Resident #5 sitting at the dining table in her room after returning from the hospital. No staff observed attending to the resident. During an interview conducted on at 12:30 PM with Staff I (Vice President of Resident Care), she stated that Resident #5 has 's and does not maintain proper positioning while seated, causing her to slide down in her chair. Staff I further stated that this may have contributed to resident #5's multiple . During an interview conducted on at 2:00 PM with Staff J (Resident Care Director), he stated that residents are evaluated after experiencing three (3) within a one-month period. Staff J confirmed that resident #5	A 010		

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A 010	Continued From page 5 sustained her third on and in accordance with facility policy, was due for reassessment. Further record review of the facility's incident reports dated revealed that Resident #5 had 25 times between , to , . Further record review revealed no additional reassessment for continued residency or inventention to prevent the reoccurrences. Review of Resident #5's AHCA form 1823, signed and dated by a licensed health care provider on documented the medical history and diagnosis as 's ...., Hyperlipemia (HLD), , , , , , and Lumbago. Physical or sensory limitations were documented as using a walker for ambulation. Bathing and was documented as assistance needed. The form further documented that the resident was independent on ambulation, eating, bathing, , grooming, toileting and transferring. Review of Resident #5's care plan dated documented prevention assistance as 3x daily and has one or more of the following medical conditions that affect balance and mobility: , , conditions, 's, , ( ), Class III	A 010		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision	A 025		

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A 025	Continued From page 6 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or , or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or , . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident's representative or designee of the need for health care services and must assist in making , , for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident's representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with Rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel	A 025		

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A 025	Continued From page 7 independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Review of Resident #12's progress notes documented the following: A) at 8:41 AM, Resident , female living in Memory Care ALF community. Resident is not ambulatory, able to transfer pretty much by herself and self-propels herself around the community on her own. She has swing and can become upset very easily. B) at 7:05 AM Resident observed propelling herself in the hallway requesting assistance. Resident stated she did not know where bathroom was. Resident was redirected to her room and assisted to the toilet. Will continue to redirect to monitor. C) at 3:23 AM Resident noted exiting her apartment at this time. Staff will attempt to reorient her to time. Will continue to monitor. Record review of the facility investigation	A 025		

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A 025	Continued From page 8	A 025		

documentation revealed the resident was last seen in the great room with residents at 12:55AM she said she was tired and went to her apartment. At 1:15 AM the staff did rounds and security was notified and looked in the apartments and could not find her. They looked at the cameras and noticed the resident left through the kitchen and through a door. The nurse was notified to look at the Assisted living building because she was not found outside of the memory care building. The nurse found her at the door of the Assisted Living building at 2AM. The family and the doctor were notified. The nurse called security, and they brought the resident in the golf cart and got her settled into bed. The resident status is that she is fine and doing well.

The root cause was that the battery in the kitchen door was not working and the kitchen staff stuffed paper in the door to keep it open rather than tell someone the door was not working the resident went into the kitchen and left through the kitchen door to the outside. Because the kitchen is usually locked there is no alarm on this door because it is only used by the kitchen staff.

During a tour of the Memory Care (secured unit) kitchen on in which Resident #12 eloped, the following was noted.
1) In order to enter the kitchen, you enter through a main door with a key fob. This grants you access to the kitchen.
2) The kitchen is a fully functioning kitchen that is used to prepare the meals for the Memory Care unit. Multiple dangerous appliances and sharp knives identified in the area.
3) Far right of the kitchen is another exit door (double doors) that grants full access to the outside parameter of the Memory Care

