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
	AL11966784	A. BUILDING: _____ B. WING _____	02/24/2021

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ALF HOME ASSISTED LIVING PLUS MORE	4941 PINE CONE LANE WEST PALM BEACH, FL 33417

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A 000	Initial Comments An unannounced Relicensure, Focused Control and Generator Monitoring survey was conducted on at ALF Home Assisted Living Plus More. The facility had deficiencies identified at the time of the survey.	A 000		
A 056	59A-36.008(7) FAC Medication - Labeling and Orders (7) MEDICATION LABELING AND ORDERS. (a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with chapters 465 and 499, F.S., and rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container: 1. The resident's name; and, 2. The identification of each medicinal drug in the container. (b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another. (c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for , . . . , not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff	A 056		

Agency for Health Care Administration

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A 056	Continued From page 1	A 056		

who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.
(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxes, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to section 465.0276(5), F.S., and rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing

Agency for Health Care Administration

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A 056	Continued From page 2 the following: 1. Practitioner's name, 2. Resident's name, 3. Date dispensed, 4. Name and strength of the drug, 5. Directions for use; and, 6. Expiration date. (h) Pursuant to section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order. This Statute or Rule is not met as evidenced by: Based on observation, record review, and staff interview the facility failed to ensure staff provided the prescribed medications to 4 of 4 residents as ordered by the resident's health care provider affecting Resident #1, # #3, and #4. The findings included: 1) During medication reconciliation, the following physician prescribed medication orders were found for Resident #1: (a) [redacted] 20 milligrams (mg) once daily, for [redacted] (8 AM) (b) [redacted] 2.5 mg once daily, for [redacted] (8 AM) (c) [redacted] 0.5 mg once daily, for [redacted] (8 PM) (d) Denazepril 20 mg once daily, for [redacted] (8 AM) (e) [redacted] 5 mg twice daily, for [redacted] (8 PM and 8 AM) (f) [redacted] 10 mg once daily, for high [redacted] (8 PM) (f) Famotine 20 mg, 2 tabs (40 mg) once daily, for [redacted] (8 AM)	A 056		

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A 056	Continued From page 3 (g) . . . . . 100 mg twice daily, for . . . . (3 PM and 7 PM) (l) . . . . . 1000 mg every 12 hrs (8 AM) (m) . . . . . 10 mg once daily, for . . . (8 AM) (n) . . . . . 2 mg three times a day, for . . . . 's (8 AM, 2 PM, 8 PM) (o) . . . . . 0.4 mg once daily, for prostrate (8 PM) (p) . . . . . 1 gm, 2 capsules twice daily with meals, for . . . . . (5 PM & 8 AM) According to the Medication Observation Record (MOR), there were no staff initials next to these medications for . . . . . and . . . . . indicating that these medications were provided to Resident #1 as ordered. 2) During medication reconciliation, the following physician prescribed medication orders were found for Resident #2: (a) . . . . . 5 mg Tabs; Take one tablet by . . . . 4 times a day around the clock, for . . . (8 AM, 12 PM, 5 PM, 8 PM) (b) . . . . . 10 mg Tabs; Take one tablet by . . . . 2 times a day, for . . . . (8 AM, 8 PM) (c) DOK 100 mg Caps; Take 1 capsule by 3 time daily, for . . . . . (8 AM, 2 PM, 8 PM) (d) . . . . . 20 mg CPEP; Take 1 capsule by . . . . once daily, for . . . . (8 AM) (e) . . . . . 5 mg Tabs; Take 1 tab by each night at bedtime, for sleep (8 PM) (f) . . . . . 25 mg; Take one tab by . . . . each night at bedtime, for . . . . (8 PM) (g) . . . . . 15 mg Tabs; Take 1 tab by . . . . each night at bedtime, for . . . (8 PM) (h) . . . . . 10 mg Tabs; Take 1 tab by . . . . each night at bedtime, for sleep (8 PM)	A 056		

