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
	AL11953544	A. BUILDING: _____ B. WING _____	06/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS VILLA	2131 NW 28TH STREET OAKLAND PARK, FL 33311

(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, Generator Assessment and Focused . . . . Control survey was conducted on at Palms Villa. The facility had deficiencies related to the Relicensure 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 day programs may count those attendance hours	A 026		

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A 026	Continued From page 1 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, interview and record review, the facility failed to provide on-going activities. The facility failed to consult with the residents in selecting, planning and scheduling activities. The facility also failed to provide diversified individual and group activities, for 4 of 31 sampled residents reviewed (Resident's # 1-# 4). The findings included: A review of the monthly calendar was conducted. The calendar was reflective of the required 6 days of group activities scheduled, meeting the minimum of 12 hours per week. On _____ from 08:55 AM - 04:00 PM, an observation was made of the facility. The staff were not observed initiating any group or individual activities. On _____ starting at 09:20 AM, interviews were conducted with the following residents: 1). Resident # 1 stated: "They don't have any activities. They can't keep any games, cards, chess or checkers because they always get lost by the other residents who are not so clear. All we can do is walk around." 2). Resident # 2 stated: "They don't have any activities here.."	A 026		

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A 026	Continued From page 2 3). Resident # 3 stated: "I read my Bible. "They don't have anything to do here". 4). Resident # 4 stated: "No, I would like to see some activities. Like we used to play BINGO and the lady hasn't been here for a while." On . . . starting at 10:45 AM, interviews were conducted with 2 confidential staff. The staff indicated that group activities were not conducted. On at 04:00 PM, an interview was conducted with the Administrator. He stated the group activities had been suspended due to COVID-19. He stated they did have some activities. Class III	A 026		
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	A 081		

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A 081	Continued From page 3 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. 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 [illegible] control, including universal precautions and facility sanitation procedures, before providing personal	A 081		

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A 081	Continued From page 4 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. (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.	A 081		

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A 081	Continued From page 5 (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. 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 interview and record review, the facility failed to ensure staff had completed the required in-service trainings upon hire and/or within 30 days of hire, for 2 out of 4 sampled employees (Staff B and C). The findings included: a) On a side-by-side review of the employee personnel record was conducted with the facility Manager, for Staff B. A review of the job description revealed Staff B works as a direct caregiver on the 02:00 PM - 10:00 PM shift. Staff B was hired on . . . . . Further review of the personnel file revealed the 2-hour pre-service orientation certificate could not be located. A review of the employee personnel file did not reveal that Staff B maintained a Home Health Aide, (HHA) certificate or a Certified Nursing Assistant, (CNA), license. b) On . . . . . a side-by-side review of the employee personnel record was conducted with the facility Manager, review of the employee personnel record was conducted for Staff C. A	A 081		

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A 081	Continued From page 6 review of the job description revealed Staff C works as a Home Health Aide, (HHA). Staff C provides direct care to residents on the 10:00 PM - 08:00 AM shift. Further review of the personnel file revealed the 2-hour pre-service orientation certificate could not be located. On at 04:00 PM, an interview was conducted with the Administrator. He acknowledged the findings and indicated that he would complete the training with the staff. Class III	A 081		
A 082	59A-36.011(4) FAC Training - / (4) . . . . . / . . . . . (. . . / . . .). Pursuant to section 381.0035, F.S., all facility employees, with the exception of employees subject to the requirements of section 456.033, F.S., must complete a one-time education course on and , including the topics prescribed in the section 381.0035, F.S. New facility staff must obtain the training within 30 days of employment. Documentation of compliance must be maintained in accordance with subsection (12), of this rule. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence of a one-time education course training certificate on . . . . . /Acquire Deficiency , (/) within 30-days of employment for 1 of 4 sampled employee personnel files reviewed: (Specifically, Staff B).	A 082		

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A 082	Continued From page 7 The findings included: On . . . . . a side-by-side review of the employee personnel record was conducted with the facility Manager, for Staff B. A review of the job description revealed Staff B works as a direct caregiver on the 02:00 PM - 10:00 PM shift. Staff B was hired on . . . . . . Further review of the personnel file revealed the . . / . . . certificate could not be located. A review of the employee personnel file did not reveal that Staff B maintained a Home Health Aide, (HHA) certificate or a Certified Nursing Assistant, (CNA), license. On . . . . . at 04:00 PM, an interview was conducted with the Administrator. He acknowledged the findings and indicated that he would complete the training with the staff. Class	A 082		
A 084	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt 59A-36.011 (6) ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION AND MEDICATION MANAGEMENT. Unlicensed persons who will be providing assistance with the self-administration of medications as described in rule 59A-36.008, F.A.C., must meet the training requirements pursuant to section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria: (a) Training must cover state law and rule requirements with respect to the supervision, assistance, administration, and management of medications in assisted living facilities;	A 084		

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A 084	Continued From page 8 procedures and techniques for assisting the resident with self-administration of medication including how to read a prescription label; providing the right medications to the right resident; common medications; the importance of taking medications as prescribed; recognition of side effects and adverse reactions and procedures to follow when residents appear to be experiencing side effects and adverse reactions; documentation and record keeping; and medication storage and disposal. Training shall include demonstrations of proper techniques, including techniques for [redacted] control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance. (b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates, in person and both physically and verbally, the ability to: 1. Read and understand a prescription label; 2. Provide assistance with self-administration in accordance with section 429.256, F.S., and rule 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, [redacted] dosage forms, and [redacted] and [redacted] dosage forms; b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions; c. Recognize the need to obtain clarification of an "as needed" prescription order; d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders; e. Complete a medication observation record;	A 084		

