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
	AL11911678	A. BUILDING: _____ B. WING _____	03/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHPOINTE RETIREMENT COMMUNITY	5100 NORTHPOINTE PARKWAY PENSACOLA, FL 32514

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A 000	Initial Comments An unannounced complaint survey for allegations contained within complaint numbers: 2020003167 and 2020002827 was conducted on through at Northpointe Retirement Community. A focused control complaint was conducted in conjunction. Deficient practice was identified at the time of the survey. A Class I deficiencies were identified on at A0077, Staffing Staffing Standards - Administrators, and A0152 Physical Plant - Safe Living Environment for the facility's failure to ensure a safe and sanitary environment by failing to ensure electrical concerns were identified and corrected and failing to ensure all rooms of the facility were free of bed bugs, dirt and debris. The facility Administrator was notified of the Class I deficiencies at 11:38 AM on . At the time of the survey, the facility census was 87.	A 000		
A 077 SS=J	429.176 FS; 429.52( ),59A-36.01(1) FAC Staffing Standards - Administrators 429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements. 429.52 (4) A new facility administrator must complete the required training and education, including the competency test, within 90 days after date of	A 077		

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A 077	Continued From page 1 employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule. (5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years. 59A-36.010 (1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. (a) An administrator must: 1. Be at least [illegible]; 2. If employed on or after [illegible], have, at a minimum, a high school diploma or G.E.D.; 3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.; 4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to [illegible], are not required to take the competency test unless specified elsewhere in this rule; and, 5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C.	A 077		

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A 077	Continued From page 2 Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department. (b) In the event of extenuating circumstances, such as the . . . . . of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must: 1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, 2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility. (c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile . . . . . of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities. (d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to ,	A 077		

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A 077	Continued From page 3 20, 1998, are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility. (e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed ensure supervision by an administrator responsible for the operation and maintenance of the facility by failing to provide a safe, clean, and comfortable living environment related to numerous fire and electrical hazards, clean environment concerns, and pest infestation that had the potential to affect all 87 residents at the facility. The facility's failure to provide administrative supervision for the overall safety of residents and staff by failing to implement recommendations by the . . . . . pest control company, failure to comply with Department of Health recommendations after previous inspections and failing to immediately address electrical concerns resulted in the severe hazard and gross living conditions of all 87 residents in the facility. These failure resulted in the a Class I deficiency. The facility Administrator was notified via telephone of	A 077		

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A 077	Continued From page 4 the Class I deficiency at 11:38 AM on . . . , . The findings include: A review of the Department of Health report submitted to their legal team related to an inspection of the facility on revealed the following: "We responded to a complaint of bedbugs at (the facility) on . While there we checked 14 rooms during the inspection and found bed bug activity in 10 of those rooms. We also found numerous other violations which were noted on a routine inspection report separate from the complaint inspection report. The facility was given 2 weeks to show progress on correcting the bed bug issue and 4 weeks to work on the other issues. They had their pest control company come out and they stated that they did a full inspection of all rooms in the facility and only found activity in a small number of rooms which were treated. During our reinspection on . . . . . we found 7 out of the 8 rooms that we inspected still had active bed bugs including in 2 of the rooms that had been treated. At this point I am very concerned for the wellbeing of the residents of this facility and the conditions in which they are living. This facility has a history of being poorly managed, the efforts thus far in taking care of this bed bug issue have been wholly inadequate and as of our last meeting, I am not confident that the facility's response going forward is going to be any better. We are scheduled for a 2nd re-inspection on . . . . . at which we will be re-assessing the bed bug progress as well as progress on the other issues noted in the first inspection. It is worth noting that the owner stated	A 077		

