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
	AL11910053	A. BUILDING: _____ B. WING _____	06/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE MANOR AT LAKE MORTON, LLC	610 EAST LIME STREET LAKELAND, FL 33801

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A 000	Initial Comments A Complaint Investigation (Complaint Number: 2020009570) with Generator Monitoring and a Focused Control Visit were conducted at Grace Manor at Lake Morton on . . . . . Deficiencies were identified at the time of survey.	A 000		
A 030 SS=J	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 (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	A 030		

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A 030	Continued From page 4 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	A 030		

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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 observations, record review, and interviews, the facility failed to safe guard residents' well-being by failing to follow current [illegible] control standards related to COVID-19 and Florida Governor's emergency orders DEM Order 20-006, dated [illegible], delineating minimum screening standards for persons entering identified residential facilities. Additionally, the facility failed to [illegible] one (Resident #1) of one residents who were [illegible] and positive for Covid-19, to don proper personal protective equipment (PPE), and	A 030		

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A 030	Continued From page 6 failed to follow the facility's current written policy and procedure to , / current Covid-19 positive residents or residents returning to the facility from the hospital. Findings Included: The COVID-19 is a transmissible , , that presents severe risk to persons who are aged, infirm, or suffer from co- including, but not limited to, system deficiency, , , , and , . See Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities, Publications of the Centers for Control. On , the Governor of the State of Florida issued Executive Order 20-51 designating a Public Health Emergency as a result of 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. The Agency for Health Care Administration (AHCA) has issued guidance and clarification on DEM Order 20-006 to providers, and on , , issued an alert notifying nursing homes that all staff or other individuals admitted to a residential facility must don masks and that caregivers must wear gloves when providing resident care. While the treatment and management of residents with	A 030		

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A 030	Continued From page 7 and the implementation of isolation precautions for such events are a long-standing health care issues faced by residential facilities, the ease of contagion and the effects of presented by COVID-19 mandate that providers exert meticulous practice and procedure to identify resident symptoms and take immediate procedures to both assure appropriate treatment of a potentially resident and protect the remainder of a facility's population from the risk of spread of the . Observations conducted on at 11:30am, revealed that the facility did not or Resident #1 who had tested positive for COVID-19. Resident #1 was observed sitting in the dining room with three other residents (Resident #3, Resident #4, and Resident #5). Resident #1 had a beverage in front of her and staff appeared to be ready to serve her lunch. Resident #1 was observed coughing without covering her . There were no attempts made by staff to redirect Resident #1 out of the dining room or to place the resident in . There were three staff observed going in and out of the dining room. Three staff were observed wearing surgical masks overtop of N95 masks but no other personal protection equipment as recommended for COVID-19 positive residents such as shields and gowns were worn. None of the four residents that were observed in the dining room had on any type of personal protection equipment. It took approximately ten minutes for staff to remove Resident #1 from the dining room and place the resident under in her own room. Further observation revealed staff did not immediately the contaminated area where Resident #1 was sitting and coughing.	A 030		

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A 030	Continued From page 8 During an interview with the Executive Director on at 12:00pm, two agency representatives questioned the Executive Director whether staff was going to the area. The Executive Director asked a staff person to clean the area and went herself to clean the area. During an interview on at 11:35am, the Resident Care Director identified Resident #1 as the resident awaiting ambulance transport to the local hospital for positive COVID-19 test results. During an interview on 11:50am, the Health and Wellness Director confirmed that the resident that the Resident Care Director identified was indeed the resident awaiting ambulance transport for positive COVID-19 test results. A review of the Control Policy and Procedure for COVID-19 (COVID-19 P&P) dated , conducted on , revealed that the Facility did not follow their own COVID-19 P&P. On page one, the COVID-19 P&P stated that the "facility follows current guidelines and recommendations for the prevention and control of Coronavirus ". On page two, the COVID-19 P&P stated that the Facility "assumed that every person is potentially ". On page four, the COVID-19 P&P stated that when a resident had , , symptoms such as "tissues and facemasks will be available for coughing residents" and that personal protection equipment "will be made available to personnel (facemasks, gown, gloves, , protection)." On page five, the COVID-19 P&P stated that if a resident was positive for "symptoms, implement recommended IPC practices (possibly Prevention Control) - not clearly defined. The	A 030		

