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
	AL11964066	A. BUILDING: _____ B. WING _____	05/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING VILLAGE OF DAVIE LLC	4681 SW 66TH AVENUE DAVIE, FL 33314

(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 Unannounced Change of Ownership (CHOW), Focus . . . . Control and Generator Assessment surveys were conducted on . . . . . at Caring Village Of Davie LLC. The facility had deficiencies identified related to the Change of Ownership (CHOW) survey at the time of the visit.	A 000		
A 008	429.26( ) FS; 59A-36.006(2) FAC Admissions - Health Assessment 429.26 (5) Each resident must have been examined by a licensed physician, a licensed physician assistant, or a licensed advanced practice registered nurse within 60 days before admission to the facility or within 30 days after admission to the facility, except as provided in s. 429.07. The information from the medical examination must be recorded on the practitioner ' s form or on a form adopted by agency rule. The medical examination form, signed only by the practitioner, must be submitted to the owner or administrator of the facility, who shall use the information contained therein to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form may only be used to record the practitioner ' s direct observation of the patient at the time of examination and must include the patient ' s medical history. Such form does not guarantee admission to, continued residency in, or the delivery of services at the facility and must be used only as an informative tool to assist in the determination of the appropriateness of the resident ' s admission to or continued residency in the facility. The medical examination form, reflecting the resident ' s	A 008		

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A 008	Continued From page 1 condition on the date the examination is performed, becomes a permanent part of the facility ' s record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6. (6) Any resident accepted in a facility and placed by the Department of Children and Families must have been examined by medical personnel within 30 days before placement in the facility. The examination must include an assessment of the appropriateness of placement in a facility. The findings of this examination must be recorded on the examination form provided by the agency. The completed form must accompany the resident and be submitted to the facility owner or administrator. Additionally, in the case of a mental health resident, the Department of Children and Families must provide documentation that the individual has been assessed by a psychiatrist, clinical psychologist, clinical social worker, or , , nurse, or an individual who is supervised by one of these professionals, and determined to be appropriate to reside in an assisted living facility. The documentation must be in the facility within 30 days after the mental health resident has been admitted to the facility. An evaluation completed upon discharge from a state mental hospital meets the requirements of this subsection related to appropriateness for placement as a mental health resident provided that it was completed within 90 days prior to admission to the facility. The Department of Children and Families shall provide to the facility administrator any information about the resident	A 008		

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A 008	Continued From page 2	A 008		

which would help the administrator meet his or her responsibilities under subsection (1). Further, Department of Children and Families personnel shall explain to the facility operator any special needs of the resident and advise the operator whom to call should problems arise. The Department of Children and Families shall advise and assist the facility administrator when the special needs of residents who are recipients of require such assistance.

59A-36.006
(2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a -to- medical examination completed by a health care provider as specified in either paragraph (a) or (b) of this subsection.
(a) A medical examination completed within 60 calendar days before the individual's admission to a facility pursuant to section 429.26(4), F.S. The examination must address the following:
1. The physical and mental status of the resident, including the identification of any health-related problems and functional limitations,
2. An evaluation of whether the individual will require supervision or assistance with the activities of daily living,
3. Any nursing or services required by the individual,
4. Any special diet required by the individual,
5. A list of current medications prescribed, and whether the individual will require any assistance with the administration of medication,
6. Whether the individual has signs or symptoms of , or any other communicable , which are likely to be transmitted to other residents or staff,

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A 008	Continued From page 3 7. A statement on the day of the examination that, in the opinion of the examining health care provider, the individual's needs can be met in an assisted living facility; and, 8. The date of the examination, and the name, signature, address, telephone number, and license number of the examining health care provider. The medical examination may be conducted by a health care provider licensed under chapter 458, 459 or 464, F.S. (b) A medical examination completed after the resident's admission to the facility within 30 calendar days of the admission date. The examination must be recorded on AHCA Form 1823, Resident Health Assessment for Assisted Living Facilities, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09170. Faxed or electronic copies of the completed form are acceptable. The form must be completed as instructed. 1. Items on the form that have been omitted by the health care provider during the examination may be obtained by the facility either orally or in writing from the health care provider. 2. Omitted information must be documented in the resident's record. Information received orally must include the name of the health care provider, the name of the facility staff recording the information, and the date the information was provided. 3. Electronic documentation may be used in place of completing the section on AHCA Form 1823 referencing Services Offered or Arranged by the Facility for the Resident. The electronic documentation must include all of the elements described in this section of AHCA Form 1823. (c) Any information required by paragraph (a), that is not contained in the medical examination	A 008		