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A 077	Continued From page 5 during our inspection that they had been made aware of the bed bug issue more than 6 months ago and have just been spot treating for them since then. This is an immediate public health concern." On . . . . . at approximately 11:30 AM, a walkthrough of the facility was conducted with Department of Health (DOH) inspectors which included an Environmental Supervisor and an Environmental . . . . . , as well as the facility Administrator. . . . ,220, 227, 228, 269, 246, 248, and 277 were toured and all were found to have either active bed bugs or evidence of bed bug activity confirmed by the DOH inspectors. That this time the DOH inspectors indicated that the treatment performed by the facility was performed incorrectly and was ineffective. It was also noted that there were no active measures of monitoring bed bugs in the inspected rooms. During the tour there were observations of safety and environmental concerns in . . . . . In . . . . it was noted that there was no smoke detector, the connection for one was hanging from the ceiling and an electrical socket was noted with black scorch marks on it and no cover plate. . . in the restroom, feces was noted dripping down side of toilet and on the floor. During this observations the Administrator stated that the room was disgusting. On . . . . . at approximately 2:11 PM, a referral was made to the county Fire Marshal. The fire Marshal indicated that the electrical hazards pertaining to the visibly scorched outlet in . . . . along with having no smoke detector as well as the other outlets not having any covers were concerning and advised that an inspector would join the survey on .	A 077		

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A 077	Continued From page 6 On at approximately 8:57 AM, an inspection of the entire facility, including 55 rooms, with the County Fire Inspector, C, and the facility administrator was performed. On at 10:11 AM, during interview with the fire inspector following the tour, he stated "the findings of the tour is a very severe hazard to the residents at this time. The electrical issues are very much a cause of concern because of the obvious electrical fire hazards. All the smoke alarms need to be replaced today ( ). The smoke alarms are the most important thing because that is the first line defense for the residents to alert that there is a problem. The outlet was a big cause of concern, an electrician needs to come in and look at the wires. That would pose an immediate concern of fire for the burnt-out socket. The open sockets also pose a hazard for electrocution. We give them 2 weeks to inspect it. And we are not doing anything immediately about it because the main system is intact, although that doesn't diminish the severity of the fact that the smoke detectors are missing and the fire hazards that were found." On at approximately 3:25 PM, during interview with the pest control company's service manager and technician they noted that the biggest factor contributing to the infestation of bed bugs was the facility's non-compliance to thoroughly clean before and after treatments and following recommendations for treating and storing resident's clothing. On at 3:46 PM, during interview with the facility administrator he expressed that the environmental concerns that were found during survey were his fault as the administrator and	A 077		

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A 077	Continued From page 7 stated that the rooms had not received proper housekeeping and maintenance services. Class I	A 077		
A 152 SS=J	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside	A 152		

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A 152	Continued From page 8 commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . . . . . . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to provide a safe, clean, and comfortable living environment related to numerous fire and electrical hazards, clean environment concerns, and pest infestation that had the potential to affect all 87 residents at the facility. The facility's failure to provide a safe, clean and comfortable living environment by failing to implement recommendations by the pest control company, failure to comply with Department of Health recommendations after previous inspections and failing to immediately address electrical concerns resulted in the severe hazard and gross living conditions of all 87 residents in the facility. These failure resulted in the a Class I deficiency. The facility Administrator was notified via telephone of the Class I deficiency at 11:38 AM on . . . . . . The findings include: On . . . . . beginning at approximately 11:30 AM, during a walkthrough of rooms with Department of Health (DOH) inspectors, an Environmental Supervisor and an Environmental . . . . . III, and the facility Administrator of rooms: 213,217,219,220, 227, 228, 269, 246, 248, and 277. All of the rooms inspected had confirmed findings of either active bed bugs or	A 152		