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A 030	Continued From page 9 COVID-19 P&P stated that the Facility "Implement appropriate prevention practices for residents with undiagnosed to use Standard, Contact, and Droplet Precautions with protection" and to restrict residents ...to their rooms" and if the resident leaves their room, the "resident should wear a facemask". The COVID-19 P&P stated that the Facility should "create a plan for cohorting residents with symptoms of including dedicating Healthcare Personnel to work only in affected resident areas". On page six, the COVID-19 P&P stated that if COVID-19 P&P was suspected, the "residents with known or suspected COVID-19 should ideally be placed in a private room with their own bathroom" and that the resident would be "immediately be to their room". The COVID-19 P&P stated that if the Facility "cannot fully implement all recommended precautions, the resident should be transferred to another Facility, hospital, or family member and "while waiting transfer, the resident should wear a facemask". The COVID-19 P&P stated that "appropriate personal protection equipment should be used by health care personnel when coming in contact with the resident". The COVID-19 P&P stated that there was no current treatment for COVID-19 and that "clinical management includes prompt implementation of recommended prevention and control measures and supportive management of complications" and adherence "to the use of personal protection equipment. During interviews with three members from the onsite Veterans Affairs Strike Team conducted on from 03:10pm until 03:30pm, one lead team member stated that the local health department doctor recommended that the facility	A 030		

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A 030	Continued From page 10 wear full personal protective equipment due to thirty-seven residents that were sent to the local hospital for positive COVID-19 test results and that this had been relayed to the facility staff. The lead team member stated that the team was initiating further recommendations on the day of survey to include the "placement of portable washing stations in each hallway so the staff have the ability to wash . . . after care needs with residents as there were no paper towels in resident bathrooms and personal soap with no way for the staff to wash their . " right after the provision of care. During an interview with the Health and Wellness Director, conducted on at and 11:38am and 11:50am, the Health and Wellness Director stated that "we tried to [Resident #1] but she was a . . . . " and "we don't have the staff to place her on one to one care". At 12:00pm, the Health and Wellness Director confirmed that the three remaining residents in the dining room had tested negative for COVID-19. At 12:45pm, the Health and Wellness Director stated that there was no plan in place to , or residents with signs and symptoms and/or positive for COVID-19. At 01:00pm, the Health and Wellness Director stated that Resident #1 would not stay in her room and kept coming out to the dining area and was a . . . . . She stated that the other residents that tested positive would in and out of their rooms and come out to the common area and the dining room and we would re-direct them . . . to their rooms and we tried to keep them in their rooms as much as possible. She stated the staff would give the residents masks to wear but the residents would remove them. The Health and Wellness Director stated that there were not enough staff to residents and to	A 030		

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A 030	Continued From page 11 get them to stay in their rooms or a place in the facility to , or residents. During an interview with the Executive Director, conducted on at 11:42am, the Executive Director stated that Resident #1 was not , to her room because she is a and we redirect her, and she comes right out. At 12:33pm, the Executive Director stated that a lot of staff quit when COVID first started and the facility had quite a few staff off work due to positive COVID test results. At 12:45pm, the Executive Director stated that there was no plan in place to , or resident with signs and symptoms and/or positive for COVID-19. At 03:30pm, the Executive Director indicated that corporate personnel was not helpful with developing a plan for bringing the residents to the facility or how to , the residents and that there was no plan in place for bringing any residents into the facility. At 03:50pm, the Executive Director confirmed that the resident that tested positive for COVID-19 would not stay in their rooms and would not keep their masks on. Class I	A 030		
A 181 SS=D	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised.	A 181		

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A 181	Continued From page 12 (b) A new facility as described in rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide proof of an annual review and approval of its comprehensive emergency management plan (CEMP) by the local emergency management agency. Findings included: A review of the Facility's CEMP, conducted on , revealed that the local emergency management office last approved the Facility's CEMP on . The last fire inspection for	A 181		

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A 181	Continued From page 13 the CEMP was dated on . . . . The Facility had no documentation that they had submitted their CEMP to the local emergency management office or obtained a yearly fire inspection for the years of 2019 and 2020. During an interview with Executive Director (ED), conducted on at 01:13pm, the ED agreed that this was the only documentation of the CEMP submission to the local emergency management office. The ED was unable to provide further documentation during survey. Class III	A 181		