

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HOMEWOOD RESIDENCE AT DELRAY B			STREET ADDRESS, CITY, STATE, ZIP CODE 8020 W. ATLANTIC AVENUE DELRAY BEACH, FL 33446		
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A 000	Initial Comments An Assisted Living Facility standard biennial licensure survey was conducted on . . . 19 & 20, 2012. Homewood Residence of Delray Beach, had licensure deficiencies found at the time of the visit.	A 000			
A 008 SS=D	58A-5.0181(2) FAC Admissions - Health Assessment (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a face-to-face medical examination completed by a licensed health care provider, as specified in either paragraph (a) or (b) of this subsection. (a) A medical examination completed within 60 calendar days prior to the individual's admission to a facility pursuant to Section 429.26(4), F.S. The examination must address the following: 1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations; 2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living; 3. Any nursing or . . . services required by the individual; 4. Any special diet required by the individual; 5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication; 6. Whether the individual has signs or symptoms of a communicable . . . which is likely to be transmitted to other residents or staff; 7. A statement on the day of the examination that, in the opinion of the examining licensed health care provider, the individual's needs can be met in an assisted living facility; and 8. The date of the examination, and the name, signature, address, phone number, and license	A 008			

AHCA Form 3020-0001

TITLE

(X5) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

0099

MKD911

If continuation sheet 1 of 35

Agency for Health Care Administration

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A 008	Continued From page 1 number of the examining licensed health care provider. The medical examination may be conducted by a currently licensed health care provider from another state. (b) A medical examination completed after the resident ' s admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, _____ 2010. The form is hereby incorporated by reference. A faxed copy of the completed form is acceptable. A copy of AHCA Form 1823 may be obtained from the Agency Central Office or its website at <a href="http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/<http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/>Assisted_living/pdf/AHCA_Form_1823%.pdf">www.fdhc.state.fl.us/MCHQ/Long_Term_Care/<http://www.fdhc.state.fl.us/MCHQ/Long_Term_Care/>Assisted_living/pdf/AHCA_Form_1823%.pdf. The form must be completed as follows: 1. The resident ' s licensed health care provider must complete all of the required information in Sections 1, Health Assessment, and 2, Self-Care and General Oversight Assessment. a. Items on the form that may have been omitted by the licensed health care provider during the examination do not necessarily require an additional face-to-face examination for completion. b. The facility may obtain the omitted information either verbally or in writing from the licensed health care provider. c. Omitted information received verbally must be documented in the resident ' s record, including the name of the licensed health care provider, the name of the facility staff recording the information and the date the information was provided. 2. The facility administrator, or designee, must complete Section 3 of the form, Services Offered or Arranged by the Facility, or may use electronic documentation, which at a minimum includes the	A 008		

Agency for Health Care Administration

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A 008	Continued From page 2 elements in Section 3. This requirement does not apply for residents receiving: a. Extended congregate care (ECC) services in facilities holding an ECC license; b. Services under community living support plans in facilities holding limited mental health licenses; c. Medicaid assistive care services; and d. Medicaid waiver services. (c) Any information required by paragraph (a) that is not contained in the medical examination report conducted prior to the individual's admission to the facility must be obtained by the administrator within 30 days after admission using AHCA Form 1823. (d) Medical examinations of residents placed by the department, by the Department of Children and Family Services, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of Section 429.426, F.S., and this rule. (f) Any orders for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility issued by the licensed health care provider conducting the medical examination may be attached to the health assessment. A licensed health care provider may attach a _____ order for residents who do not wish _____ to be administered in the case of _____ or _____ (g) A resident placed on a temporary emergency basis by the Department of Children and Family Services pursuant to Section 415.105 or	A 008		

