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
	AL11969397	A. BUILDING: _____ B. WING _____	12/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY AT DELRAY BEACH	4840 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33445

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A 000	Initial Comments An unannounced Limited Nursing Services Monitoring survey was conducted on [redacted] at Symphony at Delray Beach. The facility had deficiencies identified at the time of the survey.	A 000		
AN277 SS=D	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in rule 59A-36.006, F.A.C. (b) In accordance with rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care provider's order, a copy of which must be maintained in the resident's file. (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with chapter 464, F.S., and the prevailing standard of practice in the nursing community.	AN277		

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AN277	Continued From page 1 This Statute or Rule is not met as evidenced by: Based on record review, interview and review of policy and procedure, it was determined that the facility failed to 1) ensure that it maintained both an "official/designated" Limited Nursing Service (LNS) Registered Nurse (RN) to perform its LNS services as well as the documentation of the qualifications of the nurse "identified" as providing limited nursing services, in the facility's associate personnel files. And, the facility failed to 2) ensure that it obtained/maintained an order, on file, for [redacted] care under Limited Nursing Services (LNS) services for (2) of (2) residents reviewed (Resident #1 and Resident #2). The findings included: 1) A side-by-side record review was conducted by both this surveyor and with the Director of Health and Wellness (DHW) on [redacted] at 2:15 PM of the facility's files. And, it was noted that there was no LNS supervisor Registered Nurse (RN) license on file, no background screening (BGS), no freedom from communicable [redacted] documentation and nor were there any staff trainings noted/available for review for the 3rd party nurse, referred to as the LNS nurse of the facility, maintained with associate personnel files. On [redacted] at 2:30 PM An interview was conducted with the (DHW), a Licensed Practical Nurse (LPN), who initially indicated that the 3rd party staffer, Staff A, a Registered Nurse (RN) with an Third Pary Home Health Agency , was the facility's LNS nurse. The DHW added that Staff A, an (RN) also comes to the facility for visits in order to check on Resident#2 to monitor his [redacted] levels and to monitor his [redacted] care.	AN277		

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AN277	Continued From page 2 However, on at 2:45 PM during an interview conducted with the 3rd party staffer, Staff A, a Registered Nurse (RN) with , she stated to this surveyor and insisted, during and throughout a brief interview via telephone and later in person, that she was not the facility's LNS nurse. She was inquiring of this surveyor, why she would even need to have a BGS and nurse trainings on file with the facility, or any of the other required documentation on file, when questioned about it. Further, she reiterated the fact that she only comes out to the facility for home health visits in order to check on Resident#2 to monitor his levels and to monitor his care. An interview conducted with the Administrator on at 3 PM, she stated that she did not know why there was no "designated/official" LNS nurse in the facility, with the required documentation on file, when there had always previously been one. Review of facility policy and procedure on at 3:30 PM for Limited Nursing Services provided by the DHW, an (LPN), issued indicated that ...A copy of the LNS supervisor RN license, background check, ..., ..., freedom from communicable documentation and results are filed and maintained with associate personnel files. 2) A A side-by-side record review was conducted of the complete files for Resident #1 and Resident #2, by both this surveyor and with the Director of Health and Wellness (DHW), on at 2:52 PM of Resident #1 and Resident #2's medical LNS files and it was noted that there were no orders in either of the resident's files to	AN277		

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AN277	Continued From page 3 authorize/initiate [illegible] care under LNS services. Resident #1, was admitted to the facility on [illegible] with diagnoses which included [illegible] and [illegible]. Resident #1 is recorded on the LNS log with a start date of: [illegible] for [illegible] care. Resident #2, was admitted to the facility on [illegible] with diagnoses which included [illegible] ( ), [illegible], Sleep [illegible] ( ), [illegible] ( ), [illegible] ( ) Type II, History of [illegible] and [illegible]. Resident #2 is recorded on the LNS log with a start date of: [illegible] for [illegible] care. On [illegible] at 3:05 PM, the DHW acknowledged and verified that that there were no orders for LNS services on file and she indicated that it was the responsibility of the nurse in charge of the residents, at the time, to obtain the physician orders for [illegible] care under LNS services; this was not done. In fact, there was no notice of absent LNS orders, until after surveyor inquisition/intervention. Review of facility policy and procedure on [illegible] at 3:30 PM for Limited Nursing Services provided by the DHW, an (LPN) issued [illegible] indicated that ...Limited Nursing Services requires a healthcare provider order specific to the care need .... Review of facility policy and procedure on [illegible] at 3:40 PM for Residency Agreement provided by the DHW, an (LPN) signed indicated that .....Limited Nursing Services: upon the authorization of the Resident's healthcare	AN277		

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AN277	Continued From page 4 provider community may provide the following services in addition to any nursing services permitted under a standard license ..... Class III	AN277		
AN278 SS=D	59A-36.022(3) FAC; 429.07 (3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and outcome of services that are rendered and the general status of the resident's health. This Statute or Rule is not met as evidenced by: Based on record review, interview and review of policy and procedure, it was determined that the facility failed to ensure that it completed a monthly Limited Nursing (LNS) assessment by a licensed Registered Nurse (RN) for (1) of (2) residents (Resident #1). The findings included:	AN278		

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AN278	Continued From page 5 During a side-by-side record review of the complete file for Resident #1 conducted on at 3:40 PM by both this surveyor and with the Director of Health and Wellness (DHW), it was revealed that Resident #1 was not having a monthly LNS nursing assessment completed by a licensed (RN). Further record review indicated that the facility only completed a total of three (3) LNS assessments on: , and , during the last ten (10)-month time frame from , until , Resident #1, was admitted to the facility on with diagnoses which included , , , , , , , and . Resident #1 is recorded on the LNS log with a start date of: for , care. An interview was conducted on at 2:52 PM with the (DHW), a Licensed Practical Nurse (LPN), in which she stated that she had seen/noticed that the LNS monthly nursing assessments were not being done and therefore, she said that she started doing them, in . The DHW acknowledged that only three (3) assessments were done on: , and during the last 10-month time frame from , until . All three (3) of these LNS assessments were completed by an (LPN); which violates policy. She admitted that they were not being completed on a monthly basis by nursing and she provided no explanation as to why they were not being done. Review of facility policy and procedure on	AN278		

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AN278	Continued From page 6 . . . . . at 3:30 PM for Limited Nursing Services provided by the DHW issued indicated that ...A monthly assessment, summary note is completed by a Registered Nurse (RN) for residents receiving LNS and a note specific to each LNS services provided by the community and status of the resident. Class III	AN278		