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
	AL11969397	A. BUILDING: _____ B. WING _____	09/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY AT DELRAY BEACH	4840 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33445

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A 000	Initial Comments An unannounced Complaint survey (#2021012849) and Generator Monitoring Survey was conducted on through at Symphony at Delray Beach. The facility had deficiencies identified related to the Complaint (#2021012849) at the time of the survey.	A 000		
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 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	A 010		

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A 010	Continued From page 1 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. (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	A 010		

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A 010	Continued From page 2 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 -to-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 may be retained provided that: 1. The resident contracts directly with a licensed 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	A 010		

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A 010	Continued From page 3 the facility. (c) A , 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 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:	A 010		

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A 010	Continued From page 4 Based on observation, interview, and record review the facility failed to transfer a resident identified requiring a higher level of care, Resident #5, as evidenced by Resident #5 developed a facility acquired [illegible] requiring care and services the facility could not provide. The findings included: Review of the record for Resident #5 revealed an admission to the Memory Care Unit on [illegible]. Review of the Agency for Health Care Administration (AHCA) 1823 Health Assessment dated [illegible] revealed diagnoses to include [illegible] Decline, [illegible] and [illegible]. Further review of the record revealed Resident #5 required assistance with ambulation, bathing, [illegible], supervision for grooming and toileting and independent with transfer and eating. Resident #5's [illegible] was documented as 5 and her [illegible] was documented as [illegible]. Review of a facility Progress Note dated [illegible], written by a Licensed Practical Nurse (LPN), documented "Called to MC (Memory Care) unit 2 caretakers assisted resident and showed me a scabbed area on left [illegible]. No Acute." Review of a facility Progress Note dated [illegible] written by an LPN, documented "Report received by evening nurse that resident has a [illegible] on her left [illegible], and not a [illegible] as previously reported, upon skin examination resident was observed to have an open [illegible], pale yellow at the edge and brown and blackish in color approximately 3 cm (centimeters) X 3.5 cm; Home health orders were obtained on	A 010		

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A 010	Continued From page 5 and waiting for insurance, will have nurse follow up in AM." Review of a facility Progress Note dated written by an LPN documented "Resident was evaluated by home health RN (Registered Nurse) this evening for on left , , stated is being treated with honey for now and will visit three times a week." Review of the Home Health Start of Care notes dated documented Resident #5 was admitted for home health services for care changes due to a facility acquired , to her left . Review of a facility Progress Note dated written by an LPN documented "Resident taken to the bathroom to check site to left area open and dark area. Cleaned area and applied first aid. Area is deep and hurts when touched. I contacted home health regarding left . They see her every 3 days, I was explaining its not enough, is dark and deep and won't last that long due to resident being . They said they need order to increase frequency. Faxed doctor concerning increase to home health needed due to resident and healing." Review of a facility Progress Note dated written by an LPN documented "Resident was seen by home health done to left , no new order received." Review of a facility Progress Note dated written by an LPN documented "Left evaluated for progress in the healing process. measures 3.5 cm x 3.5 cm x 4 cm with moderate amount of drainage	A 010		

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A 010	Continued From page 6 noted to . Site negative for odor and free of redness around the perimeter of . Wound bed has an area of 2.5 cm of eschar tissue noted. Remainder of the tissue is moist and pink in color. Resident denies at bed site. Will notify family and MD. Home health continue to provide care at this time." Review of a facility Progress Note dated written by an LPN documented "Home health continues to treat on left , , 3 x weekly no progress note presented from home health at this time. AM nurse to contact home health for progress notes and updates." Review of a facility Progress Note dated written by an LPN documented "Called home health talked with Nurse regarding concerns over and may need , to look at it. does not look to be healing. We need updates as well." Review of a facility Progress Note dated written by the Director of Health and Wellness documented "Message left for the doctor to inform them of on resident left , , , detailed message left regarding slow improvement and having a , to examine the and to call tomorrow with a plan, the home health contacted to request that a treatment nurse speak to writer regarding update, met with this pm nurse and inquired about progress and plan moving forward since there is no marked improvement per home health nurse. The has gotten smaller and there is no tissue it has off, upon seeing the there appears to be no drainage but has a gaping hole which the nurse measured with Q Tip approx. ¾	A 010		

