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
	AL11910716	A. BUILDING: _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH LAKE RETIREMENT HOME	1222 NORTH 16TH AVENUE HOLLYWOOD, FL 33020

(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 Relicensure, licensure Complaint (#2020000663, #2020003505, #2020018930, #2021003933), Focused Control and Generator Assessment Monitoring survey was conducted on to //2021 at North Lake Retirement Home Inc. The facility had deficiencies at the time of the survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other	A 026		

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A 026	Continued From page 1 day programs may count those attendance hours towards the required 12 hours per week of scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure that residents are encouraged to participate in social, recreational, educational, and other activities within the facility and the community for 6 days a week for a total of not less than 12 hours a week for 107 of 107 residents. The findings included: During observations made on between 9:00AM-3:50PM, ... between 9:05AM-3:30PM and between 9:00AM-1:45PM, within the facility; the residents were not observed participating in any group or individual activities. 1. On at 10:00AM an interview was conducted with Resident #1. Resident #1 stated they do not have activities provided to them because they no longer have an activity coordinator. 2. On . . . . . at 10:10AM, an interview was conducted with Resident #2. Resident #2 stated no activities are being held. 3. On at 10:30AM, an interview was conducted with Resident #3. Resident #3 stated no activities are being done. 4. On . . . . . at 1:35PM, an interview was conducted with Resident #4. Resident #4 stated	A 026		

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A 026	Continued From page 2 no activities are going on. On . . . . . at 1:10PM an interview was conducted with Staff A (Medtech). Staff A revealed that group activities have not been conducted due to Covid-19 since . Staff A stated group activity schedule will not be re-instated until , . During an interview with the Administrator on . . . . . at 1:35PM, it was revealed that the facility has not conducted any group activities since the beginning of the Pandemic . . -2021. Class III	A 026		
A 030	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	A 030		

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A 030	Continued From page 3 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; [illegible], 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- [illegible] 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. (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 [illegible], neglect, and [illegible]; 6. Administrative and housekeeping schedules and requirements; 7. [illegible] 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	A 030		

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A 030	Continued From page 4 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 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	A 030		

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A 030	Continued From page 5 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 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.	A 030		

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A 030	Continued From page 6 (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 [illegible], the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for 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 [illegible], 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, [illegible], 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	A 030		

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A 030	Continued From page 7 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 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	A 030		

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A 030	Continued From page 8 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 interview and record review, the facility failed to follow their internal written grievance policy and procedures for receiving and responding to resident complaints. The facility also failed to demonstrate that the policies and procedure are implemented upon receipt of complaints from residents residing at the facility. The Findings included: On the facility's grievance policy was requested from the Business Office Manager/General Assistant to the Administrator (BOM) for review. The undated policy was provided. The following policy was entitled, Resolutions of Complaints, Policies and Procedures. PROCEDURE: When a resident has a suggestion or complaint, the following procedure will be followed: A. Resident Meeting 1. There is a residence meeting held on the second Tuesday of the month that will serve as a forum discussion on topics effecting the residence. It will be run by a member of the staff. a. A log will be kept of the meeting that will contain the minutes of the meeting and an attendance sheet. 2. The residence can utilize this meeting to make complaints, settle disputes and maintain some control over their environment i.e.: a. meal planning b. activities c. beautification and cleanliness of grounds.	A 030		

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A 030	Continued From page 9 3. Items from the suggestion box will also be addressed at this time. B. Resolution of Issues: 1. Residents will be asked how they would like to see issues addressed. 2. The staff will follow up on all issues or suggestions made, notifying the resident(s) of the progress/resolution at the next meeting. a. Staff will do everything possible to resolve issues in a satisfactory manner, accommodating the resident(s), involved, if it does not interfere with another resident rights. When this is not possible, resident disagrees with the way issue was handled, the resident will be given the reason. 3. If the resident/family/significant other are dissatisfied with the resolution, they have the right to file a formal complaint with the Administrator: a. The Administrator will meet with the parties involved to come to an amicable decision when possible or come to some sort of compromise with those involved. (see grievance policy attached). During confidential resident interviews conducted on _____ and _____ between 9:30 AM and 3:30 PM, the following concerns were revealed that are not addressed by the facility Administrator and the BOM. 1). The food is terrible and horrible; the food is day old and sometime not enough is served. Food is undercooked. Only snacks that are served are cookies. 2) Staff and residents are stealing from the residents in the facility. 3) Safety concerns regarding building repairs needed but staff not _____. 4) Facility has a lot of roaches and they spray, but	A 030		