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A 025	Continued From page 9 unit/facility, no supervision in this area and no secured parameter. 4) Further observation of the exit doors (inside the kitchen) revealed a large open space between the double doors approximately 2 inches wide. You can see directly outside and stick your through the gap. Confidential interviews at this time with staff present revealed the door had been in this condition for a while. During an interview on at 9:00 AM Director of Memory Care stated resident eloped from the memory. She stated the door of the kitchen was not working when resident eloped from the memory care unit. She stated the key fob door uses C battery, and it was replaced by maintenance after the resident eloped. She further stated she could not provide how long the door was not working before the resident eloped. She stated that the resident was last seen in her room and she must have gone through the Westside kitchen door of the memory care unit and through the door where the key fob wasn't working through the door and at the of the memory care unit .she stated that resident self-propelled herself over to the Assisted Living side of the facility. She stated resident was found by nurse where she was banging on the door let me in. She stated that the camera footage shows time stamp of how long the resident was missing. In addition, the Director of Memory Care was unable to provide any documentation regarding further investigation into how Resident #12 obtained access to this dangerous area, any further interventions and/or interview staff on duty to determine how the event occurred. On and , Resident #12 was observed still residing in the Memory Care	A 025		

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A 025	Continued From page 10 Unit. The facility was unable to provide any documentation identifying interventions implemented to prevent reoccurrence. Further record review revealed a Safe Sallow Guidelines facility form dated for Resident #12. The form documented the following guidelines/requirements for Resident #12. Diet: Puree-Minced/Moist. Liquids: Regular by cup or straw 1. Sit up fully while eating and drinking. 2. Take small sips and bites. Avoid fast drinking 3. Patient to eat and drink only when fully alert. 4. Eat/drink SLOWLY. Allow time for food/liquid to pass through and . Further record review failed to reflect how the facility was to ensure these guidelines were followed for Resident #12. During an observation on and at 12 PM and 11:52 AM, Resident #12 was observed seated in a wheelchair eating soup. Resident #12 began coughing while consuming the soup. No staff were seated with the resident or intervened during this time. 2) A review of Resident #1 record showed an admission date of . A review of the residents Health Assessment (AHCA form 1823) dated showed Medical History and Diagnosis: , , Ataxic Gait, or Behavioral Status: poor short-term memory, Nursing/Treatment/ , /Service Requirements: show assist with ADL's and medications, Special Precautions: was blank. Further review indicated the resident ADL care she was independent eating and transferring, she required supervision for ambulation, and assistance with bathing, stressing, grooming, and	A 025		

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A 025	Continued From page 11 toileting. Record review revealed the resident was last seen at approximately 6:00 PM eating dinner in the dining room. At 6:40 PM, Care Staff U found the resident on the hallway floor, lying on her left side and without her walker. The resident was unable to verbalize , . Staff V performed a -to- assessment; vital signs were within normal limits. The resident was assisted to her apartment, provided PM care, and placed in bed. Record review revealed no documentation of increased supervision, enhanced precautions, or additional monitoring checks implemented following the first unwitnessed . The facility was unable to provide documentation demonstrating the level of supervision and monitoring required for the resident following the initial unwitnessed . No monitoring logs, enhanced supervision records, or prevention interventions were produced for review. In the absence of required documentation, the facility could not demonstrate it provided supervision appropriate to the resident's condition. Second - at 8:30 PM Record review indicated that at approximately 8:30 PM, while conducting rounds, Staff V found the resident down on the floor in her apartment near her bed, unable to move. Redness and were noted on the resident's forehead, and the resident demonstrated , and inability to move her left arm.	A 025		

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A 025	Continued From page 12 Further review of the record indicated that Resident #1's walker was located at the of the bed, out of reach. 911 was contacted immediately. The daughter was notified. The resident was transported to Bethesda West Hospital. On at 8:00 AM, the Resident's daughter informed the facility that the resident sustained a displaced . During interview on at approximately 2:00 PM with the Resident Wellness Director, he confirmed that the resident frequently attempted to ambulate without her walker. Record review revealed that the resident was not observed between 7:35 PM and 8:30 PM, a period of approximately 55 minutes, despite experiencing an unwitnessed earlier that evening and having significant and physical , requiring close supervision. No documentation indicated environmental interventions (walker placement, bed adjustment, clutter removal), increased check frequency, or additional prevention measures implemented following the first . During an interview with the Administrator on at 2:20 PM, he was informed of the findings, no additional documentation was provided. Class III	A 025		
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	A 030		

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A 030	Continued From page 13 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, 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;	A 030		

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A 030	Continued From page 14 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 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.	A 030		

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A 030	Continued From page 15 (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 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	A 030		

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A 030	Continued From page 16 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 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	A 030		