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A 152	Continued From page 9 evidence of bed bug activity confirmed by the DOH inspectors. The DOH inspectors indicated that the treatment performed by the facility was performed incorrectly and was ineffective. It was also noted that there were no active measures of monitoring bed bugs in the inspected rooms. During the survey there were notably egregious safety and environmental concerns in , ... In . . . . it was noted that there was no smoke detector, the connection for one was hanging from the ceiling and an electrical socket was noted with black scorch marks on it and no cover plate. In . . . . there was an odor so powerful of feces that the two DOH inspectors immediately walked out of the room. The carpet was so heavily soiled in the room our shoes were sticking to the carpet. The restroom was in disrepair and there were visible feces on the floor, toilet, and other surfaces. The restroom sink was missing one of its underside cabinet doors, the cabinet space was observed discolored and from water exposure. There were splatter stains on the walls in the room and visible feces on the B bed. A resident was sitting on A bed eating. The administrator stated that the resident's roommate, who was not in the room, was responsible for the mess in the room, and the resident in the room stated, "I have to live in it." The Administrator stated that the room was disgusting. Several other rooms were noted to have no smoke detector and missing cover plates on electrical outlets. In , bed B was noted visibly soiled with feces, the comforter on the bed was discolored as was the pillow. The DOH inspectors noted during their bed bug sweep that the pillow on the bed was soiled so heavily it was hard to the touch. On . . . . at approximately 2:11 PM, a referral was made to the county Fire Marshal.	A 152		

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A 152	Continued From page 10 The fire Marshal indicated that the electrical hazards pertaining to the visibly scorched outlet in . . . . along with having no smoke detector as well as the other outlets not having any covers were concerning and advised that an inspector would join the survey on . On at approximately 8:57 AM, an inspection of the entire facility, including 55 rooms, with the County Fire Inspector, C, and the facility administrator was performed, and the following notable concerns were found: In bed A was noted to have a ceiling air vent that was missing its cover. Bed B, which was a room joined by a single door, was noted to not have a functioning smoke detector. In . . . . . the bathroom floor was noted to be peeling and warped along the junction at the wall. The white bathmat in the room was noted to be heavily soiled and discolored black. In no smoke detector was noted. In no smoke detector was noted. A large bug was noted on the floor. In . . . . the smoke detector was noted beside an air conditioner duct and sprinkler and the fire inspector noted the placement of the smoke detector had the potential to make it ineffective as the air duct will blow the smoke away from the detector. In no smoke detector was noted and the sprinkler . . . . in the room was obstructed with dust. The door to the room was noted to be very difficult to shut and the door frame was noted broken.	A 152		

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A 152	Continued From page 11 In the smoke detector did not work. In the ceiling vent was noted heavily caked with dust. In . . . . no smoke detector was observed. In . . . . . no smoke detector was observed. The fire door outside . . . . was noted with cardboard jammed under the door. The fire inspector noted the door would not close if there was a fire with the obstruction jammed under the door. In the electrical outlet was noted without a plate cover and scorched. In there was no smoke detector. In spider webs were noted around the top of all four walls with a large number of insects. In the smoke detector was not working. There was black discoloration and evidence of water damage noted in a corner junction where the wall met the ceiling. Administrator stated the room next door had previously had a water leak. In no smoke detector was observed. In the smoke detector was not working. In in the restroom, feces was noted dripping down side of toilet and on the floor. The doors were missing on the bathroom cabinet. Large feces stains were noted on the mattress on B bed. The carpeted floor in the room was heavily	A 152		

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A 152	Continued From page 12 soiled and sticky to walk across. There was an extremely foul odor noted in the room. All four walls were noted with brown and black splatter marks on them. There was a stand up dust pan in the room that was covered in an unknown substance and heavily soiled. In a large insect was noted on the restroom floor, the resident in the room stated that he killed it that day. The smoke detector in the room did not work. In an electrical outlet was noted without a cover plate. Bed closest to door had a dirty mattress cover and a heavily soiled comforter and pillow. In an electrical outlet was noted with no cover plate and the room did not have a working smoke detector. In carpet was noted coming up at the door entrance with two 1in by 2in wood boards loosely nailed at the threshold. In the ceiling was noted cracking and hanging down approximately 2 inches at the doorway. In hallway outside of a large amount of water was noted dripping from a light fixture which was turned on. Water was noted pooling in the light fixture cover. The ceiling around the light fixture was discolored brown and cracking in areas. In the smoke detector did not work, an electrical outlet was noted without a cover plate and loose opened ended wires were protruding from the wall near the door. The floor was notably	A 152		

