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
	AL11911749	A. BUILDING _____ B. WING _____	

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESERVE AT PALM-AIRE (THE)	3701 MCNAB ROAD POMPANO BEACH, FL 33069

(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 Assisted Living Facility Biennial Standard Licensure survey was conducted on . . . . . The Preserve at Palm Aire had licensure deficiencies found at the time of the visit.	A 000		
A 030 SS=G	58A-5.0182(6) FAC; 429.28 FS Resident Care - Rights & Facility Procedures (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Council shall be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. (b) In accordance with Section 429.28, F.S., the facility shall have a written grievance procedure for receiving and responding to resident complaints, and for 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 address and telephone number for lodging complaints against a facility or facility staff shall be posted in full view in a common area accessible to all residents. The addresses and telephone numbers are: the District Long-Term Care Ombudsman Council, 1(888)831-0404; the Advocacy Center for Persons with 1(800)342-0823; the Florida Local Advocacy Council, 1(800)342-0825; and the Agency Consumer Hotline 1(888)419-3456. (d) The statewide toll-free telephone number of the Florida . . . Hotline " 1(800)9€ . . . or 1(800)962-2873 " shall be posted in full view in a common area accessible to all residents.	A 030		

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A 030	Continued From page 1 (e) The facility shall have a written statement of its house rules and procedures which shall be included in the admission package provided pursuant to Rule 58A-5.0181, F.A.C. The rules and procedures shall address the facility ' s policies with respect to such issues, for example, as resident responsibilities, the facility ' s [illegible] and tobacco policy, medication storage, the delivery of services to residents by third party providers, resident elopement, and other administrative and housekeeping practices, schedules, and requirements. (f) Residents may not be required to perform any work in the facility without compensation, except that facility rules or the facility contract may include a requirement that residents be responsible for cleaning their own sleeping areas or apartments. If a resident is employed by the facility, the resident shall be compensated, at a minimum, at an hourly wage consistent with the federal minimum wage law. (g) The facility shall 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 shall not prohibit 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 shall be, at a minimum, an accessible telephone on each floor of each building where residents reside. (h) Pursuant to Section 429.41, F.S., the use of physical shall be limited to half-bed rails, and only upon the written order of the resident ' s physician, who shall review the order biannually, and the consent of the resident or the resident ' s representative. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance shall	A 030		

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A 030	Continued From page 2 not be considered a physical [illegible] 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 [illegible] and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to achieve 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.	A 030		

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A 030	Continued From page 3	A 030		

(g) Share a [redacted] his or her spouse if both are residents of the facility.
(h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather.
(i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident.
(j) Access to adequate and appropriate health care 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 [redacted] the guardian shall be given at least 45 days ' notice of a nonemergency relocation or residency termination. Reasons for relocation shall be set forth in writing. 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 [redacted] interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents ' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or

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A 030	Continued From page 4 special interest groups. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure residents live in a safe and decent living environment, free from ..... and neglect, ensure residents receive access to adequate and appropriate health care consistent with established and recognized standards within the community, be treated with consideration, respect and with due recognition of personal dignity. for 1 of 9 sampled residents. (Resident #7) The findings include Resident #7 was admitted to the facility on ..... with a diagnosis to include hyperlidemia, and ..... A review of the record revealed a progress note dated ..... at 1:25 PM: "new order received for x-ray to right arm from hospice ". A note dated ..... documents x-ray result received hospice notified. A note dated ..... at 11:00 AM documents the resident complained of pain to the right arm per hospice, hospice nurse notified, ... given for pain. Hospice nurse came to community on Saturday ..... ordered x-ray to right arm. Hospice nurse received a result no ..... to right shoulder. On ..... a second nurse from hospice came to the community, saw 2 additional ..... results they were not notified about and 911 was called. Paramedics transferred the resident to a local hospital for further evaluation. A review of the ..... medication observation record (MOR) documented the following: Resident #7 has a PRN order for 325mg of	A 030		

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A 030	Continued From page 5 every 4 hours as needed for pain. In the month of the resident had not taken the pain medication prior to at 8 PM when they complained of right arm pain. The was given on at 10:25 AM and at 12:40 PM for complaints of right arm pain. Further review of the record revealed nursing notes that did not contain evidence of documentation the resident was assessed for pain and the nurse who provided all 3 doses of pain medication had informed anyone until at 1:25 PM 2 days after the resident began having pain. Review of the reports dated identified an exam of the right Results: A involving the mid with displacement Conclusion: right as described. Further review of the report shows a 3 page final report was faxed back to the facility date and time stamped from the fax machine at 19:17 - 1 of 3 pages. Observation on at 10:40AM of resident #7 with their family member revealed the family member stated they visit the resident a couple of times a week and the resident got the off last week. The family member stated they were upset because the facility did not notify them of the resident's pain or until they came into the facility on and the resident had to be taken to the hospital. The resident sat in pain with a broken for approximately 5 days. During an interview on at 11:27AM with the director of assisted living and executive director, the director of assisted living stated she did not get the x-ray results until when the hospice nurse spoke with her and that was when she wrote the progress note and notified the family. It was also stated they do not have any documentation or assessment regarding the resident's pain or an investigation on how the	A 030		