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A 030	Continued From page 17	A 030		

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 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;

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A 030	Continued From page 18 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 interviews, record review and observation, the facility failed to ensure that resident grievances were received, investigated, outcome documented and responded to in a timely manner and call light was functioning to its full capacity for 4 out of 6 (Resident #5, Resident #28, Resident #29 and Resident #30) sampled residents The findings included: 1) During resident interview conducted on at 9:50 AM, Resident #5 stated that she was falling most of the time and it takes time for staff to come to help after pressing the button. She indicated concerns regarding the timelines of staff responses when residents requested assistance. She stated that she had raised her grievances about her and the facility had done nothing.	A 030		

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A 030	Continued From page 19 2) During another resident interview on at 10:02 AM, Resident #29 stated that it took more than an hour for staff to come and transfer her when she needed to go to the dining room and when coming out of the dining room. A grievance was reviewed dated and the description stated: Ruined laundry. The form was not fully filled to demonstrate how grievance was resolved. 3) During another resident interview on at 10:10 AM, Resident #30 stated that it takes a longer time to get help and staff members were not grievances. She further stated that call light system works but it takes long time for staff to come and assist her when she needed help. A grievance from resident #30 was reviewed dated and the description stated: night gown (1) and underwear (3). The form was not fully filled to demonstrate how grievance was resolved. During another resident interview on at 10:15 AM, Resident #28 stated that it takes a longer time to get help once you press the pendant requesting help. An interview with the Administrator on at 9:27 AM, this surveyor requested grievance policy and procedures as well as supervision policies and procedures. A binder of grievances was given to the survey team with grievances logged but no policy and procedures and a 1-page paper labelled Nurse Call System as a supervision policy and procedures. The Administrator stated that the form that was used for documenting grievances was created before he became an administrator, he further stated that he was not aware how these grievances were resolved.	A 030		

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A 030	Continued From page 20 In another interview with Staff J on at 3:30 PM, this Surveyor requested clarity on the facility Nurse Call System policy No2 referencing answering calls, it is noted: "If no one has answered the call within an appropriate period of time, the shift supervisor should respond to the call". Staff J stated that the corporate office said they cannot say what is an appropriate period of time. Record review of the facility's customer service grievance & resolution form for resident number 29 and number 30 revealed that the grievances were logged a vague description of resident's grievance. However, did not indicate what the exact grievance was and how it was resolved. Record review of the facility's call light response documentation revealed response delays, including one documented instance in which a resident call light remained unanswered for a prolonged period of time. Review of the facility's resident service grievance & resolution form revealed that when grievances are received, there was no proper description, forms had omitted information and no follow up documented. Observation of the facility's call light system on at 11:25 AM demonstrated intermittent . Resident #5 was asked to press the call light and no one answered, shortly thereafter, Resident #6 was asked to press his call light. Then Staff answered. The surveyor then asked the nurse to verify whether the call light activation was noted at the nursing station for Resident #5. She stated that there was nothing recorded for Resident #5.	A 030		

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A 030	Continued From page 21 During an interview with the Administrator on at 4:30 PM, he was informed of the findings regarding grievance as well as call light at the time of the survey. He acknowledged the findings; no additional information was provided. 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 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 observation, record review and interview, it was determined that the facility failed to document the use of assistive devices on the residents health assessment for 2 out of 2 resident's sampled (Resident #12 and # 20).	A 034		

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A 034	Continued From page 22 The findings included: On at 9:15 AM during breakfast observations, this surveyor observed Resident # 20 was seated in a wheelchair at the dining table. On at 12:27 PM during a medication pass , this surveyor again observed Resident # 20 seated in a wheelchair. Record review of Resident # 20 revealed that the resident has required a wheelchair to assist with ambulation since . Review of Resident # 20's Health Assessment ,signed and dated on by a licensed health care provider did not document the resident's use of a wheelchair. During an interview conducted on at 1:00 PM with the Memory Care Director, She stated that the Health Assessment contained in the resident's file was accurate and current. On at 10:00 AM, Resident #9 was observed ambulating on the third-floor hallway and entering the elevator while operating an electric scooter. During an interview on at 10:05 AM, Resident #9 confirmed that her family purchased the scooter for long-distance mobility within the facility, she also has a walker in her apartment for short- distance mobility. Interview on with the Resident Care Director corroborated that the scooter is used regularly by Resident #9 throughout the facility.	A 034		