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A 008	Continued From page 4 report conducted before the individual's admission to the facility must be obtained by the administrator using AHCA Form 1823 within 30 days after admission. (d) Medical examinations of residents placed by the department, by the Department of Children and Families, or by an agency under contract with either department must be conducted within 30 days before placement in the facility and recorded on AHCA Form 1823 described in paragraph (b). (e) An assessment that has been conducted through the Comprehensive, Assessment, Review and Evaluation for Long-Term Care Services (CARES) program may be substituted for the medical examination requirements of section 429.26, F.S. and this rule. (f) Any orders issued by the health care provider conducting the medical examination for medications, nursing, therapeutic diets, or other services to be provided or supervised by the facility may be attached to the health assessment. A health care provider may attach a DH Form 1896, Florida . . . . . Form, for residents who do not wish . . . . . to be administered in the case of or . (g) A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to section 415.105 or 415.1051, F.S., is exempt from the examination requirements of this subsection for up to 30 days. However, a resident accepted for temporary emergency placement must be entered on the facility's admission and discharge log and counted in the facility census. A facility may not exceed its licensed capacity in order to accept such a resident. A medical examination must be conducted on any temporary emergency placement resident accepted for regular	A 008		

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A 008	Continued From page 5 admission. This Statute or Rule is not met as evidenced by: Based on Observation and Record Review the facility failed to update the Resident Health Assessment AHCA form 1823 (AHCA form 1823) to reflect a completed medical examination and to maintain an interdisciplinary care plan for 1 of 2 sampled residents (Resident # 3). The findings include: On [redacted] a record review was conducted on Resident # 3 medical chart. Resident # 3 had a date of admission [redacted] with a diagnosis of [redacted], and [redacted]. A review of Resident #3's AHCA form revealed the medical certification section was incomplete. The following information was not provided: name of examiner, medical license number, telephone number, title of examiner, signature of examiner and date of examination. Further review of Resident #3's AHCA form 1823 revealed there was no interdisciplinary care plan on file that indicated that the resident was on hospice. The AHCA form 1823 listed under nursing/treatment/ [redacted] service requirements the resident is on hospice for decline. The AHCA form 1823 revealed the resident needs assistance in all activity of daily living (ADLs). Further review of the resident file and documents revealed a physician order for a Hospice consult dated [redacted]. A review of Resident # 3's file revealed the following Hospice visit communications dated:	A 008		

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A 008	Continued From page 6 , , and On at 2:57 PM, this surveyor spoke with a representative from Hospice who stated that Resident # 3 was enrolled in Hospice effective . On at 4:56 PM an interview was conducted with the Administrator. The Administrator was informed that the AHCA form 1823 medical examination was incomplete and there was no interdisciplinary plan in the chart for the resident. The Administrator acknowledged the findings and provided no additional information. Class III	A 008		
A 010	429.26( ) FS; 59A-36.006(4) FAC Admissions - Continued Residency 429.26 (1) The owner or administrator of a facility is responsible for determining the appropriateness of admission of an individual to the facility and for determining the continued appropriateness of residence of an individual in the facility. A determination must be based upon an evaluation of the strengths, needs, and preferences of the resident, a medical examination, the care and services offered or arranged for by the facility in accordance with facility policy, and any limitations in law or rule related to admission criteria or continued residency for the type of license held by the facility under this part. The following criteria apply to the determination of appropriateness for admission and continued residency of an individual in a facility: (a) A facility may admit or retain a resident who	A 010		