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A 152	Continued From page 13 dirty and sticky. In [redacted] there was a large area of ceiling above the resident's bed with multiple different discolorations including black, pink, and purple, with evidence of water damage to the area. In [redacted] the carpet was notably dirty with black circular discolorations around the base of the mini fridge in the room and various other spots on the carpet. In [redacted] no smoke detector was observed, and a 6-plug adapter was noted in an electrical outlet. In [redacted] bed B was noted with a large brown stain on the side of the bed, the bed was covered with residents clothing and there was evidence of bedbugs along the seams of the mattress. In [redacted] the smoke detector did not work, and the ceiling was sagging at the doorway. In [redacted] smoke detector did not work. Resident in room stated he was unable to smell things do to [redacted] health condition. Several bags of trash were noted around a full trash can in the room. An air conditioning thermostat was noted hanging from the wall by its wires. In [redacted] there was evidence of water damage to the ceiling, and the ceiling air vents were notably dirty. In [redacted] no smoke detector was observed. In [redacted] there was no cover on the ceiling air vent.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911678	A. BUILDING: _____ B. WING _____	03/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHPOINTE RETIREMENT COMMUNITY	5100 NORTHPOINTE PARKWAY PENSACOLA, FL 32514

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A 152	Continued From page 14 Mirrors on nurses station outside of . . . . had broken mirrors with sharp edges exposed. (Photographic evidence obtained) On at 10:11 AM, during interview with the fire inspector following the tour, he stated "the findings of the tour is a very severe hazard to the residents at this time. The electrical issues are very much a cause of concern because of the obvious electrical fire hazards. All the smoke alarms need to be replaced today. The smoke alarms are the most important thing because that is the first line defense for the residents to alert that there is a problem. The . . . . outlet was a big cause of concern, an electrician needs to come in and look at the wires. That would pose an immediate concern of fire for the burnt-out socket. The open sockets also pose a hazard for electrocution. We give them 2 weeks to inspect it. And we are not doing anything immediately about it because the main system is intact, although that doesn't diminish the severity of the fact that the smoke detectors are missing and the fire hazards that were found." On at 1:16 PM a follow up report from the Department of Health that was sent to their legal team was reviewed and it stated: "We responded to a complaint of bedbugs at (the facility) on . While there we checked 14 rooms during the inspection and found bed bug activity in 10 of those rooms. We also found numerous other violations which were noted on a routine inspection report separate from the complaint inspection report. The facility was given 2 weeks to show progress on correcting the bed bug issue and 4 weeks to work on the other issues. They had their pest control company	A 152		

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
	AL11911678	A. BUILDING: _____ B. WING _____	03/18/2020

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NORTHPOINTE RETIREMENT COMMUNITY	5100 NORTHPOINTE PARKWAY PENSACOLA, FL 32514

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A 152	Continued From page 15 come out and they stated that they did a full inspection of all rooms in the facility and only found activity in a small number of rooms which were treated. During our reinspection on . . . . . we found 7 out of the 8 rooms that we inspected still had active bed bugs including in 2 of the rooms that had been treated. At this point I am very concerned for the wellbeing of the residents of this facility and the conditions in which they are living. This facility has a history of being poorly managed, the efforts thus far in taking care of this bed bug issue have been wholly inadequate and as of our last meeting, I am not confident that the facility's response going forward is going to be any better. We are scheduled for a 2nd re-inspection on . . . . . at which we will be re-assessing the bed bug progress as well as progress on the other issues noted in the first inspection. It is worth noting that the owner stated during our inspection that they had been made aware of the bed bug issue more than 6 months ago and have just been spot treating for them since then. This is an immediate public health concern." On . . . . . at approximately 3:25 PM during interview with the . . . . . pest control company's service manager and technician they noted that the biggest factor contributing to the infestation of bed bugs was the facility's compliance to thoroughly clean before and after treatments and following recommendations for treating and storing resident's clothing. On . . . . . at 3:46 PM during interview with the facility administrator he expressed that the environmental concerns that were found during survey were his fault as the administrator and	A 152		

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
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A 152	Continued From page 16 stated that the rooms had not received proper housekeeping and maintenance services. Class I	A 152		