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A 030	Continued From page 10 it does not help. Nothing gets done, numerous complaints made to staff, including the BOM. 5) Staff are not nice, and they sometimes yell, reported complaints to management; and they do not do anything. On . . . . . a request for the Grievance records for the past two years was made to the Office Manager. A review of the grievances provided revealed one grievance was documented and dated . . . . . . The report was made by the BOM regarding residents complain of a missing phone. The follow-up stated the staff inspected the room and found the phone behind the nightstand. No other complaints were provided, or evidence of various residents' concerns addressed. (see complaint attached). On . . . . . at 11:30 PM, an interview was conducted with the BOM. He stated the complaints are verbalized to the Administration and they just handle them. The BOM/General Assistant to the Administrator stated that the facility had not conducted any meetings since the start of the Pandemic (. . . . .). No further documentation was provided. On . . . . . at 01:45 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III	A 030		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS.	A 093		

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A 093	Continued From page 11 (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2010, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current summary of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2010, which are incorporated by reference and available for review at: http://iom.edu/Activities/Nutrition/SummaryDRIs/~/media/Files/Activity%20Files/Nutrition/DRIs/New%20Material/5DRI%20Values%20SummaryTables%2014.pdf. Therapeutic diets must meet these nutritional standards to the extent possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet.	A 093		

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A 093	Continued From page 12 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of	A 093		

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A 093	Continued From page 13 one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of , the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity. The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on observation interview and record review, the facility failed to ensure that all meals followed physician ordered therapeutic diets for 3 of 3 sampled residents (Resident # 26, # 27 and, # 29). The findings Included: On at 12:00 PM, the Lunch meal was observed. Resident # 26 was observed receiving and drinking regular liquids and a broth soup. Further review of Resident # 26's Agency for Health Care Administration Health Assessment, (AHCA 1823 form), dated revealed: Resident # 26 required a therapeutic puree diet	A 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910716	A. BUILDING: _____ B. WING _____	03/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 093	Continued From page 14 with thicken liquids. Further review revealed, a hospice physician's order dated documented Resident # 26 is to receive Thick-It, 4.cc powder with all liquids/fluids. On at 12:15PM, the Lunch meal was observed. Resident # 27 was observed receiving and drinking regular liquids and a broth soup. Further review of Resident # 27's Agency for Health Care Administration Health Assessment (AHCA 1823 form) dated revealed, Resident # 27 required a therapeutic puree diet with thicken liquids. Further review revealed, a hospice physician's order dated documented Resident # 27 is to receive Thick- It, 4.cc powder with all liquids/fluids. On at 12:23 PM, the Lunch meal was observed. Resident # 29 was observed receiving and drinking regular liquids and a broth soup. Further review of Resident # 29's Agency for Health Care Administration Health Assessment (AHCA 1823 form) dated revealed, Resident#29 required a therapeutic puree diet with thicken liquids. Further review revealed, a physician's order dated documented Resident#29 is to receive Thick-It, 4.cc powder with all liquids /fluids. On at 12:15pm during an interview with Staff D(LPN), she stated the Hospice aide is supposed to assist with thickening resident liquids. At this time Staff D, was unable to explain why Resident # 26, #27, and #29 therapeutic diet for thickened liquids was not being followed. On at 12:55 PM during an interview with Staff H(Cook), he stated he only prepares the food and does not have any Thick-It powder in the kitchen to honor the therapeutic diets.	A 093		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 093	Continued From page 15 On at 12:00 PM an interview with Staff I (Cook), she stated they only prepared the food and do not have any Thick it Powder in the kitchen to honor the therapeutic diets. On . . . . . at 12:00 PM during an interview with Staff I (Cook), she stated they only prepared the food and that they did not have any Thick-IT powder in the kitchen to honor the therapeutic diets. At this time, while interviewing the cook, Staff A (Medtech) went to an unknown location and returned with Thick It powder. At this time, Staff A put Thick It powder in Resident #26, #27 and# 29 liquid drinks. The residents, at this time had already started to consume their meals and liquids without the Thick-It. On . . . . . at approximately 1:30 PM during an interview with Administrator and Business Office Manager/ General Assistant to the Administrator (BOM), they stated they were not aware of therapeutic diets with thicken liquids and will follow up with nursing and dietary staff. They both acknowledged the findings. On . . . . . at approximately 1:30 PM, during an interview with Administrator and BOM, they stated they were not aware therapeutic diets with thicken liquids will follow up with nursing and dietary staff. They both acknowledged the findings. Class III	A 093		