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
	AL11932659	A. BUILDING: _____ B. WING _____	11/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODMONT A PACIFICA SENIOR LIVING COMMUNIT	3207 NORTH MONROE STREET TALLAHASSEE, FL 32303

(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 complaint investigation (complaint number 2021013137) was conducted at Woodmont A Pacifica Senior Living Community on [redacted] through [redacted]. The facility had deficiencies at the time of the survey.	A 000		
A 004 SS=D	59A-36.004 FAC Licensure - Requirements 59A-36.004 License Requirements. (1) SERVICE PROHIBITION. An assisted living facility may not represent that it provides any service other than a service for which it is licensed to provide. (2) CHANGE IN USE OF SPACE REQUIRING AGENCY CENTRAL OFFICE APPROVAL. A change in the use of space that increases or decreases a facility's capacity must not be made without prior approval from the Agency Central Office. Approval must be based on the compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection requirements referenced in Rule 59A-36.005, F.A.C. (3) CHANGE IN USE OF SPACE REQUIRING AGENCY FIELD OFFICE APPROVAL. A change in the use of space that involves converting an area to resident use, which has not previously been inspected for such use, must not be made without prior approval from the Agency Field Office. Approval must be based on compliance with the physical plant standards provided in Rule 59A-36.014, F.A.C., as well as documentation of compliance with applicable fire safety and sanitation inspection standards referenced in Rule 59A-36.005, F.A.C. (4) CONTIGUOUS PROPERTY. If a facility consists of more than one building, all buildings included under a single license must be on	A 004		

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A 004	Continued From page 1 contiguous property. "Contiguous property" means property under the same ownership separated by no more than a two-lane street that traverses the property. A licensed location may be expanded to include additional contiguous property with the approval of the agency to ensure continued compliance with the requirements and standards of Chapters 408, Part II, 429, Part I, F.S. and rule Chapter 59A-35, F.A.C., and this rule chapter. (5) PROOF OF INSPECTIONS. A copy of the annual fire safety and sanitation inspections described in Rule 59A-36.005, F.A.C., must be submitted annually to the Agency Central Office. The annual inspections must be submitted no later than 30 calendar days after the inspections. Failure to comply with this requirement may result in administrative action pursuant to Chapter 408, part II, and Section 429.14, F.S., and rule Chapter 59A-35, F.A.C. (6) RESIDENTS RECEIVING STATE-FUNDED SERVICES. Upon request, the facility administrator or designee must identify residents receiving state-funded services to the agency and the department for monitoring purposes authorized by state and federal laws. This Statute or Rule is not met as evidenced by: Based on interview and attempted record review, the Assisted Living Facility (ALF) failed to submit the annual fire safety inspection to the state agency within 30 calendar days. The findings include: An attempt was made to review the annual fire safety inspection report submitted to the state agency however no evidence could be found to support the report had been submitted.	A 004		

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A 004	Continued From page 2 On . . . . . at approximately 12:15 PM, the ALF administrator stated she was unaware ALF was required to submit the annual fire safety inspections to the state agency. Class III	A 004		
A 120 SS=I	429.17(3) ,275(1); 59A-36.013(1) FAC Fiscal - Financial Stability 429.17 (3) In addition to the requirements of part II of chapter 408, each facility must report to the agency any adverse court action concerning the facility's financial viability, within 7 days after its occurrence. The agency shall have access to books, records, and any other financial documents maintained by the facility to the extent necessary to determine the facility's financial stability. 429.275 (1) The administrator or owner of a facility shall maintain accurate business records that identify, summarize, and classify funds received and expenses disbursed and shall use written accounting procedures and a recognized accounting system. 59A-36.013 Fiscal Standards. (1) FINANCIAL STABILITY. The facility must be administered on a sound financial basis in order to ensure adequate resources to meet resident needs pursuant to the requirements of chapter 408, part II, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter. This Statute or Rule is not met as evidenced by: Based on interview and record review, the	A 120		

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A 120	Continued From page 3 Assisted Living Facility (ALF), failed to ensure the facility was managed on a sound financial basis to ensure adequate resources to meet resident needs by failing to ensure timely payment to providers of pharmacy, security, and fire safety services. This had the potential to affect all 65 residents in the facility, 26 residents in memory care units and 39 residents on their assisted living unit. The findings include: On . . . . . at approximately 12:00 PM, an interview was conducted with the ALF Administrator, who confirmed the security system company who maintained the facility fire panel (the fire alarm system) had discontinued their services due to the payment not being received in a timely manner. On . . . . . at approximately 12:40 PM, an interview was conducted with the Resident Care Director. She indicated that there had been ongoing financial concerns with the outstanding balances for pharmacy services through the facility's pharmacy. On at approximately 3:45 PM, an interview was conducted with the Administrator, who indicated that billing and payment processes were handled at the corporate level and that she would not really have any information regarding why there were delays in payments to vendors. On . . . . . at approximately 10:20 AM, a follow up interview was conducted with the Administrator during which she stated, "I know we are on a bad list with vendors" and stated the turnaround time for payment was "not satisfactory to most of them". She indicated her business office manager	A 120		

