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
	AL11965650	A. BUILDING: _____ B. WING _____	02/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES-CARE PREMIER	12981 SW 52ND STREET FORT LAUDERDALE, FL 33330

(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, #2019017393, was conducted on - and at Res-Care Premier. The facility had deficiencies at the time of the survey.	A 000		
A 030 SS=G	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; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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A 030	Continued From page 1	A 030		

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. [illegible] and tobacco use;
3. Medication storage;
4. Resident elopement;
5. Reporting resident , neglect, and [illegible];
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 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

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A 030	Continued From page 2 429.41(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 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.	A 030		

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A 030	Continued From page 3	A 030		

(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 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

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A 030	Continued From page 4	A 030		

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 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

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A 030	Continued From page 5 call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder [illegible] Hotline operated by the Department of Children and Families, and [illegible], 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 [illegible] or [illegible] 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 honor the rights of 1 of 3 sampled residents (Resident #1) by failing to perform [illegible] ( ) on a nonresponsive resident who did not have a [illegible] ( ) to withhold life sustaining treatment. As evidence of the facility failure to perform on Resident #1 when the resident was found unresponsive. The findings include	A 030		

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A 030	Continued From page 6 A review of the facility's Policies and Procedures dated stating Medical Emergency read as follows: "In the event of a medical emergency: Call 911 or local emergency services. Initiate first aid procedures, including , if needed. Remove other participants from the area." A review of the facility's Policies and Procedures dated stating , reads as follows: "While it is not the policy of Premier to have ( ), under the right to die with dignity, duly executed will be honored." Review of the Adverse Incident Report on that was submitted by the Administrator on , the Administrator documented the following: "The staff member (Staff A) was working with (Resident #1) during the incident, the patient did not have a when I ask (Staff A) if she began , she said no she called the paramedics and when they came out they began ." The document also noted that Staff A told the Administrator that Resident #1 was not feeling well. "At 9:12 PM, the manager was call on a inform. The staff (Staff A) was told to call 911 because the client was unresponsive when staff made effort to communicate with him. 911 was called before the emergency crew got to (Resident #1). The staff (Staff A) check his , and called him several times he was unresponsive. The emergency crew came and began on (Resident #1). He was transported to (Hospital and city) where he was pronounced ." Correction action dated documents, "I will have a training review schedule for staff Member {Staff A} with a license personnel also, I will have an inservice for all my staff member on the proper steps of providing in an emergency	A 030		

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A 030	Continued From page 7 situation. During interview on [redacted] at 2:19 PM, Staff B, who stated she was very aware of Resident #1's condition, stated she worked the 8:00 AM - 3:00 PM shift the day of Resident #1's [redacted]. She stated, "He was fine, everything was going good. His [redacted] was only working at 10% and he had a [redacted]. He had his meds, breakfast and was out (of the hotel) with us. He was laughing, telling jokes. Nothing seemed wrong. I guess it was just his time to go." Staff B was asked if Resident #1 had a [redacted] on file or was being cared for by hospice. She stated he was not on Hospice and did not have a [redacted]. Staff B further stated they do not have and has never had anyone with a [redacted] in the 18 years, she has been at the facility. During an interview with Staff A on [redacted] at 4:02 PM , the following was revealed. Staff A stated she arrived at the hotel to begin work at 3:00 PM on the day of the incident. She responded: "I came to work at 3:00 PM, that day I went to the restaurant, they always go to eat out. After that, (Resident #1) come and watch TV with me and everything alright. After I give him his medicine, he say I don't feel well, I say (Resident #1's name) what's wrong. He say, baby, I'm alright. (Staff A begin to cry): "He was one of the best patients. I say with me, why he have to die?" Staff A was asked if she was in the room with Resident #1. She stated: "Yes, I went with him to the room. He was talking with me, he told me I don't feel well baby, he always talking to me; he was in the bed. He just finished taking his medicine at 8:00 PM. She stated: "He laid down, I check on him, everything was okay. I ask (Resident #1), do you want water, he say, no, everything was fine. I don't know what happened. Because I make so many phone call, [redacted] in	A 030		