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A 034	Continued From page 23 Record review revealed no documentation of the electric scooter or the walker in Resident #9's medical record or on the health assessment form (AHCA Form 1823). A review of Resident #1 record indicated that the resident no longer is residing at the Facility. A review of the incident report in Resident?#1's archived record indicated the resident's use of a walker at the time of the incident. However, review of Resident #1 archived Health Assessment Form dated (AHCA form 1823) did not include documentation of the walker as an assistive device. Class III	A 034		
A 092	59A-36.012(1) FAC Food Service - General Responsibilities (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator, or an individual designated in writing by the administrator, must be responsible for total food services and the day-to-day supervision of food services staff. In addition, the following requirements apply: (a) If the designee is an individual who has not completed an approved assisted living facility core training course, such individual must complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service. The designee is not subject to the 1 hour in-service training in safe food handling practices. (b) If the designee is a certified food manager, certified dietary manager, registered or licensed dietitian, dietetic registered technician, or health	A 092		

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A 092	Continued From page 24 department sanitarian, the designee is exempt from the requirement to complete the food and nutrition services module of the core training course before assuming responsibility for the facility's food service as required in paragraph (1)(a) of this rule. (c) An administrator or designee must perform his or her duties in a safe and sanitary manner. (d) An administrator or designee must provide regular meals that meet the nutritional needs of residents, and therapeutic diets as ordered by the resident's health care provider for residents who require special diets. (e) An administrator or designee must comply with the food service continuing education requirements specified in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on survey observation, staff interview, and record review, the facility failed to maintain a sanitary, pest-free food preparation environment, and failed to ensure the Dining Director fulfilled supervisory and training responsibilities for kitchen staff and that the kitchen staff followed established cleaning and sanitation protocols. This deficient practice created an immediate threat of foodborne illness to all 111 residents. The findings included: On at approximately 11:30 AM, during a facility tour of the kitchen and dining area the following observations of unsanitary kitchen maintenance, and live. 1) Observed multiple food debris on the dining area floor and dry food storage shelving. 2) Observed one live roach crawling on the wall near the drink dispensing machine and one live roach on the handwashing sink in the wait station.	A 092		

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A 092	Continued From page 25 3) Observed incomplete kitchen cleaning logs posted on the bulletin board; missing multiple entries. A review of the facility's Dining Cleaning policy (approval of) documented the following: Policy To provide a dining atmosphere that ensures the highest sanitary standard Procedure The Dining Director will maintain a detailed cleaning schedule for all staff. The schedule must include daily responsibilities as well as weekly side work assignments specific to each section. The cleaning schedule should be presented to all dining staff as part of their orientation training. The cleaning schedule is to be posted and used as a shift checklist for all staff Anne is to be reviewed by the dining director A review of the Facility's Kitchen Cleaning Schedule shows the staff kitchen cleaning responsibilities are the following: AM Cook Front line: Cover and store all leftovers, clean all equipment and surfaces arrange storage sweep area PM Cook Line: Wipe down all surfaces sweep area PM Cook: cover and store all leftovers drain, scour and sanitize steamtable, clean and organize storage area, all surfaces and sinks, cover and clean all ingredient bins. AM Dish washer: wipe down all dish racks and	A 092		

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A 092	Continued From page 26 dish storage areas wipe down dishwasher (top side,).	A 092		
	PM Dishwasher: Clean and sanitize kettle and flat griddle pool and clean range tops wipe down dishwasher scour and sanitize all surfaces sweep and mop floor (under all tables) equipment corners empty trash and clean cans and lids. Tuesday: Hoods: run filler through dishwasher and polish hood with SS Spray Thursday: clean all ovens Stock/Utility: Clean sanitize all refrigeration units, including doors, sweep and mop storeroom, clean and sanitize juice machine, clean floor mixer. Tuesday: Clean waitress cards Wednesday: Boil fryer and clean walls Thursday clean warmer and dumpster area Friday clean rolling racks Saturday drain juice machine During an interview on at approximately with the Dining Director, the Agency for Health Care Administration (AHCA) survey team requested the kitchen cleaning schedule as required by the Facility policy. A review of cleaning logs provided by the Dining Director for showed multiple dates blank or incomplete; no evidence of deep cleaning and no supervisor sign offs. During an interview on at approximately 9:00 AM with the Executive Director/Administrator, the Agency for Health Care Administration (AHCA) survey team requested copies of the Department of Health (DOH) food service inspection reports for the last two years.			