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A 056	Continued From page 4 According to the MOR, there were no staff initials next to these medications for and indicating that the medications were provided to Resident #2 as ordered. It was also observed that the medication in the pre-packaged medication bubble card was still in the bubble pack for the dates and . 3) During medication reconciliation, the following physician prescribed medication orders were found for Resident #3: (a) DOK 100 mg Caps; Take 1 capsule by 3 times a day (8 AM, 2 PM 8 PM) (b) 10 mg Caps; Take 1 capsule by once daily, for (8 AM) (c) 7.5 mg Tab; Take 1 tab by once daily, for , (8 AM) (d) , 0.25 mg Tabs; Take 1 tab by every 12 hrs, for (8 AM, 8 PM) According to the MOR, there were no staff initials next to these medications for (PM medications) and (AM medications) indicating that the medications were provided to Resident #3 as ordered. It was also observed that the medications in the pre-packaged medication bubble card was still in the bubble pack for the dates and . 4) During medication reconciliation, the following physician prescribed medication orders were found for Resident #4: (a) , EE .03 mg, 1 tab once daily as directed, for birth control (8 AM) (b) 10 gm/15 ml solution, 15 ml/10 gm by once daily, for , (8 AM) (c) 25 mg, take 4 tabs (100 mg) twice daily for / (8 AM) (d) 100 mg twice daily for / (8 AM & 5 PM)	A 056		

Agency for Health Care Administration

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A 056	Continued From page 5 According to the MOR, there were no staff initials next to these medications for ..... and indicating that these medications were provided to Resident #4 as ordered. On at 1:15 PM, while discussing the medication concerns with Staff A, she acknowledged the findings as detailed above. Class III	A 056		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during inservice training. A single certificate of completion that covers all required inservice training topics may be issued to a participating staff member if the training is provided in a single training course.	A 081		

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A 081	Continued From page 6 59A-36.011 (2) STAFF PRESERVICE ORIENTATION. (a) Facilities must provide a preservice orientation of at least 2 hours to all new assisted living facility employees who have not previously completed core training as detailed in subsection (1). (b) New staff must complete the preservice orientation prior to interacting with residents. (c) Once complete, the employee and the facility administrator must sign a statement that the employee completed the preservice orientation which must be kept in the employee's personnel record. (d) In addition to topics that may be chosen by the facility administrator, the preservice orientation must cover: 1. Resident's rights; and, 2. The facility's license type and services offered by the facility. (3) STAFF IN-SERVICE TRAINING. Facility administrators or managers shall provide or arrange for the following in-service training to facility staff: (a) Staff who provide direct care to residents, other than nurses, certified nursing assistants, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive a minimum of 1 hour in-service training in control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its control policies and procedures when offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to borne , , may be used to meet this requirement.	A 081		

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A 081	Continued From page 7 (b) Staff who provide direct care to residents must receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Reporting adverse incidents. 2. Facility emergency procedures including chain-of-command and staff roles relating to emergency evacuation. (c) Staff who provide direct care to residents, who have not taken the core training program, shall receive a minimum of 1 hour in-service training within 30 days of employment that covers the following subjects: 1. Resident rights in an assisted living facility. 2. Recognizing and reporting resident . . . . . , neglect, and , . The facility must use its . . . prevention policies and procedures when offering this training. (d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects: 1. Resident behavior and needs. 2. Providing assistance with the activities of daily living. (e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices. (f) All facility staff shall receive in-service training regarding the facility's resident elopement response policies and procedures within thirty (30) days of employment. 1. All facility staff shall be provided with a copy of the facility's resident elopement response policies and procedures.	A 081		