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A 010	Continued From page 7 inch deep and approximately 1.5 cm wide, mild odor noted home health nurse urged to contact PCP (Primary Care Physician) as soon as possible with update as well and have PCP increase visits to daily and give detailed report to PCP and request a better type of treatment, request a culture as well as to inquire about having a come in to assess the , home health stated I will call the PCP first thing in the morning and update and ask for all the above, also ask nurse stop in each visit to provide weekly progress notes." Review of a facility Progress Note dated written by an LPN documented "Received a call from the tech nurse stated the result for ( ) culture came positive for ( ) to the , requested has been faxed to resident doctor and waiting for approval. Contact precautions in place. Will follow up." Review of the care , Progress Note dated documented Resident #5 has a pressure injury to her left , . The care treatment includes packing the with packing strips. The change frequency was changed to 6 times a week by the home health nurse and one time a week by the care , . A Rojo cushion (pressure relieving cushion) was ordered as a pressure reducing preventative measure. Further the care , documented a recommendation for an of the left , to rule out , (bone). Review of a facility Progress Note dated written by an LPN documented	A 010		

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A 010	Continued From page 8 "Received report from home health that resident culture came positive for ( ). Resident sent to Emergency Room at the hospital for evaluation and treatment. Resident return to facility via stretcher, was taken to her room and put in bed." Review of Resident #5's record revealed no evidence of documentation why the resident was accepted to the facility when the facility was aware the resident had an , to her left , . Review of a facility Progress Note dated written by an LPN documented "Resident was seen by tech nurse change to her left , new order received for , and Rojo cushion has been faxed to pharmacy and also waiting for doctor clarify order." Review of Resident #5's record revealed the Rojo cushion was ordered by the care , on . On facility progress note wrote by Director of Wellness revealed " care staff called this am to inform me of the difficulties that they were experiencing trying to reach physician in order to get referrals for resident to have and an for follow up." Review of Resident #5's record revealed the was ordered by the care , on to rule out . Review of a facility progress note dated by the Director of Wellness documented "Met with resident's doctor Staff Nurse was here to complete care for resident. Explained to her the difficulty in contacting anyone at their office, she was in agreement that the office has	A 010		

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A 010	Continued From page 9 poor response time. Arrangement will be made to transfer resident to rehab facility either Friday or Monday per nurse. Will continue to provide care in community until then." Review of a facility progress note dated written by the Director of Wellness documented "Met with doctor's nurse who provided care for this resident. Explained the difficulty in contacting anyone at their office, was in agreement that the office has poor response time. Arrangements will be made to transfer resident to rehab either Friday or Monday per nurse will continue to provide care in the community until then." Review of a facility progress note dated written by the Director of Wellness documented "Called and spoke to doctor office about resident being transferred to rehab for evaluation and treatment stated that they were working on getting paperwork ready for admit." Review of Resident #5's record revealed no evidence of documentation of any follow up with transferring Resident #5 to a Skilled Nursing facility for a higher lever of care to treat her , to her left , . Review of a Home Health Progress Note dated documented Resident #5 had now developed a to her right , with the onset date documented as . The Home Health Agency nurse continued to provide the care 6 days a week. Review of a Home Health Progress Note dated documented Resident #5, in addition to the to her right , , she had developed a to her	A 010		

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A 010	Continued From page 10 area. The Home Health Agency nurse continued to provide the care 6 days a week. On Resident # 5 was observed sitting in her wheelchair in the dining room eating breakfast. Further observation revealed there was no Rojo cushion or any other type of pressure relieving device on the resident's wheelchair to take the pressure off her to the left and right . On Resident #5 was observed sitting in her wheelchair participating in morning exercises. Further observation revealed there was no Rojo cushion or any other type of pressure relieving device on the resident's wheelchair to take the pressure off her to the left and right . On at 3:45 PM, an interview was conducted with the Director of Wellness who acknowledged Resident #5 had a to her left , and they cannot, as an Assistant Living Facility, meet the resident's level of care needs. Further interview with the Director of Wellness revealed the facility has not acquired or provided any type of pressure relief support cushion for Resident #5, citing there was an issue with the pharmacy. The Rojo pressure relieving support cushion was ordered on . Additionally, arrangements to transfer the resident out to a higher level of care to treat the was being discussed as of , Resident #5 still remained a resident of the facility as of .	A 010		

