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
	AL11964730	A. BUILDING: _____ B. WING _____	06/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAJESTIC MEMORY CARE CENTER	1200 ARTHUR STREET HOLLYWOOD, FL 33019

(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 AMENDED REPORT An unannounced Relicensure, Focused Control and Generator Assessment survey was conducted at Majestic Memory Care Center on ..... and ..... . The facility had deficiencies identified at the time of the survey.	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 condition on the date the examination is	A 008		

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A 008	Continued From page 1	A 008		

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 [illegible] 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 which would help the administrator meet his or

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A 008	Continued From page 2 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 [illegible] require such assistance. 59A-36.006 (2) HEALTH ASSESSMENT. As part of the admission criteria, an individual must undergo a [illegible]-to-[illegible] 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 [illegible] 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 [illegible] or any other communicable [illegible], which are likely to be transmitted to other residents or staff, 7. A statement on the day of the examination that,	A 008		

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A 008	Continued From page 3 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 report conducted before the individual's	A 008		

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A 008	Continued From page 4 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 admission.	A 008		

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A 008	Continued From page 5 This Statute or Rule is not met as evidenced by: Based upon record review, interview, and observation the facility failed to ensure that a resident's Health Assessment form (AHCA form 1823) was updated after a significant change in condition, for one (1) of two (2) sampled residents records reviewed (Resident #16). The Findings Include: On and a Re-licensure Survey was conducted at the facility. During the Survey a review of Resident facility files were conducted. A review of Resident #16's file revealed an AHCA Form 1823 dated on did not indicate she was on Hospice Care. A review of documents in Resident #16 file indicated she was admitted to the facility on and admitted to Hospice on . Additional review of Resident #16's file revealed Nurses Note with an entry dated at 11:AM indicated that the doctor from the Hospice visited resident on that day and contained recommendations regarding reducing her medication and will discuss with Resident's daughter. Review of residents file further revealed Nurses with an entry dated indicating Resident #16 was seen by a Nurse from the Hospice on that date. On at 10:01 AM a request was made to the Administrator for Resident #16 Hospice file and original 1823 completed at admission. A review of Resident #16's AHCA Form 1823 dated did not indicate she was on Hospice.	A 008		

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A 008	Continued From page 6 A review of Resident #16's Hospice file on . . . . . revealed Hospice Visit Communication documents which indicted her first visit from Hospice was on . . . . . . Further review of Resident #16's facility Hospice file revealed an updated Interdisciplinary Care Plan completed on . . . . However, the Residents' 1823 was not updated to reflect her Hospice status. In an interview with the Administrator, Administrator, Corporate Compliance Officer, Executive Director of a sister community, the Administrator stated the AHCA was not updated as she was not aware that it had to be. This Surveyor informed her that anytime there is a significant change the AHCA form must be updated. She was reminded that Resident #16 was admitted on . . . . . and admitted to Hospice on . She responded/acknowledged that the Resident's health had declined. She was again reminded of the importance of having a Resident's AHCA 1823 form updated to reflect changes in their condition. Class III	A 008		
A 025	429.26(7) FS; 59A-36.007(1) FAC Resident Care - Supervision 429.26 (7) The facility shall notify a licensed physician when a resident exhibits signs of or . . . . . or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to	A 025		

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A 025	Continued From page 7 such . . . . . or . . . . . . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility must notify the resident ' s representative or designee of the need for health care services and must assist in making . . . . . for the necessary care and services to treat the condition. If the resident does not have a representative or designee or if the resident ' s representative or designee cannot be located or is unresponsive, the facility shall arrange with the appropriate health care provider for the necessary care and services to treat the condition. 59A-36.007 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 59A-36.012, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community. (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian,	A 025		

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A 025	Continued From page 8 health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to update the resident's Healthcare Provider(s) and document changes in a resident's condition, 1 out of 1 sampled hospice resident's records reviewed (Resident #1). The findings are: Review of the facility's third-party services policies and procedures, titled "additional nursing and other therapeutic services" and dated on [redacted], it indicated that the facility will arrange for additional nursing services and the direct care staff will provide supervision to residents with [redacted] as needed. Further review of this document indicated that the administrator and/or nurse will be responsible to implement resident health promotion and prevention interventions and resident care services will be available through a third-party provider as ordered by the resident's physician. Review of resident #1's health assessment dated on [redacted] indicated that she was diagnosed with COVID, Chron's [redacted], major [redacted] and [redacted]. Review of this health assessment indicated that the resident had decreased gait and mobility, used a wheelchair,	A 025		

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A 025	Continued From page 9 had visual , and was disoriented to time and place. Further review of this health assessment indicated that the resident needed assistance with ambulation and eating, and needed total care for all her other activities of daily living (ADLs), including transfers. In an interview with resident #1's family member on at 10:50am, she stated that she had recently seen in the resident's , when she visited the resident. She stated that she visited the resident last week and it had happened before as well. She stated that the resident developed some redness in the area a couple months ago and she was not sure what the resident's current skin status was. In an interview with the facility nurse on at 1:05pm, she stated that she became aware that resident #1 had redness to her area on and she verbally told the facility caregivers to frequently reposition the resident while on the bed. She stated that the redness was not a , but she did not notify the hospice nurse or physician about this at that time. She stated that she did not check on this resident today to determine the status of the resident's skin and that she did not receive any report from hospice to determine the resident's current skin condition. In an interview with resident #1's hospice nurse on at 1:50pm, she stated that she had been the resident's hospice nurse for over a year and she was familiar with the overall resident's care. She stated that she did not receive any recent report from the facility that the resident had developed redness to the area. She stated that she routinely saw the resident once a week and she would go visit more often shall it be	A 025		

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A 025	Continued From page 10	A 025		

clinically necessary upon reports of new symptoms or concerns. She stated that the hospice caregiver also routinely cared for the resident 5 times per week, for about 1 hour each time, to assist in bathing, , and other ADLs. She stated that the hospice caregiver would apply a to the resident's area whenever they changed the resident and that this was likely indicated in the hospice care plan. She stated that the hospice care plan was updated every 2 weeks and she was not sure if the facility was made aware of every resident intervention in the updated care plan. She stated that the hospice care plans are always available to the facility staff and she remained available for the facility staff to discuss any resident intervention.

In an interview with the staff A on at 2:50pm, she stated that on , the hospice caregiver told her about resident #1's redness to the area and that she told the facility nurse about this. She stated that she usually changed the resident's pads, and she applied a every time she did this. She stated that she was not required to document the application of this in the resident's medication observation record or if the affected skin was improved. She stated that the resident's area was slightly less red when she changed the resident today. She stated that she did not notify the facility nurse of the resident's skin condition today and she didn't know if hospice was actively treating the resident's skin.

In an interview with the facility nurse on at 12:35pm, she stated that the application of the for resident #1 was not being documented by the facility and that since it's

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A 025	Continued From page 11 considered a , medication, this was supposed to be done. In an interview at 12:50pm, she stated that she identified the tube which was stored inside the nightstand drawer inside the resident's room and that she will seek to get the proper physician orders so the facility can adequately monitor the resident's skin treatments and interventions. Review of the hospice care plan revision dated on indicated that resident #1 had a skin , that developed on . Further review of this care plan indicated that hospice was to teach the facility to keep the resident's area clean and dry, to reposition the resident every hours and to apply daily to the affected skin area. Class III	A 025		