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A 092	Continued From page 27 The Executive Director provided copies of the Department of Health (DOH) food inspection reports dated and . Reviews of the reports showed unsatisfactory results, from sanitation and pest control failures. On , a DOH representative completed a routine inspection of the facility's food service areas. A review of the DOH food inspection report dated showed the facility had received violations in the following areas; 1) Handwashing, sinks, accessible and supplies; Violation comments: Observed handwashing sink near hot cook line nonfunctioning. Repair sink. 2) Insects, rodents, & animals not present Violation comments: observed one live roach on 4 burner range, one live roach in the dish washing room, two live roaches in a paper towel dispenser, and about 6 live roaches throughout the kitchen on the floor. Observed one roach on the floor in the dish washing area. One roach in a -washing sink next to the cook line. Observed 4 roach egg casing in a bus boy bin stored in the dish washing room. 3) Food & non-food contact surfaces Violation comments: observed nonfunctioning reach in cooler near salad line area. Repair unit Reinspection date noted as at 8AM On , a DOH representative completed a reinspection of the facility's food service areas. A review of the DOH food inspection report dated showed the facility had received violations in the following areas;	A 092		

Agency for Health Care Administration

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A 092	Continued From page 28 1) Handwashing, sinks, accessible and supplies; Violation comments: Observed handwashing sink near hot cook line nonfunctioning. Repair sink. 2) Insects, rodents, & animals not present Violation comments: Observed at least one live roach on and around the suppression system boxes on the wall and one live roach in the hinge of a reach in cooler. Observed one roach inside empty ice cream freezer behind flip top, one roach in the water catch for glasses in the dish) Food & non-food contact surfaces Violation comments: observed nonfunctioning reach in cooler near salad line area. Repair unit Reinspection date noted as 8AM On , a DOH representative completed a reinspection of the facility's food service areas. A review of the DOH food inspection report dated showed the facility had received violations in the following areas; 1) Insects, rodents, & animals not present Violation comments: Observed at least one live roach on soap dispenser at washing sink near ice machine. One live roach on sheet pans in sink area., one live roach on the floor next to the ice machine, one live roach on the wall under the 3-compartment sink, one live roach on the -washing sink in the wait station, one live roach on the wall near the prep area. Observed one roach inside empty ice cream freezer behind flip top, one roach in the cabinet of the wait station, one roach on the floor next to the warmer next to the cook line, one roach next to trash can on the floor next to the cook line.	A 092		

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A 092	Continued From page 29 2) Food & non-food contact surfaces Violation comments: observed nonfunctioning reach in cooler near salad line area. Repair unit Reinspection date noted as 8AM During an interview on at approximately 11:30 AM with the Executive Director he stated the facility would close the kitchen and Dining areas of the assisted living for cleaning and repairs. A review of the Dining Director's job description provided by the Executive Director revealed the following: Job Summary Under the immediate supervision of the Executive Director the Dining Director is responsible for dining and dining management within the community. Essential Functions and Responsibilities Serve excellent and nutritious food Train all Staff on appropriate service standards and compliance with corporate guidelines oversee the timely cleaning and resetting of the dining room after each meal maintain , cleanliness and sanitation in the kitchen and the dining area Perform monthly inspections and compliance with community safety standards Maintain readiness for local state and federal inspections	A 092		

