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
	AL11968596	A. BUILDING: _____ B. WING _____	03/04/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLONIAL ASSISTED LIVING AT BOYNTON BEACH F	1708 NE 4TH STREET BOYNTON BEACH, FL 33435

(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] at Colonial Assisted Living At Boynton Beach. The facility had deficiencies at the time of the survey.	A 000		
A 025 SS=D	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted]. The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.	A 025		

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A 025	Continued From page 1 (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to maintain a record and notify the resident's family of an illness that resulted in medical attention for 1 out of 2 sampled residents (Resident #7); and, failed to ensure 1 out of 2 sampled residents (Resident #7) received assistance with self-administration of prescribed medications as ordered. The findings included: a. On [redacted], review of Resident #7's observation notes and third party provider notes revealed the resident was seen in the facility by a visiting dermatologist for "skin [redacted] on [redacted], and [redacted] on [redacted]" on [redacted], [redacted], [redacted] and [redacted]. The dermatologist's note dated [redacted] indicates that the "patient's (resident's) consent was obtained" for the risks associated with the "liquid nitrogen treatment" of skin [redacted] on the resident's [redacted]. The dermatologist's note dated [redacted] states "the [redacted] have been present for months.	A 025		

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A 025	Continued From page 2 Nothing makes the better or worse. These have not been treated in the past." The "plan" for the treatment of these skin issues included "counseling". There was no documentation showing the resident's "skin for months" or complaints by the resident or resident's representative of these . There was no documentation to show what interventions were attempted by the facility to "make the better". The resident's representative or family was not notified of these skin or , or subsequent treatment by a visiting third party provider. The resident's health assessment (AHCA Form 1823) dated documented that the resident's diagnoses and status included " , , , and forgetfulness". Review of the resident's shower schedule and possible refusals of showers revealed the resident was not receiving assistance as needed with bathing (cross reference A28 for details). During a telephonic interview with a representative at the dermatologist's office on at 11:19 AM, she stated that the dermatologist does not review the resident's bathing schedule or completion of assistance with showering during the assessments of the resident conducted at the facility. On at 10:53 AM and on at 7:58 AM, attempts to contact the resident's representative listed on the facility's demographic sheet were made. During interview with the resident's family member on at 9:27 AM, he confirmed that the resident's representative was no longer able to make health care decisions for the resident, and that he would be the next of kin able and willing to receive health care status	A 025		

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A 025	Continued From page 3 information for Resident #7. He stated that he had not been notified of any health conditions requiring medical attention for Resident #7. b. Review of the supply and documentation of the application of medicated lotion and creams on . . . . . that the dermatologist prescribed for Resident #7 revealed the following: 1. A bottle of 12% lotion was observed opened and approximately 90% full. This lotion was documented as applied to the resident's body daily on the . . . . . , and . . MORs (medication observation records) since prescribed on . . . . . (27 days). 2. cream 1% was not available in the resident's supply of medicated lotions on . This cream was supposed to be applied to the resident's lower extremities for 2 weeks on, then 2 weeks off for 90 days since . . . . . The . . . . , and . . . . . MORs showed this cream was being applied as ordered with documentation of application from . . . . , and 21-29, and . 3. Two tubes of . . . . . cream 2% were observed sealed and unopened. This cream was supposed to be applied to the resident's . . . twice a day for 14 days beginning on and again on . . . . . The . . . . , and . . MORs document that the cream was applied as ordered. The resident's observation note dated . show that the resident "already has it". The prescribed lotion and creams were not provided as ordered as evidenced by the supply reconciled with the documentation of application. These findings were discussed with the Administrator and Executive Director on	A 025		

