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
	AL11969665	A. BUILDING: _____ B. WING _____	06/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLEGRO	5901 LOXAHATCHEE ROAD PARKLAND, FL 33067

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A 000	Initial Comments An unannounced Change of Ownership, Focused Control and Generator Assessment survey was conducted at Allegro PArkland assisted living facility from to . The facility had deficiencies identified during survey .	A 000		
A 052	429.256( ); 59A-36.008(3) Medication - Assistance with Self-Admin 429.256 (3) Assistance with self-administration of medication includes: (a) Taking the medication, in its previously dispensed, properly labeled container, including an syringe that is prefilled with the proper dosage by a pharmacist and an , that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident. (b) In the presence of the resident, confirming that the medication is intended for that resident, orally advising the resident of the medication name and dosage, opening the container, removing a prescribed amount of medication from the container, and closing the container. The resident may sign a written waiver to opt out of being orally advised of the medication name and dosage. The waiver must identify all of the medications intended for the resident, including names and dosages of such medications, and must immediately be updated each time the resident ' s medications or dosages change. (c) Placing an oral dosage in the resident ' s or placing the dosage in another container and helping the resident by lifting the container to his or her . (d) Applying , medications. (e) Returning the medication container to proper storage.	A 052		

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A 052	Continued From page 1 (f) Keeping a record of when a resident receives assistance with self-administration under this section. (g) Assisting with the use of a , including removing the cap of a , opening the unit dose of solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the . (h) Using a to perform - level checks. (i) Assisting with putting on and taking off stockings. (j) Assisting with applying and removing an but not with titrating the prescribed settings. (k) Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device. (l) Assisting with measuring vital signs. (m) Assisting with bags. (4) Assistance with self-administration does not include: (a) Mixing, , converting, or medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed. (b) The preparation of syringes for injection or the administration of medications by any injectable route. (c) Administration of medications by way of a tube inserted in a of the body. (d) Administration of preparations. (e) The use of irrigations or debriding agents used in the treatment of a skin condition. (f) Assisting with , , or preparations. (g) Assisting with medications ordered by the physician or health care professional with	A 052		

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A 052	Continued From page 2 prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and the resident requesting the medication is aware of his or her need for the medication and understands the purpose for taking the medication. (h) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person. (5) Assistance with the self-administration of medication by an unlicensed person as described in this section shall not be considered administration as defined in s. 465.003. 59A-36.008 (3) ASSISTANCE WITH SELF-ADMINISTRATION. (a) Any unlicensed person providing assistance with self-administration of medication must be , or older, trained to assist with self administered medication pursuant to the training requirements of rule 59A-36.011, F.A.C., and must be available to assist residents with self-administered medications in accordance with procedures described in section 429.256, F.S. and this rule. (b) In addition to the specifications of section 429.256(3), F.S., assistance with self-administration of medication includes, in the presence of the resident, reading the medication label aloud and verbally prompting a resident to take medications as prescribed. (c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication,	A 052		

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A 052	Continued From page 3	A 052		

which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.
(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
1. The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility,
2. The medication container may be given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record,
3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record, or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging.
(f) Assistance with self-administration of medication does not include the activities detailed in section 429.256(4), F.S.
1. As used in section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
2. As used in section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean

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A 052	Continued From page 4 interpreting vital signs and evaluating or assessing a resident's condition. (g) All trained staff must adhere to the facility's control policy and procedures when assisting with the self-administration of medication. This Statute or Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide assistance with self-administration of medications to 2 out of 10 sampled residents (residents #1 and 2) by allowing these residents to self-administer their daily medications. The findings are: Review of the facility's medication management policies and procedures dated on indicated that the facility was able provide residents assistance with self-administration of medications as indicated by the resident's physician. Further review of this document indicated that residents who needed medication management or assistance with self-administration of medications may not use pill organizers in the facility. In an observation on at 9:55am inside residents #1 and 2's bedroom, there was a pill organizer and several medication containers with labels that indicated that these medications belonged to residents #1 and 2. In an interview with the resident #1 at this time, he stated that the medications in the containers and the pill organizer belonged to him and resident #2, who was his wife. He stated that he and resident #2	A 052		

