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
	AL11911449	A. BUILDING: _____ B. WING _____	10/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAZA OF HALLANDALE BEACH	3535 SW 52ND AVENUE PEMBROKE PARK, FL 33023

(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 licensure complaint survey, #2019010808 and #2019014711, was conducted on at Plaza of Hallandale Beach. The facility had deficiencies at the time of the survey.	A 000		
A 010 SS=D	429.26(.&9) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (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 shall be based upon an assessment of the strengths, needs, and preferences of the resident, 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. A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident's representative or designee or the resident's family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (2) A physician, physician assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility. (9) A , ill resident who no longer meets the criteria for continued residency may remain in	A 010		

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A 010	Continued From page 1 the facility if the arrangement is mutually agreeable to the resident and the facility; additional care is rendered through a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident are being met. 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 provider 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 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. (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 provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from	A 010		

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A 010	Continued From page 2 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 a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by:	A 010		

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A 010	Continued From page 3 Based on observation, interview and record review, the facility failed to, as part of the continued residency criteria, ensure that a resident is reassed by a health care provider (-to-) after a significant change and the results documented on a new Health Assessment form (AHCA 1823 form) to ensure that a resident's care needs could be met in the facility, for 1 of 3 sampled resident records revealed (Resident # 1). The findings included: On at 12:00 PM, an observation and interview was conducted with Resident # 1. She was observed in the dining room of the 2nd floor secured Memory Care Unit. She was unable to respond to questions regarding person, place or time. She is a adult suffering the infirmities of aging. She was observed being propelled in the wheelchair by a staff member. On .2019 at 02:00 PM, an interview was conducted with the Resident's daughter, and Power of Attorney. She stated the Resident sustained a about a month ago, and she had been requesting the details of the incident through the incident report. She stated she was told that the facility corporate policy for this this document to be released. A review of the demographic sheet revealed Resident # 1 was admitted into the facility on . Review of Resident #1's Health Assessment form (AHCA 1823 form) dated indicated the resident suffers from , , , , , , and of the . The notes indicated upon admission, the resident	A 010		

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A 010	Continued From page 4	A 010		

ambulated with a walker. The Resident is noted to have , cognition due to underlying . . . . . The Nursing treatment . . . . , service requirements noted as assist with Activities of Daily Living (ADL's). Resident is also noted as a precaution. Further review revealed the resident needs assistance with ambulation, bathing, . . . , eating, self-care grooming, transferring and supervision with toileting.

A review of the facility incident report indicated that the Resident sustained a in her room on . . . . . She was found by staff on the floor in her room. A review of the medical record progress notes revealed the was unwitnessed on . The occurred on the 07:00 AM - 03:00 PM shift. The DON was notified by the Licensed Practical Nurse (LPN), that they found the resident by her bedside at 10:55 AM in the Memory Care Unit. He took the vitals and no signs or symptoms of injury. The physician was notified. The family member. He called 911. Emergency transport was called. Resident sent to the Hospital.

On at 03:20 PM, an interview was conducted with the Memory Care LPN. She says the resident likes to squat at night in her room, and urinates on the floor. She stated she slips and in her . She says the resident used to urinate in the garbage can, She says they put the bedside commode next to the bed and now the problem no longer exists. She stated the staff basically have to provide a one-to-one supervision. She confirmed that when the resident was initially admitted into the facility she ambulated with a cane, and these behaviors did not exist.

A review of the progress notes do not contain this

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A 010	Continued From page 5 information. A further review of the progress notes do not reveal that the physician was notified to include a [illegible]-to-[illegible] medical or psych assessment, or orders for lab tests to rule out any [illegible] for behaviors. On [illegible] at 04:00 PM, an interview was conducted. The Administrator acknowledged the findings. Class III	A 010		
A 030 SS=D	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (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 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; [illegible], Rights Florida,	A 030		

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1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font.
(d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding:
1. Resident responsibilities;
2. and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and ;
6. Administrative and housekeeping schedules and requirements;
7. control, sanitation, and universal precautions; and,
8. The requirements for coordinating the delivery of services to residents by third party providers.
(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

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A 030	Continued From page 7 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. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical . . . . . by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at 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	A 030		

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A 030	Continued From page 8 caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ..., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, 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	A 030		

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A 030	Continued From page 9 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 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 , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , 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	A 030		

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A 030	Continued From page 10	A 030		

complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . Hotline operated by the Department of Children and Families, and , Rights Florida.

429.27 Property and personal affairs of residents.-
(1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . , . . . or . . . , ... under state law, managing his or her own affairs.
(b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident.