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A 030	Continued From page 8 front, . . . in front. I call 911. I call (Administrator). I say (Administrator), (Resident #1) not feeling well. I call 911 because (Resident #1) still talking to me. He say, he don't feel well." Staff A was asked if, she remembered what time this was. She said it was about 9:00 PM, but don't remember the exact time. Further interview with Staff A revealed the ambulance came, they come in the room, 4 or 5 people, they come inside the room. They do so many things. They say you (motioning for her to leave). They don't say anything to me. After that, they put (Resident #1) in the ambulance. (Administrator) came right away. He say, let me go right away to the hospital." Staff A stated she had not performed . . on the resident, as everything happened so fast; ambulance arrived quickly. She also stated when she phoned 911, Resident #1 was responsive. However, she stated she does not know the exact amount of time Resident #1 stopped responding to her questions(calling of his name). She also stated she had not assessed Resident #1 when he stopped responding to determine if he was just not responding to her or had stopped breathing. She stated," ambulance came so quick". Review of the hospital records dated . . . . . at 2218 revealed Resident #1 arrived to the hospital by Emergency Medical Services (. .) in . . . . Chief Complaint documented as, ... , found down and unresponsive. Down time prior to . . 1 - 15 minutes. It also documents under HPI notes that the resident was found down for more than 10 minutes prior to arrival of . . As per . . the patient was found on . . . with a paced rhythm but no pulses. . . was started. Prior to arrival to the emergency room the patient was noted to be on a	A 030		

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A 030	Continued From page 9 . . . . . . The patient was shocked with no rosc. Upon arrival was continued. Further, interviews with Administrator and Staff A revealed discrepancies in their recollection of the events surrounding the incident. Namely; Staff A stated during interview with this surveyor that Resident #1 was responsive at the time she called 911. Specifically, Staff A Stated: "I call 911 because (Resident #1) still talking to me." However, the Administrator stated in the AIR submitted that on . . . . . : "At 9:12 PM the manager was call on a inform. The staff was told to call 911 because the client was unresponsive when staff made effort to communicate with him." Based on these discrepancies, the Administrator had not investigated the circumstances regarding Resident #1's . . . . to determine if additional training was needed and to what extent the facility's policy was not followed. According to the Administrator, he spoke with Staff A regarding the event (exact date unknown) but was unaware of events as recalled by Staff A reflecting the discrepancies regarding the event. He was unable to provide any further documentation for review regarding this verbal discussion. Class II	A 030		

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CZ806 SS=C	59A-35.040( ), FAC Change of Address (2) Any request to amend a license must be received by the Agency in advance of the requested effective date as detailed below. Requests to amend a license are not authorized until the license is issued. (a) Requests to change the address of record must be received by the Agency 60 to 120 days in advance of the requested effective date for the following provider types: 1. Birth Centers, as provided under Chapter 383, F.S., 2. Clinics, as provided under Chapter 390, F.S., 3. Crisis Stabilization Units, as provided under Chapter 394, Parts I and , F.S., 4. Short Term Residential Treatment Units, as provided under Chapter 394, Parts I and , F.S., 5. Residential Treatment Facilities, as provided under Chapter 394, Part , F.S., 6. Residential Treatment Centers for Children and Adolescents, as provided under Chapter 394, Part , F.S., 7. Hospitals, as provided under Chapter 395, Part I, F.S., 8. Ambulatory Surgical Centers, as provided under Chapter 395, Part I, F.S., 9. Nursing Homes, as provided under Chapter 400, Part II, F.S., 10. Hospices, as provided under Chapter 400, Part , F.S., 11. Homes for Special Services as provided under Chapter 400, Part V, F.S., 12. Transitional Living Facilities, as provided under Chapter 400, Part XI, F.S., 13. Prescribed Extended Care Centers, as provided under Chapter 400, Part VI, F.S., 14. Intermediate Care Facilities for the , as provided under	CZ806		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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CZ806	Continued From page 1 Chapter 400, Part VIII, F.S., 15. Assisted Living Facilities, as provided under Chapter 429, Part I, F.S., 16. Adult Family-Care Homes, as provided under Chapter 429, Part II, F.S.; and, 17. Adult Day Care Centers, as provided under Chapter 429, Part III, F.S. (b) Requests to change the address of record must be received by the Agency 21 to 120 days in advance of the requested effective date for the following provider types: 1. Drug Free Workplace Laboratories as provided under Sections 112.0455 and 440.102, F.S., 2. Mobile Surgical Facilities, as provided under Chapter 395, Part I, F.S., 3. Home Health Agencies, as provided under Chapter 400, Part III, F.S., 4. Nurse Registries, as provided under Chapter 400, Part III, F.S., 5. Companion Services or Homemaker Services Providers, as provided under Chapter 400, Part III, F.S., 6. Home Medical Equipment Providers, as provided under Chapter 400, Part VII, F.S., 7. Health Care Services Pools, as provided under Chapter 400, Part IX, F.S., 8. Health Care Clinics, as provided under Chapter 400, Part X, F.S., including certificate of exemption, 9. [illegible] Health Testing Centers, as provided under Chapter 483, Part II, F.S.; and, 10. Organ and Tissue Procurement Agencies, as provided under Chapter 381, F.S. (c) All other requests to amend a license including but not limited to services, licensed capacity, and other specifications which are required to be displayed on the license by	CZ806		