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A 052	Continued From page 5 lived together in the same bedroom and they self-administered their own daily medications and they received daily reminders to take their medications from their private duty aide. Photographic evidence was obtained. In an interview with resident #1's private duty aide, she stated that she reminded residents #1 and 2 to take their daily medications and that she would sometimes place the residents' medications from their respective containers into the pill organizer. She stated that she was not aware what level of medication assistance resident #1 and 2 needed as per their health assessments. Review of the private duty aide's activity report dated from to , it indicated that the private duty aide provided resident #1 daily reminders to take his medications. Review of the resident #1's health assessment dated on indicated that the resident was diagnosed with , gait , lower extremity , and . Review of this assessment indicated that the resident needed assistance with bathing and transfers and supervision with ambulation. Further review of this health assessment indicated that the resident needed daily assistance with self-administration of medications. Review of the resident #2's health assessment dated on indicated that the resident was diagnosed with and ,	A 052		

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A 052	Continued From page 6 memory loss and . . . . . Review of this assessment indicated that the resident needed assistance with bathing and . . . . ., and was independent with all of her other activities of daily living. Further review of this health assessment indicated that the resident needed daily medication administration. In an interview with the director of nursing (DON) on at 11:50am, she stated that residents #1 and 2 received medication assistance from their private duty aide and the facility staff did not provide this service to these residents. She stated that upon reviewing the residents' health assessments, she understood that both of these residents needed to receive medication assistance from the facility staff. She also stated at this time that she was going to contact resident #2's physician to ensure that the resident needed assistance with self-administration of medication instead of the documented medication administration. In an interview with the DON on at 10:00am, she stated that residents #1 and 2 were supposed to have received assistance with self-administration from the facility staff. She stated that resident #2's physician also ordered for the resident to receive assistance with self-administration and this was changed in the resident's health assessment. She stated that it was the facility's responsibility to ensure that every resident health assessment must be followed with the physician's orders in each health assessment. Class III	A 052		

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A 078	Continued From page 7	A 078		
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 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	A 078		

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A 078	Continued From page 8 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 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 staff, 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 record review and interview, the facility failed to provide documented evidence of annually updated negative . . . . . examinations for 2 out of 4 staff members (Administrator and staff A). The findings are: Review of staff A's employee record indicated that she was hired on , she worked in the facility as a resident caregiver. Further review of this record indicated that staff A received a	A 078		

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A 078	Continued From page 9 . . . . . examination on . . . . . and there was no proof that the staff member received an updated yearly . . . . . examination in this record. Review of the administrator's employee record indicated that she was hired on . . . . . and had no proof of a . . . . . examination in this record. In an interview with the administrator on . . . . . at 12:30pm, she stated that she didn't have proof that she or staff A had current an updated negative . . . . . examination at that time. Class III	A 078		
A 081	429.52(1 & 7) FS; 59A-36.011( ) FAC Training - Staff In-Service 429.52(1) (1)Each new assisted living facility employee who has not previously completed core training must attend a preservice orientation provided by the facility before interacting with residents. The preservice orientation must be at least 2 hours in duration and cover topics that help the employee provide responsible care and respond to the needs of facility residents. Upon completion, the employee and the administrator of the facility must sign a statement that the employee completed the required preservice orientation. The facility must keep the signed statement in the employee's personnel record. (7) Facility staff shall participate in inservice training relevant to their job duties as specified by agency rule. Topics covered during the preservice orientation are not required to be repeated during	A 081		

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A 081	Continued From page 10 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 . . . . control, including universal precautions and facility sanitation procedures, before providing personal care to residents. The facility must use its . . . . control policies and procedures when	A 081		

