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
	AL11942934	A. BUILDING: _____ B. WING _____	05/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND COURT ALF	295 SW 4TH AVENUE POMPANO BEACH, FL 33060

(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, complaint number 2020007473, was conducted on at Grand Court ALF. The facility had deficiencies at the time of the survey.	A 000		
A 030 SS=H	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 and the text must be a minimum of 14-point font.	A 030		

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A 030	Continued From page 1 (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 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	A 030		

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A 030	Continued From page 2 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. (f) Manage his or her financial affairs unless the	A 030		

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A 030	Continued From page 3 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 relocation shall be set forth in writing. In order for	A 030		

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A 030	Continued From page 4 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 call the State Long-Term Care Ombudsman	A 030		

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A 030	Continued From page 5 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 upon observation and interview, the facility failed to safeguard residents' safety and well-being by failing to enforce current control standards related the Corona (COVID-19) recommendations established by the Centers for Control and Prevention. The findings included: On , the Governor of the State of Florida issued Executive Order 20-51 designating a Public Health Emergency as a result of	A 030		

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A 030	Continued From page 6 COVID-19 and its impact. Pursuant to that authority, emergency orders have been issued by the Florida Division of Emergency Management to implement the protections necessary to assure the health, safety, and well-being of Florida's citizenry, including those most to the effects of . . . . Among those emergency orders was DEM Order 20-006, dated , ... , delineating minimum screening standards for persons entering identified residential facilities. Review of the "Considerations when preparing for COVID-19 in Assisted Living Facilities" guidelines published by the CDC on . . . , indicated, facility staff must encourage the residents to remain inside their bedrooms as much as possible and if out if their rooms, residents must wear a . . . covering, regardless of whether a resident had any symptoms. As part of source control efforts, personnel should wear a facemask (or cloth covering if facemask not available) at all times while they are in the facility. On . . . . . at 9:30 AM, upon entry into the facility the Agency for Health Care (ACHA) survey team were screened for COVID-19. As part of the screening a body temperature reading was attempted by the main receptionist (Staff A) in the lobby. It was noted that Staff A did not have her . . . properly covered with a mask at that time. The receptionist (Staff A) was asked to correct her mask before proceeding. Staff A attempted to use a , , (eardrum) thermometer without a probe cover to measure the temperature of one of the surveyors. The Human Resources Director, who was at the front desk at that time, intervened with a non-contact scanner. While waiting for the screening process, two residents were noted to be standing in the lobby	A 030		

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A 030	Continued From page 7 without facemasks and not adhering to social distancing guidelines. There were no attempts made by staff to provided masks and/or redirect the residents to their respective rooms. Additionally, the secretary for the Director of Nursing (Staff B) was observed walking into the facility without a mask. Staff B was not screened upon entry and put on a cloth mask after arriving and crossing the lobby to her office. At 9:40 PM on , an observation tour was conducted with the Human Resources Director (HR). During this tour there were two residents noted in the library area not wearing masks. One resident self-redirected to her room, the other resident continued to look at books. Neither resident was wearing masks or encouraged to wear masks. There were three residents noted in an open courtyard who were smoking. These residents were practicing social distancing. The HR Director stated that it is difficult to get the smokers to comply with the CDC recommendations. During this walking tour a housekeeper was observed without a mask. The HR Director had the housekeeper retrieve a mask from the HR Director's office. In the memory care unit, the residents were noted to be not wearing a mask and not practicing social distancing. The HR director told a staff member to try to keep the resident's apart. There was no attempt to provide masks for the residents. A Medical Technician (Staff E), (trained person who assists residents with their medication administration), was noted going from room to room to take temperatures of the resident. Staff E was observed not changing gloves or washing / sanitizing between resident contact. During an interview with Staff E, she stated she was unaware that she needed to change gloves and wash her between resident contact. This	A 030		

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A 030	Continued From page 8 same Medication Technician was wearing a cloth mask, which is not recommended for Health Care Providers (HCP) by the CDC. According to the CDC any staff that has direct contact with residents and/or who cleans residents' rooms or equipment should be using appropriate Personal Protective Equipment (PPE). Further observation revealed, on a patio there were six residents smoking that were not practicing social distancing or wearing coverings or mask. Interview of these residents revealed they were aware of the recommendation for Covid-19 and felt the facility was doing what was necessary to keep residents safe. During an interview with the Administrator / HR Director, it was disclosed that they had two residents who had been for COVID-19 precautions related to having been in a rehabilitation facility with a known active case of COVID-19. These residents were and had been tested negative for COVID-19. One resident was still under while waiting for the results of a second Covid-19 test. When asked where the PPE equipment was kept for the staff who would enter the room, the DON responded that it was kept in the room. The DON did not realize that the PPE would need to be considered contaminated and could not be used for any other resident, thus would need to be wasted. The DON determined that going forward PPE would be kept in the medication carts to prevent thievery by staff or other residents. Additional findings included several control issues noted with the laundry which included: Uncovered trash containers that held used PPE, soiled laundry in an overfilled laundry cart situated next to the clean laundry folding	A 030		

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A 030	Continued From page 9 table, an open roof over the folding table that allow leaves to into the folding area, personal food and cosmetics stored by the washing machines, holes in the ceiling of the washer dryer room, an unprotected opening in the wall for the drier vent that could allow animals to get into the laundry area and the dryers on wooden pallets which could attract moisture and insects. Class II	A 030		