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CZ806	Continued From page 2 authorizing statutes or applicable rules must be received by the Agency 60 to 120 days in advance of the requested effective date. This deadline does not apply to a request to amend hospital emergency services defined in Section 395.1041(2), F.S. (3) Failure to submit a timely request shall result in a $500 fine. (4) A licensee is not authorized to operate in a new location until a license is obtained which specifies the new location. Failure to amend a license prior to a change of the address of record constitutes unlicensed activity. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to notify the Agency of temporary relocation of residents due to a water leak within the facility. The findings include: The Administrator on . . . . . at 10:30 AM, stated they relocated temporarily to a hotel due to "significant repairs" that had to be done due to a water line break under the house which caused flooding on the inside. Observation of the front yard on and revealed an area of the yard that had been removed and re-grated (Photo evidence obtained). This "construction" area extended up to the house indicating work was completed under the house as well. The Administrator provided this surveyor with an invoice from (Plumbing company) who performed the work. A copy was obtained. The surveyor also toured the inside of the facility with the Administrator who identified areas inside the home that had been damaged by the flooding and	CZ806		

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
	AL11965650	A. BUILDING: _____ B. WING _____	02/21/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RES-CARE PREMIER	12981 SW 52ND STREET FORT LAUDERDALE, FL 33330

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CZ806	Continued From page 3 the repairs made. Observation revealed evidence that recent repairs had been made, including repairs to the kitchen during the relocation. During an interview with Administrator on [redacted] at 5 PM, this surveyor asked why the Agency was not notified of the relocation and explained the reporting requirements when residents are relocated. He stated he contacted the Agency and spoke with "a man." This surveyor asked for the name of the Agency representative he spoke with and he stated he couldn't remember. This surveyor then asked if he had documented the call or had a copy of the cell phone bill identifying the Agency number that was called. He stated he did not. Further interview with Administrator on [redacted] at 5:11 PM, this surveyor inquired as to why the residents were not relocated to one of the alternate shelter facilities. He stated that the decision was made by his supervisor (Name of supervisor) who was Executive Director at the time but is no longer with the company. The Administrator stated, she (Executive Director) made the decision to go to the hotel and not one of the alternate sites (as noted in the Emergency Plan). This surveyor asked the reason for the decision and he stated she gave no reason. The Administrator was asked how long they were out of the facility and he stated about three (3) months. This surveyor then asked for the dates they were out of the facility. He stated sometime in early [redacted] and returned in [redacted]. This surveyor asked again why the Agency wasn't notified of the temporary relocation. He stated that he thought the Executive Director was taking care of it.	CZ806		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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CZ806	Continued From page 4 Staff interviews conducted with Staff A and Staff B on at 4:02 PM and , respectively, confirmed that the residents were residing in a hotel for unspecificed amount of time. Staff also confirmed that the residents were always supervised at the hotel by staff. Staff were relocated with the residents to the hotel. Review of Agency notifications and records revealed the facility did not notify the Agency for Healthcare Administration regarding the damages at the facility nor the relocation of the residents. Unclassified	CZ806		