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A 081	Continued From page 11	A 081		

offering this training. Documentation of compliance with the staff training requirements of 29 CFR 1910.1030, relating to [redacted] borne [redacted], 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 [redacted], neglect, and [redacted]. The facility must use its [redacted] prevention policies and procedures when offering this training.
(d) Staff who provide direct care to residents, other than nurses, CNAs, or home health aides trained in accordance with rule 59A-8.0095, F.A.C., must receive 3 hours of in-service training within 30 days of employment that covers the following subjects:
1. Resident behavior and needs.
2. Providing assistance with the activities of daily living.
(e) Staff who prepare or serve food, who have not taken the assisted living facility core training must receive a minimum of 1-hour-in-service training within 30 days of employment in safe food handling practices.
(f) All facility staff shall receive in-service training regarding the facility's resident elopement

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A 081	Continued From page 12 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 record review and interview the facility failed to ensure that one (1) of five (5) staff reviewed (Staff B) received at least two (2) hours of Pre-Service Orientation prior to interacting with residents. The Findings Include: On . . . . . - . . . . . a Change of Ownership (CHOW) Survey was conducted at the facility. During the Survey, a review of facility staff records was conducted. During review of Staff B facility employee file and documents there was no evidence of at least two (2) hours of Pre-Service orientation being conducted prior to her interacting with residents. Staff B was hired on . . . . . , is an LPN and provides direct care and services to residents. During the Survey On at 11:59 AM A Requested a request was made to the Administrator for evidence of the Pre-Service training for Staff B. The Administrator reviewed the training matrix from the company used to provide training's for staff and did not see the training documented on it. No documentation of	A 081		

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A 081	Continued From page 13 the training was provided during the Survey. On . . . . . the Survey Team met with the Administrator and Director of Nursing (DON) to conduct the Exit Interview. They were informed of the findings; Specifically, there was no documentation of Pre-Service Orientation training for Staff B. They were also informed that they would receive a report from our office within ten (10) business days. They acknowledged the findings. Class	A 081		
A 086	59A-36.011(10) FAC Training - ADRD (10) . . . . . AND RELATED . . . . . ("ADRD") TRAINING REQUIREMENTS. Facilities which advertise that they provide special care for persons with ADRD, or who maintain secured areas as described in Chapter 4, Section 464.4.6 of the Florida Building Code, as adopted in rule 61G20-1.001, F.A.C., Florida Building Code Adopted, must ensure that facility staff receive the following training. (a) Facility staff who interact on a daily basis with residents with ADRD but do not provide direct care to such residents and staff who provide direct care to residents with ADRD, shall obtain 4 hours of initial training within 3 months of employment. Completion of the core training program between , , and , , shall satisfy this requirement. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. Initial training, entitled " . and Related Level I Training," must address the following subject areas:	A 086		

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(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 086	Continued From page 14 1. Understanding 's and related ; 2. Characteristics of ; 3. Communicating with residents with 's ; 4. Family issues; 5. Resident environment; and, 6. Ethical issues. (b) Staff who have successfully completed both the initial one hour and continuing three hours of ADRD training pursuant to sections 400.1755, 429.917 and 400.6045(1), F.S., shall be considered to have met the initial assisted living facility and Related Level I Training. (c) Facility staff who provide direct care to residents with ADRD must obtain an additional 4 hours of training, entitled " and Related Level II Training," within 9 months of employment. Facility staff who meet the requirements for ADRD training providers under paragraph (g) of this subsection, will be considered as having met this requirement. and Related Level II Training must address the following subject areas as they apply to these : 1. Behavior management, 2. Assistance with ADLs, 3. Activities for residents, 4. Stress management for the care giver; and, 5. Medical information. (d) A detailed description of the subject areas that must be included in an ADRD curriculum which meets the requirements of paragraphs (a) and (b) of this subsection, can be found in the document "Training Guidelines for the Special Care of Persons with 's and Related ," dated , incorporated by reference, available from the Department of Elder	A 086		

Agency for Health Care Administration

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	AL11969665	A. BUILDING: _____ B. WING _____	06/30/2021