Agency for Health Care Administration

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A 008	Continued From page 3 415.1051, F.S., shall be exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement shall be entered on the facility's admission and discharge log and counted in the facility census; a facility may not exceed its licensed capacity in order to accept a such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular admission. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 out of 12 sampled resident records contained all required components, specifically: 1). Health Assessment-AHCA Form 1823 met the regulatory requirements and 2). physician's orders for third party services (Resident #4, #5 and #7). The findings are: 1). Review of Resident #4's Health Assessment-AHCA Form 1823 dated revealed the form lacked documentation of the type of "assistance" from facility staff the individual requires with medications. 2). Review of Resident #5's Health Assessment-AHCA Form 1823 dated revealed the form lacked documentation of the date of the examination and an assessment of the resident's transfer mode. 2). Record review revealed Resident #7 was admitted to the facility on Review of Resident #7's health Assessment-AHCA Form	A 008		

Agency for Health Care Administration

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A 008	Continued From page 4 1823 dated _____ approximately 90 days after admission, revealed the form was not completed within the 30 day timeframe requirement. Further review of the health assessment revealed the form lacked documentation of the type of "assistance" from facility staff the individual requires with medications. During an observation on _____ at approximately 11:30 AM, Resident #7's left arm was observed wrapped with an _____ bandage. During further investigation on _____ at approximately 11:00 AM, the Director of Nursing revealed the resident is receiving care and services for lymphadema, including an _____ wrap on her left arm, from a home health agency on a frequent basis. However, upon further interview with the Director of Nursing and further record review, it was revealed the file lacked documentation of a physician's order initiating home health services for resident, as required. Class III	A 008			
A 055 SS=D	58A-5.0185(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises; or in their _____ or apartments, which must be kept locked when residents are absent, unless the medication is in a secure place within the _____ or apartments or in some other secure place which is out of sight of other residents. However, both prescription and over-the-counter	A 055			

Agency for Health Care Administration

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A 055	Continued From page 5 medications for residents shall be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C. (b) Centrally stored medications must be: 1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated. Refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication. Such staff must have ready access to keys to the medication storage areas at all times; and 4. Kept separately from the medications of other residents and properly closed or sealed.	A 055			

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A 055	Continued From page 6 (c) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident ' s representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident ' s request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked " discontinued medication. " Such medication may be reused if re-prescribed by the resident ' s health care provider. (d) When a resident ' s stay in the facility has ended, the administrator shall return all medications to the resident, the resident ' s family, or the resident ' s guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident ' s medications are still at the facility, the medications shall be considered abandoned and may disposed of in accordance with paragraph (e). (e) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the resident ' s record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (f) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to properly store and dispose of medications for one of five (#12)and other unidentified resident(s), evidenced by the	A 055			

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A 055	Continued From page 7 presence of loose pills and expired medications. The findings include: During medication system review conducted beginning at 12:15 PM with a medication technician present, the following concerns were noted: 1. A partial bottle of clindomycin 150 milligrams, prescribed to resident #12 and filled on was observed present in the cart's active medications storage area. Further review revealed the medication label called for the medication to be discarded by 47 days earlier. 2. Three loose pills were observed: a. One pill found in the first medication drawer was imprinted with "603", was white in color, oval in shape, and was later identified to be 0.25 milligrams, a benzodiazepine Class II controlled drug. b. Two pills found in the second medication drawer were imprinted with "AN1", were white in color, round in shape, and were later identified to be anastrozole, an reducer. In an interview conducted at that time, the medication technician stated no knowledge of who they belonged to or why they were loose. She further stated staff responsible for the medication carts perform inventory control for controlled drugs at the end of each shift. The three pills were given to the facility's administrator shortly after their discovery. In an interview conducted on at 10:02 AM, the facility's administrator acknowledged the items identified above but was not able to provide	A 055			

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A 055	Continued From page 8 acceptable explanation or documentation to ally these concerns. Class III		A 055		
A 056 SS=D	58A-5.0185(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is properly labeled and dispensed in accordance with Chapters 465 and 499, F.S., and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident ' s name; and 2. Identification of each medicinal drug product in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no person other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are " as needed " or " as directed, " the health care provider shall be contacted and requested to provide revised instructions. For an " as needed " prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, " as needed for pain, not to exceed 4 tablets per day. " The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be		A 056		