This Statute or Rule is not met as evidenced by:
Based on interview and record review, the facility failed to follow their internal 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. They also failed to be

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A 030	Continued From page 11 able to demonstrate that such procedure is implemented upon receipt of a complaint for 1 of 3 sampled resident records reviewed (Resident # 1). The findings included: On at 02:00 PM, an interview was conducted with the Power of Attorney for Resident # 1. She stated that she had many conversations with the Administrator. She says at first the Administrator, told her that they would give her the incident report for the her Mother sustained on . She stated the Director of Nursing (DON) told her that their corporate policy stated they could not do so. She says the receptionist did tell her that the Administrator was refusing to give her the incident report. She says they are seeking Guardianship for the resident and they need the details of the . She stated the Administrator refused to talk to her on the phone and all of her calls. She stated she was never provided a direct explanation or the "Corporate Policy" On , a review of the facility grievance policy was requested from the Administrator. The policy does not have an effective date. Review of the facility policy titled, Grievance Policy (undated) revealed the following . The community encourages resident and family members to express their concerns about the community and suggest remedies or improvements in its policies and services. We also encourage residents and families to let staff know when services and policies are satisfactory and should remain unchanged. Procedures:	A 030		

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A 030	Continued From page 12 1. Discuss the concerns or complaints with the Executive Director of the Community If there is no resolution to the matter or if you do not feel comfortable discussing the matter with the Executive Director, The following must be done. a. Contact the Corporate office. b. Contact the state advocacy agencies c. Contact Agency for Health Care Administration (AHCA) A review of the grievance log for the past 2 years was conducted. There was no documentation regarding the request for the Incident Report for Resident # 1. On at 12:00 PM, an observation and interview was attempted with Resident # 1. She was unable to respond to any questions, as she lacked capacity. She was observed in the dining room of the secured Memory Care Unit. On at 02:15 PM, a request was made for the facility Corporate Policy detailing policies and procedures. The policy was not provided by 04:00 PM. A review of the Grievance Log was conducted. The following examples of the grievances were logged. a) - no grievances logged. b) , - bus, family member outings to begin c) , - stolen wallet , request safe d) - more activities on weekend. There is no resolution date. The format of the grievance log documents the following: the name of the complainant, the concern, the resolution and the signature of the Administrator.	A 030		

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A 030	Continued From page 13 On at 04:00 PM, an interview was conducted with the Administrator. She acknowledged the findings. Class III	A 030		
A 031 SS=D	59A-36.007(7) FAC Resident Care - Third Party Services 59A-36.007 (7) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, [redacted], and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the resident's needs. (c) If residents accept assistance from the facility in arranging and coordinating third party services,	A 031		

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A 031	Continued From page 14 the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to coordinate with the provider to facilitate the receipt of care and services provided to meet the , resident's needs, for 1 of 3 sampled resident records reviewed (Resident # 1). The findings included: On at 12:00 PM, an observation and interview was conducted with Resident # 1. She was observed in the dining room of the 2nd floor secured Memory Care Unit. She was unable to respond to questions regarding person, place or time. She is a adult suffering the infirmities of aging. She was observed being propelled in the wheelchair by a staff member. Review of Resident #1's Health Assessment form (AHCA 1823 form) dated indicated the resident suffers from , , , , and of the . The notes indicated upon admission, the resident ambulated with a walker. The Resident is noted to have , cognition due to underlying . The Nursing treatment , service requirements noted as assist with Activities of Daily Living (ADL's). Resident is also noted as a precaution. Further review revealed the	A 031		

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A 031	Continued From page 15 resident needs assistance with ambulation, bathing, , eating, self-care grooming, transferring and supervision with toileting. A review of the facility incident report indicated that Resident#1 sustained a in her room on . She was found by staff on the floor in her room. A review of the facility incident report indicated that the Resident sustained a in her room on . She was found by staff on the floor in her room. A review of the medical record progress notes revealed the was unwitnessed on . The occurred on the 07:00 AM - 03:00 PM shift. The DON was notified by the Licensed Practical Nurse (LPN), that they found the resident by her bedside at 10:55 AM in the Memory Care Unit. He took the vitals and no signs or symptoms of injury. The physician was notified. The family member. He called 911. Emergency transport was called. Resident sent to the Hospital. On at 03:20 PM, an interview was conducted with the Memory Care LPN. She says the resident had a and the family requested . She says that the resident is receiving ( ), since about a week ago. She says the is coming into the facility. She does not know how frequent. She says they have not been coordinating care. She does not have the name of the agency. No physician orders for evaluation or treatment for were found in the medical record. The observation note is missing from the record indicating the family requested the	A 031		