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A 086	Continued From page 15 Affairs, 4040 Esplanade Way, Tallahassee, Florida 32399-7000. (e) Direct care staff shall participate in 4 hours of continuing education annually as required under section 429.178, F.S. Continuing education received under this paragraph may be used to meet 3 of the 12 hours of continuing education required by section 429.52, F.S., and subsection (1) of this rule, or 3 of the 6 hours of continuing education for extended congregate care required by subsection (7) of this rule. (f) Facility staff who have only incidental contact with residents with ADRD must receive general written information provided by the facility on interacting with such residents, as required under section 429.178, F.S., within three (3) months of employment. "Incidental contact" means all staff who neither provide direct care nor are in regular contact with such residents. (g) Persons who seek to provide ADRD training in accordance with this subsection must provide the department or its designee with documentation that they hold a Bachelor's degree from an accredited college or university or hold a license as a registered nurse, and: 1. Have 1 year teaching experience as an educator of caregivers for persons with . . . . . or related . . . . . , or 2. Three years of practical experience in a program providing care to persons with . . . . . or related . . . . . , or 3. Completed a specialized training program in the subject matter of this program and have a minimum of two years of practical experience in a program providing care to persons with . . . . . or related . . . . . . (h) With reference to requirements in paragraph (g), a Master's degree from an accredited college or university in a subject related to the content of	A 086		

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A 086	Continued From page 16 this training program can substitute for the teaching experience. Years of teaching experience related to the subject matter of this training program may substitute on a year-by-year basis for the required Bachelor's degree referenced in paragraph (g). This Statute or Rule is not met as evidenced by: Based on record review, interview and observation it was determined that one (1) of five (4) staff reviewed (Staff B) who have direct interactions with Residents did not have documentation of 4 hours training in . . . . 's and Related (ADRD). The Findings Include: On - a Change of Ownership (CHOW) Survey was conducted at the facility. A review of the facility website at Allegro Senior Living | Parkland, FL (allegroliving.com) indicate they advertise Memory Care (Ensemble Program) which provides care for residents with ADRD. During the Survey observation and interviews were conducted in the Memory Care Unit (Ensemble) with residents and staff, including Staff B. During review of Staff facility files, it was revealed that Staff B, who was hired on , is an LPN and provides direct care and services to residents did not have documentation of four (4) hours of . . . . . I Training as required within three (3) months of hire for all staff interacting/or providing services to residents with ADRD. In an interview with the Administrator on at 11:59 AM she was informed/reminded that staff with direct contact with residents, as does Staff B, must receive 4	A 086		

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A 086	Continued From page 17 hours of [redacted] training within 3 months of hire. A request was made to the Administrator for evidence of the ADRD training for Staff B. The Administrator was also informed that Staff providing direct care to residents with ADRD must receive an additional 4 hours of training within the first 9 months of employment. The Administrator stated she would provide evidence of the training. However, no documentation of [redacted] 's training for staff B was provided at the time of the Survey. On [redacted] the Survey Team met with the Administrator and Director of Nursing (DON) to conduct the Exit Interview. They were informed of the findings, specifically the absence of documentation of [redacted] 's training for Staff B. They were also informed that they would receive a report from our office within ten (10) business days. They acknowledged the findings. Class	A 086		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the [redacted] are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the	CZ814		

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CZ814	Continued From page 18 clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to include 1 out of 5 sampled employees (staff D) in its background screening (BGS) employee roster. The findings are: Review of the facility's BGS employee roster dated on indicated that staff D was not listed in this BGS roster. Further review of staff D's employee record indicated that she was hired at the facility on in the capacity to perform food and nutrition services for the residents. In an interview with the administrator on at 2:40pm, she stated that the facility did not transfer staff D's information from the facility's old BGS clearinghouse roster to the new BGS clearinghouse roster. In an interview with the administrator on 6--29-21 at 3:00pm, she stated that staff D's social security was entered	CZ814		

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CZ814	Continued From page 19 incorrectly into the new BGS clearinghouse roster and this was the reason why it was not originally updated. Unclassified	CZ814		