Agency for Health Care Administration

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A 056	Continued From page 9 obtained from the pharmacist. (d) Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident's health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident's medication observation record. The facility may then place an "alert" label on the medication container which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist. (e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable. (f) The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner. (g) Pursuant to Section 465.0276(5), F.S., and Rule 64F-12.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which shall also include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they shall be kept in a container that bears a label containing the following: 1. Practitioner's name; 2. Resident's name;	A 056			

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A 056	Continued From page 10 3. Date dispensed; 4. Name and strength of the drug; 5. Directions for use; and 6. Expiration date. (h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider shall provide the resident with a written prescription, or a fax copy of such order. This Statute or Rule is not met as evidenced by: Based on observations, record review and interviews, the facility failed to obtain and/or maintain written health care provider orders for prescription medication for a randomly sampled resident (#12), evidenced by storing a prescribed medication with no written orders. The findings include: During medication system review conducted beginning at 12:15 PM with a medication technician present, a partial bottle of clindomycin 150 milligrams, prescribed to resident #12 and filled on was observed. The medication did not appear on the resident's medication observation records for the months of 2012 through 2012. Facility staff members, including the administrator and a licensed practical nurse (LPN) were asked to produce any written health care provider orders related to this medication. On at 10:02 AM, the administrator stated they could not locate any written health care provider orders related to the clindomycin. Class III	A 056			

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A 078	Continued From page 11		A 078		
A 078 SS=D	58A-5.019(2) FAC Staffing Standards - Staff (2) STAFF. (a) Newly hired staff shall have 30 days to submit a statement from a health care provider, based on an examination conducted within the last six months, that the person does not have any signs or symptoms of a communicable including Freedom from must be documented on an annual basis. A person with a positive test must submit a health care provider ' s statement that the person does not constitute a risk of communicating Newly hired staff does not include an employee transferring from one facility to another that is under the same management or ownership, without a break in service. If any staff member is later found to have, or is suspected of having, a communicable, he/she shall be removed from duties until the administrator determines that such condition no longer exists. (b) All staff shall be assigned duties consistent with his/her level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff shall exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident ' s record, and to report the observations to the resident ' s health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of Rule 58A-5.0191, F.A.C. (d) Staff provided by a staffing agency or employed by a business entity contracting to provide direct or indirect services to residents must be qualified for the position in accordance with this rule chapter. The contract between the		A 078		

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A 078	Continued From page 12 facility and the staffing agency or contractor shall specifically describe the services the staffing agency or contractor will be providing to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility shall: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and 2. Maintain time sheets for all staff. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff provided required health statements for 3 out of 5 sampled employee files (Employee #3, #4 and #5), evidenced by lack of adequate and/or timely health provider statements related to freedom from signs and symptoms of communicable _____ and/or _____. The findings include: Employee file review conducted _____ revealed the following concerns: 1. Employee #3 was hired on _____. Review of his personnel file revealed a freedom of _____ ealth statement dated _____. Further review revealed no documentation showing he provided the required health care provider statement within the past year, as required. 2. Employee #4 was hired on _____. Review of her personnel file revealed a freedom of _____ ealth statement dated _____, about fifteen months prior to survey. Further review revealed no documentation showing she provided the required health care provider statement within the past year.	A 078		

