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
	AL11911412	A. BUILDING: _____ B. WING _____	04/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD PLAZA	15520 NW 2 AVENUE NORTH MIAMI BEACH, FL 33160

(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 Two complaints (#2020019654 & #2020017280) and Change of Ownership survey was conducted at Courtyard Plaza on . Deficiencies were identified 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 and the text must be a minimum of 14-point font.	A 030		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 030	Continued From page 1 (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 , neglect, and , ; 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 429.41(1)(k), F.S., the use of physical	A 030		

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A 030	Continued From page 2 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. (f) Manage his or her financial affairs unless the	A 030		

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A 030	Continued From page 3 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 relocation must be set forth in writing and	A 030		

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A 030	Continued From page 4	A 030		

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 complaint, and the identity of complainants are

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A 030	Continued From page 5 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 interview and record review the facility failed to ensure that 3 out of 37 sampled residents lived in a safe and decent living environment, free from and neglect (Residents # 18, 20, 21). The facility failed to follow their own written grievance procedure for receiving and responding to resident complaints. The facility also failed to have a telephone	A 030		

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A 030	Continued From page 6 accessible to residents on each floor of the building. 1) On at 9:30 AM during an interview Resident #18 expressed being concerned about another resident who had exposed himself to other residents (Resident #19). Resident #18 stated that the facility had not taken any action. On at 10:19 AM Resident #18 stated that another resident (Resident #23) had taken his belongings and that he had a witness (Resident #22) who saw Resident #23 take the items. On at 10:23 AM Resident #22 stated that he witnessed Resident #23 stealing a bag from Resident #18's wheelchair and added that he also had seen Resident #23 taken the belongings of other residents. Resident #22 further stated that they had told a staff on duty (Staff S) about the incident. On at 10:28 AM during an interview, Staff M stated that the facility has a grievance log where resident's complaints are documented. Staff M added, "If there were any grievances the administrator would know because he is who writes them." (sic) A review of the facility's grievance log showed no recent complaints reported regarding inappropriate exposure behavior of Resident #19. The last grievance related to Resident #19 was reported on . . . . . No grievances related to Resident #23's taking the belongings of other residents was found. Review of the facility's Grievance Policy and Procedure revealed that, "It is the policy of this	A 030		

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A 030	Continued From page 7	A 030		

facility to provide a clearly defined process for documenting resident and family concerns that is communicated to and supported by all staff. We strive for in all our departments. We encourage resident rights to voice their concerns, suggestions, and grievances without any fear of reprisal. This right includes an accessible, visible and direct process for filing their views, with staff assistance as needed."

2) On at 10:44 AM during an interview, Resident #21 stated that he wanted better treatment for him and his spouse, Resident #20, who was and in a wheelchair. He stated that no one at the facility took her out of the room and he had to assist her and bring her downstairs for meals and anything else. The residents' room is on the second floor.

Observation on at 11:10 AM showed Resident #20 alone in her second-floor room seated in a wheelchair. The resident was and there was no telephone in the room.

On at 11:11 AM during an interview, Resident #20 stated that she stays most of the day alone in her room and that her spouse (Resident #21) assists her with bathing and , and takes her downstairs to the dining room. Resident #20 said, "nobody helps me, and I do not have a phone in the room."

On at 11:18 AM Resident #21 stated that he or his spouse (Resident #20) did not have a cell phone.

Review of Resident #20's health assessment completed on showed medical history and diagnoses of , , ( ) and , , ( ). The resident

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A 030	Continued From page 8 required assistance with all activities of daily living (ADLs): ambulation, bathing, eating, self-care (grooming), toileting and transferring and needed assistance with self-administration of medication. Review of Resident #21's health assessment completed on showed medical history and diagnoses of ( ), , dry , pneumocephalus second to previous excise of acoustic neuroma, , ( ), right . The resident needed assistance with self-administration of medication. On at 11:41 AM, the Administrator stated that there was no telephone on the second floor, but that the facility was in the process of adding one. On at 11:42 PM, the Administrator stated he did not know about any grievances, but he would follow up with Staff S about the unreported incidents. Class III	A 030		
A 093 SS=D	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (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	A 093		

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A 093	Continued From page 9 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. 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	A 093		

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A 093	Continued From page 10	A 093		

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 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 [illegible] the time between meals.
(g) Food must be served attractively at safe and palatable temperatures. All residents must be

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A 093	Continued From page 11 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 and interview, the facility failed to post the Mealtime Schedule in view of residents. Findings Included: On . . . . . at 12:35 p.m. observed the mealtime schedule was not posted in the main dining room. On . . . . . at 12:42 p.m. the Administrator stated," I will get them re-posted". Class III	A 093		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to	A 152		

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A 152	Continued From page 12 section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure that all existing architectural, mechanical, electrical, and structural systems, and appurtenances are maintained in good	A 152		

