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
	AL11932585	A. BUILDING: _____ B. WING _____	12/03/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIVE STAR PREMIER RESIDENCES OF POMPANO BE	1371 SOUTH OCEAN BLVD POMPANO BEACH, FL 33062

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments An unannounced Relicensure survey was conducted on [redacted] through [redacted] at Five Star Premier Residences of Pompano Beach. The facility had a deficiency identified 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	A 010		

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A 010	Continued From page 1 the criteria for continued residency may remain in 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 [illegible]-to-[illegible] 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 [illegible] 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	A 010		

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A 010	Continued From page 2 provider, the resident must be discharged from the facility. (c) A , ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements 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.	A 010		

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A 010	Continued From page 3 This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to have all residents reassessed to ensure that all residents met the criteria for continued residency at an Assisted Living Facility (ALF) and that the residents Health Assessment Form (AHCA form 1823) was accurate and reflective of their current care needs and services, for 2 of 2 sampled residents (Resident #12 and 9). The findings Included: During an interview on at approximately 2:00 PM the Director of Assisted Living (DOAL) was asked to identify all residents at risk for elopement. The DOAL stated Resident #12 and Resident #9 are elopement risk Residents. She stated Resident #9 eloped and has been discharged into a secured unit at a nearby sister facility. The DOAL stated Resident #12 still resides in the community. A. An observational tour was conducted with the DOAL in Resident #12 room. Resident #12 was observed sitting on her bed upon entrance of the apartment. Resident #12 had no on her persons (or ankles) with the facility name, address or phone number. The DOAL attempted to communicate with Resident # 12, however the resident was extremely . Further observation of Resident # 12 room revealed access to an open balcony with no protective screening or coverings for Resident #12 safety. Observation of the resident bathroom revealed several cleaning agents inside of the bathroom vanity. Record review of Resident #12's AHCA 1823	A 010		

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A 010	Continued From page 4 Health Assessment form (AHCA form 1823) dated revealed the resident has diagnosis of with behaviors, ataxia, severe multiple organ failure and frequent redirection. The 1823 checked "no" for the resident being identified as an elopement risk. Section 1 (A) stated the resident required Supervision in ambulation and eating with a comment in the eating section stating the resident requires constant supervision during eating. Record review of the facility internal records of Resident #12 revealed a semiannual elopement evaluation tool. An assessment was conducted on which identified the resident risk level of elopement to be "high". An additional semiannual assessment was conducted on which also identified the resident risk level of elopement to remain "high". The tool listed a total of 24 interventions the facility should implement. In the comment section of the assessment a comment noted All staff aware of , concierge aware of , a picture of the resident is at the front desk and the resident is wearing a bracelet with name, address and phone number of the facility. Further record review revealed Resident #12 was seen by the physician on , and , the physician made no mentions of an elopement risk assessment on Resident #12. An interview was conducted with the DOAL on at 2:09 PM in which she stated she was unsure if Resident #12 Physician was made aware of the elopement tendencies. On at 11:09 AM documentation was	A 010		

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A 010	Continued From page 5 requested to prove facility had notified the Physician of Resident #12 elopement tendencies, the DOAL stated she was unsure if the Physician was ever notified. The DOAL further stated she was not present when the Physician updated the 1823 form on . The DOAL further stated the resident had a but she continuously takes it off. The DOAL stated it is the responsibility of the Wellness Manager and herself to ensure all 1823 forms are current and reflective of the resident care and services. B. On at 3:30pm, observation of the pictures posted at the front desk identifying elopement/ risk included Resident #9. A Record Review of Resident #9's file reflects an admission date of . The resident Health Assessment AHCA form 1823 dated , doesn't reflect elopement. The form is incomplete and difficult to read the diagnosis. Further record review of the Monthly Resident Review revealed the following. Monthly Resident Review states on with no injury. Monthly Resident Review states on and with no injury. Monthly Resident Review states no injury and injury to and required to be transported to the local hospital and receive 10 staples in her . It also states that the resident continues to exit seeking. Further record review of Resident #9's progress notes state ; and10/6/19 exit seeking. The resident was not re-assessed for the	A 010		

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A 010	Continued From page 6 significant changes of . . and . . . . ˬ issues and how the facility is ˬ it. During an interview with the Administrator on . . . at 10:15am, she confirmed the findings. Class III	A 010		