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A 078	Continued From page 13 3. Employee #5 was hired on _____. His file contained a health information statement dated _____. Review of this form revealed no required statement from the health care provider stating the employee was free from signs and symptoms of _____ In an interview conducted _____ at 10:15 AM, the human resources director stated there was no further documentation available related to the above items. These findings were discussed with the facility's administrator on _____ at 10:40 AM. Class III	A 078			
A 081 SS=D	58A-5.0191(2) FAC Training - Staff In-Service (2) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in _____ control, including universal precautions, and facility sanitation procedures before providing personal care to residents. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to _____ borne _____ may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects:	A 081			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER HOMEWOOD RESIDENCE AT DELRAY B			STREET ADDRESS, CITY, STATE, ZIP CODE 8020 W. ATLANTIC AVENUE DELRAY BEACH, FL 33446		
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A 081	Continued From page 14 1. Reporting major incidents. 2. Reporting adverse incidents. 3. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident neglect, and (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with Rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures.	A 081			

Agency for Health Care Administration

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A 081	Continued From page 15 This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure 1 out of 5 sampled employee records contained documentation indicating the employee received the required in-service training within 30 days of hire (Employee #1). The findings are: Record review revealed Employee #1 has been employed at the facility since _____. Further review of the record revealed the file lacked documentation the employee received the following required in-services within 30 days of employment, as follows: * The facility's resident elopement response policies. * Recognizing and reporting resident neglect, and * Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. * Reporting major incidents. * Reporting adverse incidents Class III	A 081			
A 082 SS=D	58A-5.0191(3) FAC Training - _____ (3) _____ Pursuant to Section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of Section 456.033, F.S., must complete a one-time education course on _____ and _____ including the topics prescribed in the	A 082			

Agency for Health Care Administration

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A 082	Continued From page 16 Section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12) of this rule. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 out of 5 sampled employee files contained documentation indicating the employee completed a one-time education course on ... and ... (Employee #1). The findings are: Record review revealed Employee #1 has been employed at the facility since ... Upon request on ... at approximately 11:00 AM, the Business Office Manager confirmed the facility did not have documentation available for review indicating Employee #1 completed a one-time education course on ... and ... within 30 days of hire, as required. Class III	A 082			
A 084 SS=D	58A-5.0191(5) FAC Training - Assis Self-Admin Meds & Med Mgmt (5) ASSISTANCE WITH SELF-ADMINISTERED MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility. Courses provided in fulfillment of this requirement must meet the	A 084			

Agency for Health Care Administration

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A 084	Continued From page 17 following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities; procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques and provide opportunities for hands-on learning through practice exercises. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates an ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with Section 429.256, F.S., and Rule 58A-5.0185, F.A.C., including: a. Assist with oral dosage forms, _____ dosage forms, and _____ and nasal dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;	A 084			

Agency for Health Care Administration

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A 084	Continued From page 18 e. Complete a medication observation record; f. Retrieve and store medication; and g. Recognize the general signs of adverse reactions to medications and report such reactions. (c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 4 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training shall only be provided by a licensed registered nurse, or a licensed pharmacist. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 out of 5 sampled employees obtained the training requirements for assisting residents with self-administered medications, as required (Employee #2). The findings include: Interview with the Director of Nursing on at approximately 10:15 AM revealed Employee #2 assists residents with self-administered medications on a routine basis. Review of Employee #2's personnel record revealed the file lacked documentation indicating the she received a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility on an annual basis, as required.	A 084		