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A 152	Continued From page 13 working order. Eight of 14 sampled residents' rooms did not contain the required furniture, and/or had rusted showers, peeling or damaged paint and broken electrical light switches (# , , , , ,41,43,51,52,56). Ants and roaches were observed in resident rooms and the dining room. Findings: On , , , , , , between 9:30 a.m. and 11:00 a.m., observations revealed: - in # , pealed paint on the walls and moldings, scratched walls, and scratched on moldings. - in # , missing lamp and no wastebasket for Resident #34. - in # , missing lamps and no wastebaskets for either resident. - in # , the residents' dresser door was and placed on the floor next to it. Also observed chipped paint in the bathroom mirror above the sink, and chipped paint in the bathroom walls with rust in the shower floor as well as in the toilet room. - in # , at the entrance on the left wall, the light switches were broken and covered with silver color duct tape. - in # , missing night lamps and no wastebaskets for neither one of the residents. - in # , missing lamps for neither one of the residents and no wastebasket. There was no privacy curtain or privacy screen of any type for one of the residents while using personal bedside commodes for Resident #14. - in # , a , , , roach in front of residents' dresser #30. Also observed there was no nightstand, and no closet for the resident. Observed rust on the shower floor.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11911412	A. BUILDING: _____ B. WING _____	04/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 152	Continued From page 14 On at 12:42 p.m. the Administrator stated," I will take care of that, and also, I am working on the renovations and updating the facility's rooms, as a matter of fact, I have e-mails from the company who will be working on this renovation project." Class III	A 152		
A 182 SS=D	59A-36.019(3) FAC Emergency Mgmt - Plan Implementation (3) PLAN IMPLEMENTATION. (a) All staff must be trained in their duties and are responsible for implementing the emergency management plan. (b) If telephone service is not available during an emergency, the facility must request assistance from local law enforcement or emergency management personnel in maintaining communication. This Statute or Rule is not met as evidenced by: Based on observation and interviews, the facility failed to have all staff trained for implementing the emergency management plan. Findings: Observation on at 8:30 am showed that the facility had a fixed generator in the yard. Further observation showed the facility's maintenance manager pressed a test button to demonstrate that he could operate the generator. Interviewed at 11:27 am on , The Administrator, when asked if someone who could operate the generator was always at the facility	A 182		

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A 182	Continued From page 15 when the maintenance manager had days off, stated that on weekends, the medication technicians who worked on Saturday and Sunday were trained to operate the generator. On at 1:33 p.m. Staff F (medication technician), stated she did not know how to start the generator in case of an emergency, and that she would have to call the administrator or the maintenance staff. On at 1:25 p.m. Staff I (caregiver), stated she did not know how to start the generator in case of an emergency. She stated she had never been trained. Class III	A 182		
AN277 SS=E	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)	AN277		

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AN277	Continued From page 16 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. This Statute or Rule is not met as evidenced by: Based on record review and interviews, the facility failed to employ or contract with a nurse to coordinate with third party nursing services providers to ensure resident care was provide in a safe and consistent manner. Finding include: A review of the facility posted license on . . . . showed that the facility has a provisional Assisted Living Facility license with a Limited Nursing Services designation. Review of a list provided by the Director of Resident Services showed nine residents that the facility identified as needing nursing services. In an interview with Staff A on . . . . at 3:15 PM, the Administrator stated that the facility has a Nurse Consultant (Staff J). He further stated that the Nurse Consultant duties included in-service education, charts audits, and medication carts audits. In an Interview with Staff J on at 3:55	AN277		

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AN277	Continued From page 17 PM, Staff J (Nurse Consultant) stated that she started working as a consultant on . . . . . She stated that her main function was as a consultant. Her main duties were charts audits, medication carts audits, and in-service staff training especially for the medication technicians. She also provided training on customer service and how to deal with difficult residents. Staff J stated that she is not the facility's Director of Nursing, and that she only came into the facility when requested. She stated that she did not conduct any resident services, and said "I only do consulting". As for who was responsible for the coordination of third-party nursing services, Staff J stated that the Director of Resident Services (Staff H) was responsible for the coordination with third party nursing services. In an interview with Staff H on . . . . . at 8:33 AM, Staff H (Director of Resident Services) stated that her main duties are to oversee all the Certified Nursing Assistants (C.N.A.) responsible for nursing services; staffing scheduling; and scheduling residents medical , , . She stated that the facility did not have a Director of Nursing. When asked how she coordinated with third party providers, she stated 'Once we get an order, I coordinate with the Home Health Agency (HHA) or schedule a medical , , ... for the resident. As for the duties of Staff J, the Director stated that she was responsible for medication cart audits, medical chart audits, and for training. A review of Staff H's Personnel Record on . . . . . showed Staff H was a Certified Nursing Assistant. Class III	AN277		