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A 092	Continued From page 30 A review of the Utility's job description provided by the Executive Director revealed the following: Job Summary Under the immediate supervision of the Dining Director, the Utility is responsible for the general kitchen duties including cleaning sanitation and food preparation. Essential Function and responsibilities: Cleaning and sanitation of all dishes. Silverware, glassware and cooking equipment. Maintaining a clean and sanitary kitchen environment by sweeping and mopping floors and ensuring timely removal of trash and cardboard. Completing daily and weekly cleaning assignments as outlined by the director dining. Completing closing checklists to ensure operation is safe and sanitary. Completing monthly in service training (Relias) and attending staff meetings as required. A review of Cook's fob description provided by the Executive Director revealed the following: Job Summary Under the immediate supervision of the Dining Director the Cook is responsible for the preparation of all food and supervision of the kitchen staff on duty during an assigned shift. Essential Functions and Responsibilities Assist with cleaning and sanitation of kitchen and equipment as outlined by the Arbor company	A 092		

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A 092	Continued From page 31 Maintains Servesafe Manager Certification and adheres to proper food handling food safety and sanitation procedures Ensures that all kitchen staff are following proper cleaning and sanitation procedures Completes monthly in service training (Relias) and attends staff meetings as required A review of the Dining Room Server's job description provided by the Administrator revealed the following: Job Summary Under the immediate supervision of the Dining Director the Dining Room Server provides restaurant-style service to our residents and maintains the cleanliness and presentation standards of our dining areas. Essential Functions and Responsibilities include: Completing daily deep cleaning assignments as outlined by Dining Director to ensure The Arbor Company standard for sanitation and safety are being met. Completing monthly in-service training (Relias) and attending staff meetings as required. Class II	A 092		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans,	A 093		

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A 093	Continued From page 32 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No =Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_ Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences.	A 093		

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A 093	Continued From page 33 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the	A 093		

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A 093	Continued From page 34 purposes of the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record review, interview, and observation, the facility failed to ensure its weekly menus received an annual review by a licensed dietitian and failed to ensure planned menus were conspicuously posted and available for the entire resident census of 115. The findings included: During an interview conducted on at approximately 10:00 AM, the Administrator provided copies of the facility's weekly menus for surveyor review. Record review revealed the menus did not contain documentation of the required annual dietitian review, including the dietitian's signature, professional license or registration number, or the date of review.	A 093		

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A 093	Continued From page 35 During a tour of the dining area conducted on between 11:00 AM and 12:00 PM, no weekly menus were observed to be posted or made available for resident viewing in any dining or common areas. Menus were not accessible to residents as required the planned menus must be conspicuously posted or easily available to residents. Class III	A 093		
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	A 152		

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A 152	Continued From page 36 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 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, interview and record review, it was determined that, the facility failed to maintain a safe living environment by ensuring that its mechanical and electrical systems were properly maintained and operational. Specifically, the facility failed to timely repair its central air conditioning system. The findings included: Observed on , at 8:56 AM , that the Addison Auditorium, located on the first floor, had two portable air conditioning units in use. Observed on at approximately 10:15 AM, that activity room, located on the east side of the memory care unit, had one portable air conditioning unit in use. During a tour of the facility on between 9 AM and 2 PM, it was noted that the facility was extremely warm in various locations. Portable spot coolers were observed in operation. The Administrator stated, they were working with the contractors to expedite the repairs and would	A 152		

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A 152	Continued From page 37 install more portable spot coolers. In addition, on during the survey at 10: 17 AM, this surveyor observed a set of double exit doors located in the kitchen area of the memory care unit between the east and the west wings. The left door exhibited excessive black staining, scuff marks, and accumulated dirt around the handle and along the lower portion of the door. Furthermore, a visible gap was observed between the double doors, allowing light to pass through and creating potential entry point for rodents. During an interview conducted on at 10:20 AM with the Administrator, he confirmed that, approximately one week prior to the survey, the facility had placed two portable air conditioning units in the memory care units, two portable air conditioning units in the auditorium, and one portable air conditioning unit in the assisted living kitchen due to issues with the facility's air conditioning system. As of the date of the survey, the system was still not fuctioning at 100% capacity, therefore, the facility had to use portable units in various locations throughout the facility. During an interview conducted on at 9: 15 AM with the Administrator, it was revealed that, following the surveyor's intervention, the facility repaired the air conditioning system within 24 hours. Class III	A 152		