Agency for Health Care Administration

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A 084	Continued From page 19 Class III	A 084		
A 089 SS=D	429.178 FS. - Special Care Special care for persons with _____ _____ or other related _____ (1) A facility which advertises that it provides special care for persons with _____ s _____ or other related _____ must meet the following standards of operation: (a)1. If the facility has 17 or more residents, have an awake staff member on duty at all hours of the day and night; or 2. If the facility has fewer than 17 residents, have an awake staff member on duty at all hours of the day and night or have mechanisms in place to monitor and ensure the safety of the facility ' s residents. (b) Offer activities specifically designed for persons who are _____ (c) Have a physical environment that provides for the safety and welfare of the facility ' s residents. (d) Employ staff who have completed the training and continuing education required in subsection (2). (2)(a) An individual who is employed by a facility that provides special care for residents with _____ _____ or other related _____ and who has regular contact with such residents, must complete up to 4 hours of initial _____ specific training developed or approved by the department. The training shall be completed within 3 months after beginning employment and shall satisfy the core training requirements of s. 429.52(2)(g). (b) A direct caregiver who is employed by a facility that provides special care for residents with _____ or other related _____ and who provides direct care to such	A 089		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED _____
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A 089	Continued From page 20 residents, must complete the required initial training and 4 additional hours of training developed or approved by the department. The training shall be completed within 9 months after beginning employment and shall satisfy the core training requirements of s. 429.52(2)(g). (c) An individual who is employed by a facility that provides special care for residents with _____'s _____ or other related _____, but who only has incidental contact with such residents, must be given, at a minimum, general information on interacting with individuals with _____ or other related _____ within 3 months after beginning employment. (3) In addition to the training required under subsection (2), a direct caregiver must participate in a minimum of 4 contact hours of continuing education each calendar year. The continuing education must include one or more topics included in the _____-specific training developed or approved by the department, in which the caregiver has not received previous training. (4) Upon completing any training listed in subsection (2), the employee or direct caregiver shall be issued a certificate that includes the name of the training provider, the topic covered, and the date and signature of the training provider. The certificate is evidence of completion of training in the identified topic, and the employee or direct caregiver is not required to repeat training in that topic if the employee or direct caregiver changes employment to a different facility. The employee or direct caregiver must comply with other applicable continuing education requirements. (5) The department, or its designee, shall approve the initial and continuing education courses and providers. (6) The department shall keep a current list of		A 089		

Agency for Health Care Administration

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A 089	Continued From page 21 providers who are approved to provide initial and continuing education for staff of facilities that provide special care for persons with _____ s _____ or other related _____ (7) Any facility more than 90 percent of whose residents receive monthly optional supplementation payments is not required to pay for the training and education programs required under this section. A facility that has one or more such residents shall pay a reduced fee that is proportional to the percentage of such residents in the facility. A facility that does not have any residents who receive monthly optional supplementation payments must pay a reasonable fee, as established by the department, for such training and education programs. (8) The department shall adopt rules to establish standards for trainers and training and to implement this section. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure employee records contained documentation of compliance with _____ and related _____ training requirements for 1 out of 5 sampled employee records (Employee #2). The findings are: Review of Employee #2's personnel record revealed she has been employed with the facility since _____. Interview with the Director of Nursing on _____ at approximately 11:00 AM revealed the employee provides direct care for residents residing in the facility's secured unit. Further record review revealed the employees file lacked documentation of 4 hours of continuing	A 089		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
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A 089	Continued From page 22 education on an annual basis in regards to _____ and related _____, as required.	A 089		
A 092 SS=D	58A-5.020(1) FAC Food Service - General Responsibilities Food Service Standards. (1) GENERAL RESPONSIBILITIES. When food service is provided by the facility, the administrator or a person designated in writing by the administrator shall: (a) Be responsible for total food services and the day to day supervision of food services staff. (b) Perform his/her duties in a safe and sanitary manner. (c) Provide regular meals which meet the nutritional needs of residents, and therapeutic diets as ordered by the resident 's health care provider for resident 's who require special diets. (d) Maintain the in-service and continuing education requirements specified in Rule 58A-5.0191, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined that the food service designee failed to 1). prepare food that conserves nutritive value and failed to provide meals that meet the nutritional needs of the residents and 2). failed to ensure the resident diet roster utilized by the kitchen staff was accurate and up-to-date ensuring therapeutic diets were served for 2 out of 12 sampled residents (Resident #5 and #7). The findings include:	A 092		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
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A 092	Continued From page 23 1) During the Kitchen/Food Service Observation Tour conducted on _____ at 9:30 AM, it was noted that 3 containers of chopped and pureed carrots and 4 containers of regular carrots were located in an oven. Further investigation noted that the chopped, pureed, and regular carrots were completely cooked and were being held in the oven at 250 degrees F. At the time of the observation an interview was conducted the the production cook. The cook confirmed that the vegetables were prepared in the early morning and were being held in the oven until the 12 noon lunch serving time. The cook was also unaware that their method of preparation did not conserve the vegetables nutrient content as well as color, palatability, and acceptability. 2) During the observation of the lunch meal on _____ at 11:45 AM, it was noted that the approved lunch menu documented that entree served was to be 3 ounce protein portion of beef brisket. During the observation of the lunch service in Building #2 an average portion of the entree was weighed on the facility's calibrated portion scale. The entree was weighed at .5 ounces which was 2.5 ounces less than the required 3 ounce protein portion. Further investigation and interview with the Food Service Manager on _____ revealed that the facility failed to have a menu with documented portion sizes to follow and failed to have a standardized recipe for the lunch entree for staff to follow. 3). Review of a physician's order dated _____ revealed Resident #5 was ordered "nectar thickened" liquids. However, record review revealed the facility's diet roster documented the resident requires a "regular" diet. There was no mention of the "nectar thickened"	A 092			

