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
	AL11932484	A. BUILDING: _____ B. WING _____	10/27/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYOU GARDENS	2275 NEBRASKA AVENUE PALM HARBOR, FL 34683

(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 A biennial with limited nursing services and a complaint (complaint #2021011928) was conducted on . There were deficiencies identified at the time of the survey.	A 000		
A 025 SS=D	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 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 Resident Care Standards. 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	A 025		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 025	Continued From page 1 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, 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 observation, interview and record review, the Facility failed to provide care and services appropriate to the needs of the resident for two (Resident #4 and #5) of four sampled residents. Additionally, the facility failed to maintain an awareness of the general health, safety, and physical well-being of the resident, and failed to maintain an updated written record of any significant changes for one (Resident #5) of four sampled residents. Findings Included: In a resident interview conducted on at 9:15am, Resident #6 stated that the lack of	A 025		

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A 025	Continued From page 2 staff around is an everyday thing. He said he sees people knocking all the time and no staff are around. In an observation conducted on at 9:15am an unknown resident was asleep in his wheelchair outside the front door and seven residents were sitting around the foyer by the front door inside the facility, but no staff were present from 9:00-9:15am while surveyors attempted to gain entry to the facility. In an observation conducted on at 9:30am a wooden wall cabinet with a bolt lock was observed to be open in the hallway and a Clorox cleaning solution spray bottle was inside next to no rinse spray cleanser, creams, skin lotions and shampoo and body wash gel and adult briefs. In an observation of Resident #4 conducted on at 10:45am he was in his bed with the bottom of his covered in black dirt and debris/crumbs and his toenails were thickened and long and extending well past the ends of his . In an interview with the Administrator conducted on at 10:00am she said the hall cabinet should be locked and that cleaning solutions should not be in the cabinet. In an interview with the Administrator conducted on at 11:00am she acknowledged that Resident #4's toenails needed cut. In an observation conducted on at 2:20pm Resident #5 was observed in bed in his room with his shirt exposing his abdomen. There were 20 red and scabbed circular bites/sores and	A 025		

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A 025	Continued From page 3 10 circular scarred areas on his abdomen. His left [redacted] and nails were covered in [redacted]. He offered to show surveyor his [redacted] and there were 23 red and [redacted] and scratch type marks and dried [redacted] stains observed on the front and [redacted] of his shirt from his sores. His box springs and mattress had dried [redacted] drips and stains visible from the doorway. In an interview with Resident #5 conducted on [redacted] at 2:20pm he said that he has sores all over him because he itches. In an interview with the Manager and Assistant Administrator conducted on [redacted] at 2:30pm they were unable to provide documentation that the physician had been notified of Resident #5's sores/ [redacted] and were unable to confirm any active skin treatment was being provided. They confirmed treatment was needed after pointed out by the surveyor and said they would be notifying the healthcare provider. In an interview with the Assistant Administrator conducted on [redacted] at 2:40pm she was unable to show when Resident #5 last had a shower, was unable to provide documentation to the healthcare provider of noncompliance with showering and could not provide proof that the healthcare provider had been notified of any issues or changes with Resident #5. In a review of Resident #5's record the following was observed: -No orders for treatment to the sores/ [redacted] or itching, -No documentation of itching/sores or notification to the healthcare provider, -His 1823 assessment was dated [redacted] and said he has [redacted] and required supervision	A 025		

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A 025	Continued From page 4 with self-care. There were no itching or behavioral issues listed. Photo Evidence Obtained. Class III	A 025		
A 026 SS=D	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 towards the required 12 hours per week of	A 026		

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A 026	Continued From page 5 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, record review and interview, the facility failed to provide an ongoing activities program, with diversified individual and group activities in keeping with each resident's needs, abilities, and interests. for 34 residents total census. Fidning Include: An onservation on .. .... from 9:00 a.m to 3:30p.m. No activities observed taking place during survey. A review conducted on ... . of activities calendar the calendar had an activity posted for 2:00pm "You tube search questions". An Interview conducted on at 3:09 pm with the administrator/owner she stated "well i couldnt do the activity because I went home to get the diploma, I not always here but i'm here for the fun stuff. An observation on .. .... Residents were observed sitting by the front door locked inside ALL day. No activities conducted throughout survey or scheduled during survey. Class III	A 026		

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A 031	Continued From page 6	A 031		
A 031 SS=D	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, [illegible], and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the resident's needs. (c) The administrator or designee must ensure that: 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change	A 031		