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A 084	Continued From page 9 f. Retrieve and store medication; g. Recognize the general signs of adverse reactions to medications and report such reactions; h. Assist residents with syringes that are prefilled with the proper dosage by a pharmacist and , that are prefilled by the manufacturer by taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident for self-injection; i. Assist with ; j. Use a to perform testing; k. Assist residents with and continuous positive airway pressure (CPAP) devices, excluding the titration of the levels; l. Apply and remove stockings and hosiery; m. Placement and removal of bags, excluding the removal of the or manipulation of the site; and, n. Measurement of , , rate, temperature, and , rate. (c) Unlicensed persons, as defined in section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online. (d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance	A 084		

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A 084	Continued From page 10 with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (6)(b)2.h.-n. of this section, before assisting with the self-administration of medication procedures listed in sub-subparagraphs (6)(b)2.h.-n. 429.52 (6) Staff assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse or a licensed pharmacist before providing assistance. Two hours of continuing education are required annually thereafter. The agency shall establish by rule the minimum requirements of this training This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence of a 6-hour training certificate for unlicensed staff who assist with assistance with self-administration of medication, for 1 of 4 sampled employee personnel files reviewed (Staff B). The findings included: On . . . . . a side-by-side review of the employee personnel record was conducted with the facility Manager, for Staff B. A review of the job description revealed Staff B works as a direct caregiver, who provides assistance with self-administration on the 02:00 PM - 10:00 PM shift. Staff B was hired on . . . . . Further review of the personnel file revealed the employee file contained a 2-hour continuing education. The initial 6-hour self-administration medication training certificate could not be located.	A 084		

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A 084	Continued From page 11 On at 04:00 PM, an interview was conducted with the Administrator. He acknowledged the findings and indicated that he would complete the training with the staff. Class III	A 084		
AL243	429.075(1) FS; 59A-36.011(9) FAC LMH - Training 429.075 (1) To obtain a limited mental health license, a facility must hold a standard license as an assisted living facility, must not have any current uncorrected violations, and must ensure that, within 6 months after receiving a limited mental health license, the facility administrator and the staff of the facility who are in direct contact with mental health residents must complete training of no less than 6 hours related to their duties. This designation may be made at the time of initial licensure or relicensure or upon request in writing by a licensee under this part and part II of chapter 408. Notification of approval or denial of such request shall be made in accordance with this part, part II of chapter 408, and applicable rules. This training must be provided by or approved by the Department of Children and Families. 59A-36.011 (9) LIMITED MENTAL HEALTH TRAINING. (a) Pursuant to section 429.075, F.S., the administrator, managers and staff, who have direct contact with mental health residents in a licensed limited mental health facility, must receive the following training: 1. A minimum of 6 hours of specialized training in working with individuals with mental health	AL243		

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AL243	Continued From page 12 diagnoses. a. The training must be provided or approved by the Department of Children and Families and must be taken within 6 months of the facility's receiving a limited mental health license or within 6 months of employment in a limited mental health facility. b. Training received under this subparagraph may count once for 6 of the 12 hours of continuing education required for administrators and managers pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 2. A minimum of 3 hours of continuing education, which may be provided by the ALF administrator, online, or through distance learning, biennially thereafter in subjects dealing with one or more of the following topics: a. Mental health diagnoses; and, b. Mental health treatment such as: (I) Mental health needs, services, behaviors and appropriate interventions; (II) Resident progress in achieving treatment goals; (III) How to recognize changes in the resident's status or condition that may affect other services received or may require intervention; and, ( ) Crisis services and the . . . . . procedures. 3. For administrators and managers, the continuing education requirement under this subsection will satisfy 3 of the 12 hours of continuing education required biennially pursuant to section 429.52(5), F.S., and subsection (1) of this rule. 4. Administrators, managers and direct contact staff affected by the continuing education requirement under this subsection shall have up to 6 months after the effective date of this rule to meet the training requirement.	AL243		

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AL243	Continued From page 13 (b) Administrators, managers and staff do not have to repeat the initial training should they change employers provided they present a copy of their training certificate to the current employer for retention in the facility's personnel files. They must also ensure that copies of the continuing education training certificates, pursuant to subparagraph (a)2. of this subsection, are retained in their personnel files. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to provide evidence of a training certificate for a minimum of 6-hours of specialized training in Limited Mental Health, (LMH), i.e.., working with individuals with mental health diagnoses, within 6-months of hire. The facility also failed to provide evidence of a 3-hour continuing education biennially for 2 of 4 sampled employee personnel files reviewed: (Specifically, Staff B and C). The findings included: On at 09:10 AM, a tour of the facility was conducted with Staff A. It was revealed that the Limited Mental Health, (LMH), license was displayed in the lobby of the facility. On a side-by-side review of the employee personnel record was conducted with the facility Manager, for Staff B. A review of the job description revealed Staff B works as a direct caregiver on the 02:00 PM - 10:00 PM shift. Staff B was hired on . Further review of the personnel file revealed the 6-hour initial LMH training certificate could not be located. On a side-by-side review of the	AL243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11953544	A. BUILDING: _____ B. WING _____	06/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PALMS VILLA	2131 NW 28TH STREET OAKLAND PARK, FL 33311

(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
AL243	Continued From page 14 employee personnel record was conducted with the facility Manager. A review of the employee personnel record was conducted for Staff C. A review of the job description revealed Staff C works as a Home Health Aide, (HHA). Staff C was hired on . Staff C provides direct care to residents on the 10:00 PM - 08:00 AM shift. Further review of the personnel file revealed that the 6-hour initial training certificate and the 3-hour continuing education training certificate for LMH, could not be located in the file. On at 04:00 PM, an interview was conducted with the Administrator. He acknowledged the findings. Class III	AL243		