Agency for Health Care Administration

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A 092	Continued From page 24 liquids as ordered by his physician. 4). Review of a health assessment dated revealed Resident #5 was ordered "nectar thickened" liquids. However, record review revealed the facility's diet roster documented the resident requires a "regular" diet. There was no mention of the "nectar thickened" liquids as ordered by his physician. Class III	A 092			
A 152 SS=D	58A-5.023(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.; and 2. Must be maintained free of hazards; and 3. Must 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 shall be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident _____ 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 a comfortable height to ensure easy access by the resident; 2. A closet or wardrobe space for hanging clothes; 3. A dresser, chest or other furniture designed for	A 152			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
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A 152	Continued From page 25 storage of personal effects; 4. A table, 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 _____ 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 shall be free of tears, stains and not be This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure a safe living environment for residents occupying the facility's secured memory care unit, evidenced by the presence of unattended accessible construction materials and water hoses in the enclosed patio area. The findings include: During a tour of the enclosed patio area in the facility's secured memory care unit conducted 6/19/12 at 10:20 AM while accompanied by a licensed practical nurse (LPN), the following concerns were noted: 1. Approximately 30 pieces of 6-8' long lumber were observed stored on a sidewalk located on one end of the enclosed area next to an fence entrance.	A 152		

Agency for Health Care Administration

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A 152	Continued From page 26 2. Two long garden hoses were strewn about in the same area, a portion of one hose crossed the sidewalk. No physical barriers or any sort of barriers were present to prevent the residents who lived in the secured memory care unit from accessing these items, which represented a safety hazard to residents who had access to this area. The LPN present at the time acknowledged the potential hazards. These concerns were discussed with the administrator on _____ at 11:20 AM. Class III	A 152			
AZ815 SS=G	408.809, 435.02(2), 435.06 Background Screening; Prohibited Offenses 408.809, F.S. (1) Level 2 background screening pursuant to chapter 435 must be conducted through the agency on each of the following persons, who are considered employees for the purposes of conducting screening under chapter 435: (a) The licensee, if an individual. (b) The administrator or a similarly titled person who is responsible for the day-to-day operation of the provider. (c) The financial officer or similarly titled individual who is responsible for the financial operation of the licensee or provider. (d) Any person who is a controlling interest if the agency has reason to believe that such person has been convicted of any offense prohibited by s. 435.04. For each controlling interest who has been convicted of any such offense, the licensee shall submit to the agency a	AZ815			

