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
	AL11910384	A. BUILDING: _____ B. WING _____	11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE 5081 LLC	5081 DUNN ROAD FORT PIERCE, FL 34981

(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 A Change of Ownership, Focused Control and Emergency Generator Assessment survey was conducted on at Cambridge 5081 LLC. The facility had deficiencies at the time of the survey.	A 000		
A 030 SS=D	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 relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. 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	A 030		

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A 030	Continued From page 5 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 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 on observations, interviews and record review, the assisted living facility failed to follow CDC (Centers for . . Control and Prevention) . . . . control guidelines to ensure the health, safety and well-being of residents from the potential to contract or transmit the COVID-19 by failing to follow required procedures for	A 030		

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A 030	Continued From page 6 properly screening third-party visitors entering the building. This has the potential to affect all 8 current residents of the facility. The findings included: The CDC documents individuals who are 65 years and older, those with underlying medical conditions, and those living in residential communities are at high risk for developing serious complications from COVID-19 illness. Individuals who are could develop serious with difficulty breathing, and might require intensive care for the treatment of multi-organ failure, , , failure, and , . COVID-19 can lead to . COVID-19 is a new , caused by a new Coronavirus that has not previously been seen in humans. Currently, there is no and no approved treatment for COVID-19 , which is a highly transmissible . See generally, Publications of the Centers for Control. The Florida State Division of Emergency Management's Emergency Order 20-006 signed by the Governor on requires: "The following documentation must be kept for visitation within a facility: a. Individuals entering a facility subject to the screening criteria above may be screened using a standardized questionnaire or other form of documentation. b. The facility is required to maintain documentation of all non-resident individuals entering the facility. Documentation must include: 1. Name of the individual; 2. Date and time of entry; and 3. The documentation used by the facility to screen the individual showing the individual did	A 030		

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A 030	Continued From page 7 not meet any of the enumerated screening criteria including the screening employee's printed name and signature." Order 20-006 further requires non-residents be screened for the following criteria: "a. Any person [illegible] with COVID-19 who has not had two consecutive negative tests results separated by 24 hours; b. Any person showing, presenting signs or symptoms of, or disclosing the presence of a [illegible], including [illegible] or [illegible]; c. Any person who has been in contact with any person(s) known to be [illegible] with COVID-19, who has not yet tested negative for COVID-19 within the past 14 days; d. Any person who traveled through any airport within the past 14 days; or e. Any person who traveled on a cruise ship within the past 14 days." Review of facility staff practices and records related to screening of third-party visitors conducted on [illegible] revealed the following concerns: 1. At 8:33 AM, upon arrival to the facility, a health care provider was observed working with a resident in the doorway of the facility. The resident was seated in a wheelchair positioned in the doorway; what the health care provider was doing was not visible. This writer requested she tell someone in the facility that a State Surveyor was present for an inspection, and was directed to go around the building to the door. After receiving no response to knocking on the door and telephoning the facility, this writer returned to the front door. The health care provider was asked what she was doing and she	A 030		

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A 030	Continued From page 8 responded she was a collecting a sample. At 8:41 AM, the facility's Administrator appeared at the door and then opened the garage door. At 8:47 AM, the Administrator, with the Manager present, was asked why the was working with the resident in the doorway. He responded she was doing that so she does not have to be screened, she is not coming into the building. The Manager took immediate steps to screen the . 2. At 8:41 AM, after some discussion, with the Manager present, the Administrator asked if I had been exposed to COVID-19 or traveled out of the country. He did not record my answers on a questionnaire or other form of documentation. He did not ask if I had (or presented with) signs or symptoms of a , , , including , , , , or ; or, traveled through any airport or on a cruise ship in the past 14 days. 3. At 8:47 AM, review of the facility's third-party visitor logs for the period through , which included 43 separate entries, revealed no documentation showing the staff member designated to screen visitors printed and signed their own name on the visitor logs as required by Emergency Order 20-006. These concerns were discussed with and acknowledged by the Administrator and Manager on at 8:54 AM. Review of the facility's written policies and procedures revealed no documentation showing Emergency Order 20-006, or other specifics related to visitor screening steps. The Manager confirmed there was no further related documentation or information available for review.	A 030		

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A 030	Continued From page 9 Class III	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. (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.	A 181		

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A 181	Continued From page 10 This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to submit a comprehensive emergency management plan (CEMP) for approval to the local county emergency management department in a timely manner. The findings included: Review of the facility's written CEMP approval status was conducted on [redacted] at 10:06 AM with the facility's Manager present. A copy of the facility's CEMP approval letter issued by the St. Lucie Department of Public Safety (County) that documented the facility's CEMP was reviewed and met the Emergency Management Planning Criteria was requested. At that time, the Manager provided the following information. The new management took over operations of the facility on [redacted]. At that time, no copy of the facility's CEMP or any related records were received from the prior owner. On [redacted], she was notified by the facility Owner that the CEMP needed to be completed. On [redacted], the Administrator attempted to submit the CEMP to the County by email. On [redacted] at 11:53 AM, the Administrator stated he just discovered the [redacted] email was not successful because the file size of the CEMP was too large so the email was empty. At that time, the Administrator and Manager acknowledged that meant the facility had not yet submitted their CEMP to the County. Further, there was no documentation available showing facility efforts to follow up with the County in the 49 days since they originally attempted to submit the CEMP for approval.	A 181		

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A 181	Continued From page 11 In a telephone interview conducted on at 3:47 PM, a representative from the County provided the following information. He checked to 2018 for this facility and no CEMP approval has been issued. The last correspondence between the County and the facility was in . Note: This correspondence occurred prior to the change in ownership; a provisional license was issued to the new Owner on . Class III	A 181		
CZ830 SS=D	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency	CZ830		

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CZ830	Continued From page 12 management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any	CZ830		

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CZ830	Continued From page 13 necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) The agency may adopt rules relating to emergency management planning, communications, and operations. Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on interviews and record review, the facility failed to report required information on the Agency Emergency Status System. This has the potential to affect all 8 current residents of the facility The findings included: The Agency for Health Care Administration (Agency) requires all licensees providing residential or inpatient services to use an Agency approved database for reporting its emergency status, planning or operations. The Agency approved database for reporting this information is the Emergency Status System (ESS). Review of the record contained in the ESS	CZ830		

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
	AL11910384	A. BUILDING: _____ B. WING _____	11/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAMBRIDGE 5081 LLC	5081 DUNN ROAD FORT PIERCE, FL 34981

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CZ830	Continued From page 14 database for this facility was conducted on and . For the period through , the following concerns were identified: 1. As of at 11:00 AM, no entries were made by the facility through , or 45 days. 2. As of at 11:00 AM, no entry was made by the facility for . 3. As of at 11:00 AM, no entry was made by the facility for . Item 1 was brought to the facility Manager's attention on at 3:03 PM. She stated as of this date, the Administrator was responsible for entering the facility's ESS data. She confirmed the facility had no written policies or procedures related to the ESS system. In a telephone interview conducted on at 3:43 PM regarding Items 2 and 3, the facility's Owner stated she had been the one entering the facility's ESS data; she confirmed she had not entered the ESS data since . Class III	CZ830		