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A 010	Continued From page 11 Class III	A 010		
A 030	59A-36.007(6) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (6) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to rule 59A-36.006, F.A.C. (b) In accordance with section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; . . . . , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided	A 030		

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A 030	Continued From page 12 pursuant to rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and universal precautions; and, 8. The requirements for coordinating the delivery of services to residents by third party providers. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where residents reside. (g) In addition to the requirements of section 429.41(1)(k), F.S., the use of physical by a facility on a resident must be reviewed by the resident's physician annually. Any device, including half-bed rails, which the resident	A 030		

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A 030	Continued From page 13 chooses to use and can remove or avoid without assistance, is not considered a physical . 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the	A 030		

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
	AL11969397	A. BUILDING: ______ B. WING ______	**09/20/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYMPHONY AT DELRAY BEACH	**4840 WEST ATLANTIC AVENUE** **DELRAY BEACH, FL 33445**

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A 030	Continued From page 14 facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care ..., and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally ..., the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care	A 030		

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A 030	Continued From page 15 Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for	A 030		

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A 030	Continued From page 16 exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder . . . . . Hotline operated by the Department of Children and Families, and , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated . . . . , ... or . . , ... under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to implement their grievance policy regarding receiving and responding to resident and family member complaints. As evidenced by their failure to document the receipt of the grievances, investigate the grievances, and provide resolutions in a timely manner. The findings included:	A 030		

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A 030	Continued From page 17 Review of the facility grievance policy and procedures titled Grievance Policy (undated) stated in part, 'Encourage residents, family members, responsible parties or interested parties to express their concerns freely without any fear of retaliation. Give residents, families, responsible parties and interested parties a satisfactory resolution to their concerns.' An interview conducted with a private caregiver for Resident #1 via telephone on . . . . . at 4:10 PM, revealed for the past two weekends of her assignments working with Resident#1, she witnessed staff yelling, pushing residents, and taking their food from them before they finished eating. It was also revealed by the private caregiver she asked for assistance from the Memory Care facility staff however received no help. The private caregiver stated she informed the Memory Care Unit Director on of these actions. It was further revealed the private caregiver informed the Administrator of the findings on . . . . . prior to completing her shift with Resident #1, and she was told it will be handled internally. There was no evidence provided that an investigation had been initiated or conducted. An interview was conducted with the Business Office Manager on at 10:55 AM, who stated training was given to staff, teaching them techniques on how to speak calmer and less aggressive to residents. This training was provided by the Memory Care support team. No documentation was provided of the date, time, agenda, or attendees when asked. An interview conducted with the Memory Care Unit Director on . . . . . at 11:10 AM, revealed she has witnessed in her four months of	A 030		

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A 030	Continued From page 18 employment, some staff do not always communicate well with the Memory Care Unit residents. She stated she feels it is cultural. The interview with the Memory Care Unit Director further revealed the private duty aide of Resident #1 shared information of events she witnessed the facility direct care staff doing to the Memory Care Unit residents like pushing the residents, yelling at the residents, rushing the residents to eat and taking their food before they finish. The Memory Care Unit Director stated she informed the Administrator and Director of Wellness (DOW) on . . . . . of the conservation she had with the private caregiver. In an interview conducted with a family member of Resident #1 on . . . . . at 1:38 PM, revealed on several occasions she stated she felt there was not enough facility staff to manage the safety of the residents, and she has witnessed . . . . . and facility staff not giving Resident #1 her medication on time. When asked about the medication incident of Resident #1, the family member stated the facility staff member began yelling at her and complained she is over worked. This family member revealed she reported this incident to the Administrator. On . . . . . at 10:20 AM, during an interview conducted with the DOW, revealed this facility staff member did not report to work on and several calls were made to her however there was no answer, therefore there was no investigation of the incident of not assisting the private caregiver conducted. During an interview conducted with the Administrator and DOW on at 3:30 PM, the facility was requested to provide proof of documentation of the grievance resolutions for	A 030		

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A 030	Continued From page 19 grievances voiced by residents and or their representatives for the past six months. At this time, the DOW provided a book titled Grievance. Upon review it was revealed the facility is aware of the voiced concerns regarding facility staff's inappropriate behavior toward residents, however there was no documentation noted of grievance resolutions. The Administrator and DOW acknowledged the findings on [redacted], and no additional information was provided. Class III	A 030		