Agency for Health Care Administration

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AZ815	Continued From page 27 description and explanation of the conviction at the time of license application. (e) Any person, as required by authorizing statutes, seeking employment with a licensee or provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, personal property, or living areas; and any person, as required by authorizing statutes, contracting with a licensee or provider whose responsibilities require him or her to provide personal care or personal services directly to clients. Evidence of contractor screening may be retained by the contractor's employer or the licensee. (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's fingerprints to the Federal Bureau of Investigation for a national criminal history record check. If the fingerprints of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g), the person must file a complete set of fingerprints with the agency and the agency shall forward the fingerprints to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check. The fingerprints may be retained by the Department of Law Enforcement under s. 943.05(2)(g). The cost of the state and national	AZ815			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
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AZ815	Continued From page 28 criminal history records checks required by level 2 screening may be borne by the licensee or the person fingerprinted. Proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the agency, the Department of Health, the Agency for Persons with the Department of Children and Family Services, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651 satisfies the requirements of this section if the person subject to screening has not been unemployed for more than 90 days and such proof is accompanied, under penalty of perjury, by an affidavit of compliance with the provisions of chapter 435 and this section using forms provided by the agency. (3) All fingerprints must be provided in electronic format. Screening results shall be reviewed by the agency with respect to the offenses specified in s. 435.04 and this section, and the qualifying or disqualifying status of the person named in the request shall be maintained in a database. The qualifying or disqualifying status of the person named in the request shall be posted on a secure website for retrieval by the licensee or designated agent on the licensee's behalf. (4) In addition to the offenses listed in s. 435.04, all persons required to undergo background screening pursuant to this part or authorizing statutes must not have an awaiting final disposition for, must not have been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, and	AZ815			

Agency for Health Care Administration

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AZ815	Continued From page 29 must not have been adjudicated delinquent and the record not have been sealed or expunged for any of the following offenses or any similar offense of another jurisdiction: (a) Any authorizing statutes, if the offense was a felony. (b) This chapter, if the offense was a felony. (c) Section 409.920, relating to Medicaid provider fraud. (d) Section 409.9201, relating to Medicaid fraud. (e) Section 741.28, relating to domestic violence. (f) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems. (g) Section 817.234, relating to false and fraudulent insurance claims. (h) Section 817.505, relating to patient brokering. (i) Section 817.568, relating to criminal use of personal identification information. (j) Section 817.60, relating to obtaining a credit card through fraudulent means. (k) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony. (l) Section 831.01, relating to forgery. (m) Section 831.02, relating to uttering forged instruments. (n) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes. (o) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes. (p) Section 831.30, relating to fraud in obtaining medicinal drugs. (q) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.	AZ815			

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965516	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED
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AZ815	Continued From page 30 A person who serves as a controlling interest of, is employed by, or contracts with a licensee on 2010, who has been screened and qualified according to standards specified in s. 435.03 or s. 435.04 must be rescreened by 31, 2015. The agency may adopt rules to establish a schedule to stagger the implementation of the required rescreening over the 5-year period, beginning 2010, through 2015. If, upon rescreening, such person has a disqualifying offense that was not a disqualifying offense at the time of the last screening, but is a current disqualifying offense and was committed before the last screening, he or she may apply for an exemption from the appropriate licensing agency and, if agreed to by the employer, may continue to perform his or her duties until the licensing agency renders a decision on the application for exemption if the person is eligible to apply for an exemption and the exemption request is received by the agency within 30 days after receipt of the rescreening results by the person. (5) The costs associated with obtaining the required screening must be borne by the licensee or the person subject to screening. Licensees may reimburse persons for these costs. The Department of Law Enforcement shall charge the agency for screening pursuant to s. 943.053(3). The agency shall establish a schedule of fees to cover the costs of screening. (6)(a) As provided in chapter 435, the agency may grant an exemption from disqualification to a person who is subject to this section and who: - Does not have an active professional license or certification from the Department of Health; or - Has an active professional license or certification from the Department of Health but is	AZ815			