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A 025	Continued From page 4 at 11:00 AM. The facility provided no additional information for review at this time. Class III	A 025		
A 028 SS=D	59A-36.007(4) FAC Resident Care - Activities of Daily Living (4) ACTIVITIES OF DAILY LIVING. Facilities must offer supervision of or assistance with activities of daily living as needed by each resident. Residents should be encouraged to be as independent as possible in performing activities of daily living. This Statute or Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to assist 1 out of 2 sampled residents (Resident #7) with activities of daily living (ADL) as needed. The findings included: On at 10:00 AM, Resident #7's room was observed with a foul odor and a dried dark substance splattered on the edges of the toilet in the resident's bathroom. Resident #7 was observed seated in a wheelchair and stated during interview at this time that he did not know when he was assisted with showers or toileting. The resident was again interviewed at 11:50 AM and stated he did not remember speaking with this writer on this date. Review of Resident #7's record revealed a health assessment (AHCA Form 1823) dated documenting that the resident was "independent" with toileting and bathing. The resident's diagnoses and status included "	A 028		

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A 028	Continued From page 5 , forgetfulness, and ataxia with difficulty walking". The resident's current Nursing Assistant Assignment Sheet developed by the facility noted that the resident required "total care (direct care) with ADLs (activities of daily living)" with showers scheduled on Tuesdays, Thursdays and Saturdays during the 7:00 AM to 3:00 PM shift. During interview with the resident aides, Staff B and C, at 11: 15 AM and 11:30 AM respectively on , they provided the names of the residents that had been assisted with their morning showers on this date (Tuesday). Resident #7 was not listed as a resident who received assistance with a shower. Staff C stated that the shower schedule is "not followed since they had residents who were and received showers as needed" rather than as scheduled due to their individual needs. There were no scheduled times followed for supervisory staff to monitor direct care staff's completion of the assistance with toileting or showers as the decision when to assist this resident was made by the resident's aide. Resident #7 was not able to remember and report when and if any assistance with toileting or bathing was provided due to his During interview with Staff E on at 12:15 PM, she stated that the resident was showered by two staff during the evening shift but it was unknown when the showers were completed and who these staff members were. During interview with the Executive Director on at 12:00 PM, she stated that if the resident refused a shower, this would be documented in the resident's observation notes. Review of the resident's observation notes from through revealed no documentation of the resident refusing care.	A 028		

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A 028	Continued From page 6 These findings were reviewed with the Administrator and Executive Director on . . . . . at 11:00 AM. The facility provided no additional information for review at this time. Class III	A 028		
A 078 SS=D	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of . . . . . testing materials satisfies the annual . . . examination requirement. An individual with a positive . . . . . test must submit a health care provider's statement that the individual does not constitute a risk of . 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not	A 078		

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A 078	Continued From page 7 constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and a staff interview, the facility failed to ensure 1 out of 3 sampled employees (Staff C) had submitted a written statement from a health care provider	A 078		

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A 078	Continued From page 8 documenting that the employee does not have any signs or symptoms of communicable dated within 30 days of hire. The findings included: During review of Staff C's personnel file on , a signed statement by a health care provider verifying this employee was free from all communicable , including , was located. The statement was dated . The employee was hired on , more than 30 days prior to the statement date. These findings were discussed with the Administrator and human resources representative on at 11:00 AM. The facility provided no additional documentation for review at this time. Class III	A 078		
A 081 SS=B	59A-36.011( ) FAC Training - Staff In-Service (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice	A 081		

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A 081	Continued From page 9 orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , may be used to meet this requirement. (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident , neglect, and , . The facility must use its prevention policies and procedures when	A 081		

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A 081	Continued From page 10 offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures. 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on record review and an interview, the facility failed to ensure that 2 out of 3 sampled staff (Staff A and B) had documentation of completion of required training. The findings included: a) Review of the personnel file for Staff A, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff A was hired on .	A 081		

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A 081	Continued From page 11 1. Facility's / 's (1 hour) b) Review of the personnel file for Staff B, who provides direct care to residents, revealed there was no documentation of the following required in-service training dated within 30 days of employment. Staff B was hired on . 1. Facility's Emergency Procedures and Incident Reporting (1 hour) 2. Facility's /'s (1 hour) 3. Safe Food Handling (1 hour) 4. Facility's Elopement Policy and Procedure 5. Facility's /'s (1 hour) These findings were discussed with the Administrator and human resources representative at 11:00 AM on . The facility provided no additional documentation for review at this time. Class	A 081		