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A 010	Continued From page 7 receives a health care service or treatment that is designed to be provided within a private residential setting if all requirements for providing that service or treatment are met by the facility or a third party. (b) A facility may admit or retain a resident who requires the use of assistive devices. (c) A facility may admit or retain an individual receiving hospice services if the arrangement is agreed to by the facility and the resident, additional care is provided by a licensed hospice, and the resident is under the care of a physician who agrees that the physical needs of the resident can be met at the facility. The resident must have a plan of care which delineates how the facility and the hospice will meet the scheduled and unscheduled needs of the resident, including, if applicable, staffing for nursing care. (d)1. Except for a resident who is receiving hospice services as provided in paragraph (c), a facility may not admit or retain a resident who is bedridden or who requires 24-hour nursing supervision. For purposes of this paragraph, the term "bedridden" means that a resident is confined to a bed because of the inability to: a. Move, turn, or reposition without total physical assistance; b. Transfer to a chair or wheelchair without total physical assistance; or c. Sit safely in a chair or wheelchair without personal assistance or a physical . 2. A resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 7 consecutive days. 3. If a facility is licensed to provide extended congregate care, a resident may continue to reside in a facility if, during residency, he or she is bedridden for no more than 14 consecutive days.	A 010		

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A 010	Continued From page 8 (2) A resident may not be moved from one facility to another without consultation with and agreement from the resident or, if applicable, the resident ' s representative or designee or the resident ' s family, guardian, surrogate, or attorney in fact. In the case of a resident who has been placed by the department or the Department of Children and Families, the administrator must notify the appropriate contact person in the applicable department. (3) A physician, physician assistant, or advanced practice registered nurse who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interests in the facility. 59A-36.006 (4) CONTINUED RESIDENCY. Except as follows in paragraphs (a) through (c) of this subsection, criteria for continued residency in any licensed facility must be the same as the criteria for admission. As part of the continued residency criteria, a resident must have a [illegible]-to-[illegible] medical examination by a health care provider at least every 3 years after the initial assessment, or after a significant change, whichever comes first. A significant change is defined in rule 59A-36.002, F.A.C. The results of the examination must be recorded on AHCA Form 1823, which is incorporated by reference in paragraph (2)(b) of this rule and must be completed in accordance with that paragraph. Exceptions to the requirement to meet the criteria for continued residency are: (a) The resident may be bedridden for no more than 7 consecutive days. (b) A resident requiring care of a [illegible] may be retained provided that: 1. The resident contracts directly with a licensed	A 010		

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A 010	Continued From page 9 home health agency or a nurse to provide care, or the facility has a limited nursing services license and services are provided pursuant to a plan of care issued by a health care provider, 2. The condition is documented in the resident's record; and, 3. If the resident's condition fails to improve within 30 days, as documented by a health care provider, the resident must be discharged from the facility. (c) A [redacted] ill resident who no longer meets the criteria for continued residency may continue to reside in the facility if the following conditions are met: 1. The resident qualifies for, is admitted to, and consents to receive services from a licensed hospice that coordinates and ensures the provision of any additional care and services that the resident may need; 2. Both the resident, or the resident's legal representative if applicable, and the facility agree to continued residency; 3. A licensed hospice, in consultation with the facility, develops and implements a interdisciplinary care plan that specifies the services being provided by hospice and those being provided by the facility; and, 4. Documentation of the requirements of this paragraph is maintained in the resident's file. (d) The facility administrator is responsible for monitoring the continued appropriateness of placement of a resident in the facility at all times. (e) A hospice resident that meets the qualifications of continued residency pursuant to this subsection may only receive services from the assisted living facility's staff which are within the scope of the facility's license. (f) Assisted living facility staff may provide any nursing service permitted under the facility's	A 010		

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A 010	Continued From page 10 license and total help with the activities of daily living for residents admitted to hospice; however, staff may not exceed the scope of their professional licensure or training. (g) Continued residency criteria for facilities holding an extended congregate care license are described in rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on record review, observation and interview, it was determined that the facility failed to have a resident reassessed after the resident exhibited significant behavioral and health changes in which the findings were documented on a new health assessment (AHCA form 1823), for 1 of 2 sampled residents (Resident #7). The facility also failed to monitor the continued appropriateness of placement of Resident #7 to ensure that the facility was capable of meeting the resident's care needs. As evidenced of the facility failure to evaluate Resident #7 for continued residency(appropriateness) after the resident was discharged from hospice in [redacted] and required total care with Activities of Daily Living (ADLs). The findings include: The facility failed to maintain continued appropriateness of placement by the failure maintain hospice services for a resident requiring total care for activities of daily living (ADL). A review of Resident # 7's medical record revealed that resident was admitted to hospice services on [redacted] for diagnosis of [redacted]. Review of the current resident health assessment AHCA 1823 form (1823) dated [redacted] indicated the resident had a medical	A 010		