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A 030	Continued From page 6 resident her right The executive director provided emails dated to the corporate office documenting DCF was at the facility to investigate an arm of an assisted living resident noting the following: " resident c/o of pain right arm, hospice notified, given. x-ray ordered. community received x-ray with negative result of right shoulder called hospice to notify. morning hospice came to community and noticed that there were two more pages one showing Resident transported to hospital. No or redness noted. Family notified. 6/1 DCF employee arrived executive director was not made aware. " Observation on at 1:30 PM with the facility nurse of resident #7 ' s not note a side rail on the bed. The nurse stated the facility does not use side rails. The nurse was asked how they assess residents who complain of pain. She stated if a resident has pain we ask about the pain and rate it on a scale of 1-10. If the resident cannot communicate and during care we can see on their face if they are in pain by grimacing or pulling away when we touch them. When the nurse ' s change shifts we give a report to the oncoming shift. During an interview on at 12:50 PM with resident #7 ' s certified nurse assistant (CNA) she stated it takes 3 people to get the resident back into bed. The CNA was not able to provide any additional information. During an interview on at 2:25PM with the nurse who was the first responder on and provided resident #7 with the pain medication she stated " I assessed her arm she was complaining of pain. When I touched the arm she was grimacing. It was after the aides put her back into bed that she started complaining of pain. The nurse also stated it takes 2-3 people to transfer	A 030		

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A 030	Continued From page 7 the resident in and out of bed. " The nurse stated she left for the night and in the morning on [redacted] when she came in the resident was asleep so at 10:25 AM, 14 hours later after the initial dose she gave another [redacted] for right arm pain. On [redacted] at 12:40 PM, 14 hours after the second dose of [redacted], a third dose was given. Resident #7 ' s [redacted] MOR was reviewed with the nurse who acknowledged that Resident #7 has a PRN order for 325mg of [redacted] every 4 hours as needed for pain. A review of the nursing notes does not document the nurse informed anyone the resident was having pain. Resident #7 had a right [redacted] and complained of pain for 3 days before anyone was notified and an x-ray was ordered. During the interview it was also revealed the same nurse retrieved resident #7 ' s report on [redacted] from the fax and only relayed 1 of 3 pages of information to hospice which did not include the [redacted] report showing the resident's [redacted]. The physician was never informed of the resident's change in condition and for 5 days resident #7 sat in the facility in pain with a right [redacted]. Class II	A 030		
A 052 SS=D	58A-5.0185(3) FAC Medication - Assistance with Self-Admin (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) For facilities which provide assistance with self-administered medication, either: a nurse; or an unlicensed staff member, who is at least [redacted] trained to assist with self-administered medication in accordance with Rule 58A-5.0191, F.A.C., and able to demonstrate to the administrator the ability to accurately read and	A 052		

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A 052	Continued From page 8	A 052		

interpret a prescription label, must be available to assist residents with self-administered medications in accordance with procedures described in Section 429.256, F.S.
(b) Assistance with self-administration of medication includes verbally prompting a resident to take medications as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), F.S. In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, and spoons. Staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, shall not be returned to the container.
(c) Staff shall observe the resident take the medication. Any concerns about the resident ' s reaction to the medication shall be reported to the resident ' s health care provider and documented in the resident ' s record.
(d) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule which coincides with the resident ' s presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident ' s medication record;
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident ' s medication record; or
4. Medications may be separately prescribed and

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A 052	Continued From page 9 dispensed in an easier to use form, such as unit dose packaging; (e) Pursuant to Section 429.256(4)(h), F.S., the term " competent resident " means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication. (f) Pursuant to Section 429.256(4)(i), F.S., the terms " judgment " and " discretion " mean interpreting vital signs and evaluating or assessing a resident ' s condition. (4) Assistance with self-administration does not include: (a) Mixing, converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications through intermittent positive pressure breathing machines or a (d) Administration of medications by way of a tube inserted in a cavity of the body. (e) Administration of preparations. (f) Irrigations or debriding agents used in the treatment of a skin condition. (g) or preparations. (h) Medications ordered by the physician or health care professional with prescriptive authority to be given " as needed, " unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident. (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the	A 052		

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A 052	Continued From page 10 reason for administration requires judgment or discretion on the part of the unlicensed person. This Statute or Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to provide appropriate assistance with medications for 1 of 4 residents sampled for medication review (#1). The findings are: During a review of the Medication Observation Record (MOR) for resident #1, it was noted that the resident was supposed to receive 25 mg at noon daily. On [redacted] the MOR was marked that the resident was out of the facility. Further review of the MOR revealed that on the resident's [redacted] days (Monday, Wednesday, Friday) there was no documentation on the MOR if the resident took the medication with him or if any other arrangements had been made to ensure the resident received the medication. The nurse was interviewed on [redacted] at 1:45 p.m. She said the resident does not receive the medication on days he goes to [redacted] but she was unable to provide an order from the health care provider. Class III	A 052		

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

. 2012

Administrator
Preserve At Palm-Aire (The)
3701 McNab Road
Pompano Beach, FL 33069

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2012 by a representative from this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty 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 that 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 the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

R. C. Boyles, HFE Supervisor

for Arlene - Davis
Field Office Manager

AMD/jw
Enclosure

XG90

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