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A 031	Continued From page 7 in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure third party servcies are properly documented to provide residets with continuity of care and servcies for 4 (Residemt #8,#10,#11,#12) of four sampled. Findings Include:	A 031		

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A 031	Continued From page 8 A Record review conducted on revealed Resident # 12 was admitted for Home Health dated to 2021, and for another service from 12// to and no interdisciplinary care plan , service progress notes were not found in medical record. A record review conducted on revealed Resident #11 had an order for on for evaluation and treatment, no interdisciplinary care plan or progress notes found in medical record.. A record review conducted revealed Resident #10, had an order for on , no interdisciplinary care plan or progress notes found in medical record. A record review conducted for Resident #8 had an order for Home Health on no interdisciplinary care plan or progress notes found in the medical record. An interview on at 12:09 p.m. with the assistant administrator she stated the interdisciplinary care plan was not in the home health folder, or progress notes of care being provided. An Interview on at 3:08 pm with the adminsitraor/owner she stated I apologize I thought everything was in there. Class III	A 031		
A 084 SS=D	59A-36.011(6) FAC 429.52(6), FS Training - Assis Self-Admin Meds & Med Mgmt	A 084		

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A 084	Continued From page 9 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; 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 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	A 084		

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A 084	Continued From page 10 59A-36.008, F.A.C., including: a. Assist with oral dosage forms, , dosage forms, and , , and 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; 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,	A 084		

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A 084	Continued From page 11 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 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 record review and interview the facility failed to ensure staff had completed the two hour annual update prior to assisting with self-administration of medication for one (Staff C) of four sampled employees.	A 084		

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A 084	Continued From page 12 Findings Included: An employee record review for Staff C conducted on revealed no documentation that Staff C had completed the annual two hour update on assisting with self-administration of medication. An interview conducted with the Assistant Administrator on at 3:00pm confirmed Staff C was employed as a Medication Technician and said she did not realize the medication training update was required annually. Class III	A 084		
A 152 SS=D	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with	A 152		

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A 152	Continued From page 13 the top surface of the mattress at a comfortable ␣ to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, . . or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to provide a safe and decent living environment and failed to implement policies and procedures to maintain control standards. Findings Included: A tour of the facility was conducted between 9:20am and 2:30pm on . . . . . revealed: - Food crumbs, debris, dirt, paper pieces, sticky dried spills in common areas on the second floor. - Used tissues, dirty clothing and socks, dirt, crumbs, black debris and dust on the floors in random resident rooms and closets checked on	A 152		

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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 152	Continued From page 14 both the first and second floors. - Dirt, crumbs, mud, and debris visible on the threshold, in the corners of the elevator and inside the metal grates entering the elevator on the first and second floor. - Dirt, mud and stains covering the doorway threshold and metal flooring entering from the patio upstairs. - Feces on the toilet in the 2nd floor hallway bathroom and on the shower floor under the shower chair and feces sprayed inside the bowl of the toilet in # #. - Black debris, dust, scabs, slivers, fresh and dried stains, and pieces on the box springs, sheets and mattress of . - Stained towel hanging over the shower door in the bathroom of 107 - Dusty and dirt/crumbs in corners and along baseboards in hallways of the 1st and second floors. - Soiled towels in an open bin in the shared second floor bathroom. - Black unidentified brown dried smears on top of the nightstand in along with two dirty stacked blue plastic cups. - A black toothbrush holder and cup set with toothpaste and two toothbrushes on top of the wooden wall cabinet in the downstairs cabinet. In an interview with the Administrator conducted on at 11:40am she confirmed that the facility needed cleaning but did not have housekeeping staff and that she is having trouble with staffing in general. In an interview with the Resident Services Director on at 11:14am she said that	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11932484	A. BUILDING: _____ B. WING _____	10/27/2021

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A 152	Continued From page 15 the floors on the 2nd floor should be cleaned by the 2:00pm-10:00pm caregivers. In a review of the facility's housekeeping policy and procedure conducted on [redacted] it said that at no time are soiled linens or sheets to be left in a resident's room and that the Resident Care Director/Manager or Administrator are responsible for calling in fill in staff to assist with housekeeping or may add additional shifts to the schedule for cleaning purposes. A review of the staffing schedule for [redacted], 2021 to [redacted], conducted on [redacted] revealed there were no scheduled cleanings. In an attempted review of the facility's housekeeping logs conducted on [redacted], only a blank log was produced by the Assistant Administrator. Photographic evidence obtained. Class III	A 152		