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A 010	Continued From page 11 diagnosis including [redacted], [redacted], D deficiency, and [redacted]. The nursing/treatment/[redacted] services requirements reveal that the resident is on hospice services for care and case management. The 1823 indicated the resident required total assistance with all activities of daily living (ADL), uses wheelchair, hospice staff assist, and he needs assistance with self-administration of medication. In an observation of Resident # 7 on [redacted] at 10:26 AM, the resident was observed lying in a hospital bed. Staff A stated that the resident was previously on hospice and the facility is trying to get him [redacted] enrolled in hospice. Staff A stated that Resident # 7 required total care for all ADL care, cannot walk, and cannot bare [redacted]. She stated that he cannot sit up by himself and it takes two people to assist him. On [redacted] at 12:20 PM during a medication observation with Staff A and Resident # 7 she attempted to give him his medications. He screamed and said no. She tried to conduct [redacted] to [redacted] to assist him with his medication but he began to fight her. Staff A and Staff D had to hold Resident # 7's [redacted] down so that Staff A could administer his medications. He was kicking the wall and yelling. A review of medical assessment conducted by Nurse Practitioner on [redacted] revealed that resident is bedbound, has poor nutrition, was formerly with hospice but no longer with them, unable to follow any commands, and needs full assistance with ADL. On [redacted] an interview was conducted with the Administrator at 4:01 PM. She stated that Resident # 7 was taken off Hospice one month ago. The doctor wants to put him [redacted] on but they are waiting to do a phone conference with	A 010		

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A 010	Continued From page 12 the family to put him . . . on hospice. On . . . . . at 4:49 PM an interview was conducted with the spouse of Resident # 7. She stated that Resident # 7 was taken off of Hospice in , of 2021. She said they took him off because Medicare would no longer pay for the services. She stated that she spoke with Hospice and told them that he should not be taken off of hospice, but they would not listen to her. A review of the hospice transfer discharge summary instructions dated . . . . . located in resident's chart does not state the reason for the discharge. On . . . . . at 1:15 PM an interview was conducted with the Care Team Manager of Hospice. She stated that the resident was enrolled in hospice on and discharged on . . . . . She stated that Resident # 7 was discharged due to no sign of significant change. He was on hospice crisis care for four years. His chart was reviewed by the medical director and he does not have enough decline to remain on hospice. In an interview with the Administrator on . . . . . 4:56 PM , she acknowledged the findings and no additional information was provided. Class III	A 010		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement	A 078		

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A 078	Continued From page 13 from a health care provider documenting that the individual does not have any signs or symptoms of communicable . . . . . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership. 1. Evidence of a negative . . . . . examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual . . . . . examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of . . . . . . 2. If any staff member has, or is suspected of having, a communicable . . . . . , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule	A 078		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964066	A. BUILDING: _____ B. WING _____	05/18/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 078	Continued From page 14 chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility _ to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, it was determined the facility failed to ensure that each staff member had evidence of Communicable . . . . . and a negative ( ) examination documented on an annual basis, for 3 of 4 sampled staff records (Staff A, Staff B, and Staff C). The findings include: A record review of the employee records revealed the following: Employee record review of Staff A's personnel file with a hire date of revealed no Communicable . . . . . and . . examination in the file.	A 078		

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A 078	Continued From page 15 Employee record review of Staff B's personnel file with a hire date of . . . . . revealed no Communicable and examination in the file. Employee record review of Staff C's personnel file with a hire date of /20217 revealed no Communicable . . . . . and . examination in the file. During an interview with the Administrator on . . . . . at 4:56 PM she, acknowledged the findings and no additional information was provided. Class III	A 078		
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	A 083		

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A 083	Continued From page 16 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 record review and an interview, the facility failed to ensure that staff members who have completed courses in First Aid and . . hold a currently valid card documenting completion of such course, were in the facility at all times, reviewed for 1 of 4 sampled staff (Staff C). The findings include: Review of the personnel file for Staff C, date of hire , direct care staff, who works during the 11:00 PM to 7:30 AM Monday through Thursday shift revealed no current training with the valid card in First Aid. Review of the staff scheduled revealed that Staff C works independently with no other trained staff. During an interview with the Administrator on at 4:56 PM she, acknowledged the findings and no additional information was provided. Class III	A 083		