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A 081	Continued From page 8 2. All facility staff shall demonstrate an understanding and competency in the implementation of the elopement response policies and procedures. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 1 of 4 sampled employees were provided a 2 hour pre-service orientation before interacting with residents, Staff C. The findings included: During a review of Staff C's employment record (hire date of [redacted]), a training statement/certificate, signed by both the Administrator and Staff C could not be located proving completion of the required 2 hour pre-orientation training. On [redacted] at 11:30 PM, Staff A was asked to provide documentation showing Staff C had completed the 2 hour pre-service orientation. Staff A stated she was unaware of the 2 hour pre-service orientation training requirement. She stated that Staff C was a part-time employee, only utilized when needed. During this interview, with Staff A she was informed of the regulatory requirement of the 2 hour inservice training for all employees who have not completed Core training prior to interacting with residents. It was discussed that this 2 hour orientation training must cover topics such as Residents' Rights and the facility's license type and services offered by the facility. Any other topics chosen by the Administrator can be included in the training. Staff	A 081		

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A 081	Continued From page 9 A acknowledged that Staff C had not completed the 2 hour pre-service orientation training at this time. Class	A 081		
A 083	59A-36.011(5) FAC Training - First Aid and . (5) FIRST AID AND . . . . ( ). A staff member who has completed courses in First Aid and . and holds a currently valid card documenting completion of such courses must be in the facility at all times. (a) Documentation that the staff member possess current certification that requires the student to demonstrate, in person, that he or she is able to perform . and which is issued by an instructor or training provider that is approved to provide training by the American Red Cross, the American . . . Association, the National Safety Council, or an organization whose training is accredited by the Commission on Accreditation for Pre-Hospital Continuing Education satisfies this requirement. (b) A nurse shall be considered as having met the training requirement for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, Part III, F.S., shall be considered as having met the training requirements for both First Aid and C.P.R. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure a staff member who has completed courses in First Aid is in the facility at all times. The findings included:	A 083		

Agency for Health Care Administration

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A 083	Continued From page 10 During a review of Staff A, Staff B, and Staff C's employee records, no current valid First Aid certification card from an approved trainer could be found. Staff A is the owner of the facility and live-in caretaker. Staff B is the Administrator of the facility and the alternate caregiver. Staff C is a part-time employee utilized only when needed. All of these sampled staff may have opportunities to be alone in the facility with the residents, therefore, each would need to possess a valid First Aid certification card. During an interview with Staff A on at 11:30 PM, she stated she thought the / Provider course that had been completed by Staff B, Staff C and herself had included the First Aid component. She had assumed the / card that was provided was also applicable for the First Aid course. It was discussed with Staff A that the certification card must specify First Aid and in order for the First Aid component to be considered as completed. Staff A stated she would contact the trainer of the course to obtain clarification for the training that had been completed by her and Staff B and Staff C. Class III	A 083		
A 181	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	A 181		

Agency for Health Care Administration

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A 181	Continued From page 11 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. This Statute or Rule is not met as evidenced by: Based on facility record review and staff interview, the facility failed to ensure the facility's Comprehensive Emergency Management Plan (CEMP), required by the local emergency management agency on an annual basis, was submitted for review within 60 days prior to the expiration of the previous CEMP. The findings included:	A 181		

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A 181	Continued From page 12 A review of the CEMP documentation provided by Staff A revealed that the last approved CEMP by local county emergency management agency was dated . This CEMP had an expiration date of ; the next plan was to be submitted for review by to allow for a 60 day review period before expiration. The annual CEMP, which had been due by , was submitted to the local emergency management office for Initial Review on , almost 2 months past the date the new plan was due for review. Per correspondence with the local emergency management office on at 10:56 AM, the representative confirmed the date of receipt for the initial review ( ) and stated the CEMP is currently pending review. Class	A 181		
CZ816	408.809(2a-c) 435.05(2) 59A-35.090(2d-3c Background Screening-Compliance Attestation 408.809 Background screening; prohibited offenses.- (2) Every 5 years following his or her licensure, employment, or entry into a contract in a capacity that under subsection (1) would require level 2 background screening under chapter 435, each such person must submit to level 2 background rescreening as a condition of retaining such license or continuing in such employment or contractual status. For any such rescreening, the agency shall request the Department of Law Enforcement to forward the person's , to the Federal Bureau of Investigation for a national criminal history record check unless the person's , are enrolled in the Federal Bureau of Investigation's national retained print	CZ816		