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A 031	Continued From page 16 On [redacted] at 04:00 PM, an interview was conducted with the Administrator. The Administrator acknowledged the findings. Class III	A 031		
A 079 SS=D	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents — Staff Hours/Week 0-5 — 168 [redacted] — 212 16-25 — 253 26-35 — 294 36-45 — 335 46-55 — 375 56-65 — 416 66-75 — 457 76-85 — 498 86-95 — 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times	A 079		

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A 079	Continued From page 17 when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and , , ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or	A 079		

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A 079	Continued From page 18 manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require	A 079		

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A 079	Continued From page 19 additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that they had enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the	A 079		

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A 079	Continued From page 20 residents' scheduled and unscheduled service needs, resident contracts, and resident care standards for the 65 residents in the facility. The findings included: On . . . . . at 09:15 AM, an interview was conducted with the Administrator. She confirmed that she had recently experienced a reduction in staffing. She stated the Director of Nursing had resigned approximately one month ago. She stated she also lost 2 direct care staff (Resident Care Associates). She confirmed that she was currently hiring replacements. On , a review of the 2-week staffing schedule was conducted. The schedule shows the dates of - . The following was noted for today (. . .) a) 7:00 AM - 03:00 PM shift., 7 direct care, 1 Licensed Practical Nurse (LPN). a) 3:00 PM - 11:00 PM: 7 direct care and 1 LPN b) 11:00 PM - 7:00 AM: 4 direct care and 1 LPN On . . . . . at 9:35 AM, a confidential staff interview#1 was conducted. She stated there are 2 Aides on the first floor. There are 36 residents. The Aides have an assignment of 18 residents per person. She says they are short one Aide. The Maintenance Director sometimes assists with transport of residents to and from the dining room. She says the residents sometimes complain about a long wait for AM personal care. On . . . . . at 10:35 AM, a confidential staff interview #2 was conducted. She says she could use more help on the 7:00 AM- 3:00 PM shift. She said they lost an Aide on the shift. On at 11:25 AM, an interview was	A 079		

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A 079	Continued From page 21 conducted with Resident # 1. She stated, that there is a shortage of staff. She says the weekends are pathetic. She stated the previous DON that they had was very good. She says she attended the Resident Council. She says they never do anything about your complaints. She says she waits 20 minutes sometimes for someone to come. She says they seem to train the staff and they quit. On [redacted] at 11:40 AM, an interview was conducted with the relative of Resident # 2. She says her Mother is [redacted]. She has only been there for weeks. She says her daughter had to ask for a sectional plate for her mother to be able to eat alone. She says she had to ask the chef for [redacted] food. She says the staff doesn't have time to do a one-on-one with her mom, because they are busy; so she comes every day to take her walking down the hall and outside for fresh air. On [redacted] at 11:45 AM, an interview and observation was conducted with Resident # 3. She was heard yelling "help, help" by the Surveyor in the hallway. She was observed lying on her [redacted] in her bed. She was fully dressed. She stated that she had been calling for a long time and no one responded. After waiting in her room for 5 minutes, the direct care staff responded. Prior to the Aide arriving, the Surveyor had to pull the call bell off the floor next to the [redacted] of the bed and [redacted] it to the Resident, as it was not in reach. The Surveyor noticed that the Aide turned off the call light and advised the resident that she had to take something to the laundry. It was noted that she did not honor her request at this time to take the resident into the dining room.	A 079		

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A 079	Continued From page 22 On [redacted] at 11:50 AM, an interview was conducted with Resident # 5. He stated that they have had too many people (staff) leaving. He says they have had 3 nurses and 2 Certified Nursing Assistant's (CNA's) quit recently. He says they had a great Director of Nursing (DON) and he left. He says they do not have enough help; especially at 4:30 PM and the night shift. He stated on the weekends they are especially short. He says they don't have a nurse sometimes on the weekend. He says the turnover is high for some reason. On [redacted] at 12:05 PM, a confidential staff interview #3, stated that she believes they could use more help in the evenings and at night. She says she has noticed that staffing is adequate on the 7:00 AM-3:00 PM shift. A review of the Incident Report log revealed an excessive number of incidents reported in the facility for the following months. a) [redacted] = [redacted] (incidents/census) b) [redacted] = 13/65 c) [redacted] = 13/65 d) [redacted] = 15/65 e) [redacted] = 23/65 It was revealed that the staffing levels were reduced in the month of [redacted]. On [redacted] at 04:00 PM, an interview was conducted with the Administrator. She refuted the findings citing that the staffing levels met the minimum requirements. She went on to say that she was hiring additional direct care staff. Class III	A 079		