Agency for Health Care Administration

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AZ815	Continued From page 31 not providing a service within the scope of that license or certification. (b) As provided in chapter 435, the appropriate regulatory board within the Department of Health, or the department itself if there is no board, may grant an exemption from disqualification to a person who is subject to this section and who has received a professional license or certification from the Department of Health or a regulatory board within that department and that person is providing a service within the scope of his or her licensed or certified practice. (7) The agency and the Department of Health may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section, chapter 435, and authorizing statutes requiring background screening and to implement and adopt criteria relating to retaining fingerprints pursuant to s. 943.05(2). (8) There is no unemployment compensation or other monetary liability on the part of, and no cause of action for damages arising against, an employer that, upon notice of a disqualifying offense listed under chapter 435 or this section, terminates the person against whom the report was issued, whether or not that person has filed for an exemption with the Department of Health or the agency. 435.06, F.S. (1) If an employer or agency has reasonable cause to believe that grounds exist for the denial or termination of employment of any employee as a result of background screening, it shall notify the employee in writing, stating the specific record that indicates noncompliance with the	AZ815			

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AZ815	Continued From page 32 standards in this chapter. It is the responsibility of the affected employee to contest his or her disqualification or to request exemption from disqualification. The only basis for contesting the disqualification is proof of mistaken identity. (2)(a) An employer may not hire, select, or otherwise allow an employee to have contact with any person that would place the employee in a role that requires background screening until the screening process is completed and demonstrates the absence of any grounds for the denial or termination of employment. If the screening process shows any grounds for the denial or termination of employment, the employer may not hire, select, or otherwise allow the employee to have contact with any person that would place the employee in a role that requires background screening unless the employee is granted an exemption for the disqualification by the agency as provided under s. 435.07. (b) If an employer becomes aware that an employee has been for a disqualifying offense, the employer must remove the employee from contact with any person that places the employee in a role that requires background screening until the is resolved in a way that the employer determines that the employee is still eligible for employment under this chapter. (c) The employer must terminate the employment of any of its personnel found to be in noncompliance with the minimum standards of this chapter or place the employee in a position for which background screening is not required unless the employee is granted an exemption from disqualification pursuant to s. 435.07.	AZ815		

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AZ815	Continued From page 33 (3) Any employee who refuses to cooperate in such screening or refuses to timely submit the information necessary to complete the screening, including fingerprints if required, must be disqualified for employment in such position or, if employed, must be dismissed. (4) There is no unemployment compensation or other monetary liability on the part of, and no cause of action for damages against, an employer that, upon notice of a conviction or for a disqualifying offense listed under this chapter, terminates the person against whom the report was issued or who was regardless of whether or not that person has filed for an exemption pursuant to this chapter. 435.02(2), F.S. " Employee " means any person required by law to be screened pursuant to this chapter. This Statute or Rule is not met as evidenced by: Based on record review and interviews, it was determined the facility failed to ensure required background screens were obtained as required for 1 out of 5 sampled employee files (Employee #4), as evidenced by lack of documentation showing the required background screening was conducted. The findings include: Employee #4 was hired on . Review of her personnel file revealed only a level I Florida Department of Law Enforcement background screen obtained on . Further review revealed no documentation showing a level II background screen was obtained prior to her hire	AZ815			

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AZ815	Continued From page 34 as required for all new employees providing direct care services to residents effective In an interview conducted at 10:15 AM, the human resources director stated there was no further related documentation available. These findings were discussed with the facility's administrator on at 10:40 AM. Class II	AZ815			



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2012

Administrator
Homewood Residence at Delray Beach
8020 W. Atlantic Avenue
Delray Beach, FL 33446

Dear Administrator:

This letter reports the findings of a state licensure survey conducted on _____, 2012 by a representative of this office. Attached is the provider's copy of the State Form 3020, which indicates the deficiencies identified on the day of the visit. Section 408.811(4), Florida Statutes, requires you correct these deficiencies within **thirty (30) days** of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after _____, 2012 to verify the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to this agency's representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/hl
Enclosure