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CZ816	Continued From page 13 . . . . notification program. If the ␣ , of such a person are not retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h), the person must submit ␣ , . . . electronically to the Department of Law Enforcement for state processing, and the Department of Law Enforcement shall forward the ␣ , to the Federal Bureau of Investigation for a national criminal history record check. The ␣ , shall be retained by the Department of Law Enforcement under s. 943.05(2)(g) and (h) and enrolled in the national retained print . . . notification program when the Department of Law Enforcement begins participation in the program. The cost of the state and national criminal history records checks required by level 2 screening may be borne by the licensee or the person ␣ , . The agency may accept as satisfying the requirements of this section proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651, provided that: (a) The screening standards and disqualifying offenses for the prior screening are equivalent to those specified in s. 435.04 and this section; (b) The person subject to screening has not had a break in service from a position that requires level 2 screening for more than 90 days; and (c) Such proof is accompanied, under penalty of perjury, by an attestation of compliance with chapter 435 and this section using forms provided by the agency.	CZ816		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966784	A. BUILDING: _____ B. WING _____	02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALF HOME ASSISTED LIVING PLUS MORE	4941 PINE CONE LANE WEST PALM BEACH, FL 33417

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CZ816	Continued From page 14 435.05 Requirements for covered employees and employers.-Except as otherwise provided by law, the following requirements apply to covered employees and employers: (2) Every employee must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if . . . . . for any of the disqualifying offenses while employed by the employer. 59A-35.090 Background Screening. (2) Processing Screening Requests, Required Documents and Fees. (d) An Attestation of Compliance with Background Screening Requirements, AHCA Form 3100-0008, , , herein incorporated by reference, available at http://www.flrules.org/Gateway/reference.asp?No=Ref-09106, and available from the Agency for Health Care Administration at: http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/Regulations_Forms.shtml. This form must be completed by the individual and retained by the provider upon hire to attest that they meet the requirements for qualifying for employment, they have not been unemployed for more than 90 days from a position that requires Level 2 screening, and they agree to inform the employer immediately if for any disqualifying offense. (e) An administrator or chief financial officer must be screened and qualified prior to . , , ... to the position. (3) Results of Screening and Notification. (a) Final results of background screening requests will be provided through the Agency's secure website that may be accessed by all health care providers applying for or actively	CZ816		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11966784	A. BUILDING: _____ B. WING _____	02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALF HOME ASSISTED LIVING PLUS MORE	4941 PINE CONE LANE WEST PALM BEACH, FL 33417

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CZ816	Continued From page 15 licensed through the Agency that are registered with the Care Provider Background Screening Clearinghouse. The secure website is located at: apps.ahca.myflorida.com/SingleSignOnPortal. (b) If a Level 2 criminal history is incomplete, a certified letter will be sent to the individual being screened requesting the . . . report and court disposition information. If the letter is returned unclaimed, a copy of the letter will be sent by regular mail. Pursuant to section 435.05(1)(d), F.S., the missing information must be filed with the Agency within 30 days of the Agency's request or the individual is subject to disqualification in accordance with section 435.06(3), F.S. (c) The eligibility results of employee screening and the signed Attestation referenced in subsection 59A-35.090(2), F.A.C., must be in the employee's personnel file, maintained by the provider. This Statute or Rule is not met as evidenced by: Based on employee record review and staff interview, the facility failed to ensure 2 of 4 sampled staff (Staff C and Staff D) signed an Attestation of Compliance with Background Screening Requirements upon hire, and the facility failed to retain a copy of this signed form in the employee's employment record. The findings included: During the employee record review for Staff C (hire date . . . . .) and Staff D (hire date), no signed Attestation of Compliance with Background Screening (BGS) Requirement Forms were found in either record. A request for the missing Attestation of	CZ816		

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
	AL11966784	A. BUILDING: _____ B. WING _____	02/24/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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CZ816	Continued From page 16 Compliance with BGS Requirements Form for Staff C and Staff D was made to Staff A on .... at 11:30 AM. No further documentation was provided for Staff C or Staff D to show regulatory compliance. Unclassified	CZ816		