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A 120	Continued From page 4 had received calls and emails from vendors complaining. The administrator stated "we did pay the (security system company) but it was not in a timely manner. They had sent a letter reporting that the payment would need to be paid by a certain date, which was paid, but not on time." She stated that the pharmacy was "the one I am most concerned about." At this time, the Administrator produced an email from the security system company dated . . . .. showing an outstanding balance of $2,664.32, indicating that several attempts had been made to clear up the past due balance and reporting that if payment was not received by . . . . , services would be disconnected. The Administrator confirmed the security company had ceased services to the fire panel on and the new fire panel company, did not initiate services until . On at approximately 10:50 AM, an interview was conducted with the ALF's Business Office Manager. She confirmed having received several complaints from vendors since starting in her role . She indicated that another security systems company had called and emailed complaining about outstanding balances on . . . . . , then terminated their services. The Business Office Manager indicated that the Pharmacy had been calling and emailing attempts to settle their account. She produced a series emails beginning on . . . . . through from the pharmacy which she had forwarded to the ALF's corporate office requesting settlement of an account balance of $8,431.97. The email indicated that the owner of the Pharmacy had put the account on hold. On at approximately 11:00 AM, a	A 120		

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A 120	Continued From page 5 telephone interview was conducted with the Regional Support Lead for the ALF located in Texas. During the interview she denied being aware of any current outstanding balances. When advised of the email dated directed to her from the ALF business office manager regarding the Pharmacy and she indicated she would have to check into that. On at approximately 11:15 AM, a telephone interview was concocted with the Director of Finance for the facility's Pharmacy. She confirmed a current outstanding balance of $9,319.07 and the last payment received was in and prior to that had been over a year, . She indicated the pharmacy had been attempting to settle the debit however, getting anyone to communicate with her "has been difficult." On at approximately 12:30 PM, a telephone interview was conducted with the owner of the facility's Pharmacy, and he confirmed the challenges with the ALF's account payable. Class II	A 120		
A 152 SS=F	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	A 152		

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A 152	Continued From page 6 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 the top surface of the mattress at a comfortable [illegible] to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, [illegible] 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 [illegible]. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the Assisted Living Facility (ALF) failed to provide a safe living environment by not adhering to a required fire watch ordered by the local fire department. This had the potential to affect all 65 residents in the facility, 26 residents in the memory care units and 39 residents on the assisted living unit.	A 152		

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A 152	Continued From page 7 The findings include: A review was conducted of an email dated , in which the Tallahassee Fire Department (TFD) was reporting a fire that had occurred in the staff bathroom on the ALF's memory care unit in which the exhaust fan was found to have been the cause of the fire. The email revealed the ALF fire monitoring panel continued to show "trouble" despite attempts to reset the panel with the ALF Administrator. TFD, advised the Administrator to contact the fire panel monitoring company and placed the ALF on a fire watch. On at approximately 12:30 PM, a tour of the staff bathroom on the memory care unit on the 2nd floor was conducted and noted to have fire suppressing materials on the walls, ceiling and floor. The Administrator stated at this time that a fire had occurred in the bathroom, "we suspect it was bad wiring and the electrician has already repaired that." At the time of the observation, the memory unit had 15 memory residents noted moving about the unit and in their rooms. At this time staff member E, Patient Care Assistant/Medication Technician (/Med Tech) was observed supervising residents and was asked about the fire watch. She confirmed a fire watch was in place and staff were to watch for any signs of a fire and complete a monitoring form every 2 hours. Staff member E was able to locate documentation of the fire watch for but could not locate one for and stated, "I guess we haven't done one today." On at approximately 1:00 PM, a tour of the assisted living unit was conducted which was	A 152		

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A 152	Continued From page 8 noted to contain 39 residents who were observed coming in and out of their rooms and common areas. Staff member F, /Med Tech was interviewed at this time and confirmed she was aware of the fire watch. When asked for documentation of the watch she was observed to take a blank fire watch form and begin filling it out. On at approximately 1:20 PM, a tour of the memory care unit on the 3rd floor which was noted to contain 11 memory residents. Staff member C, /Med Tech was observed assisting residents and confirmed the fire watch. She provided the documentation for the fire watch for which only had initials for 12 PM, all morning entries were blank. An interview was conducted with the Administrator at this time, and she relayed that she had provided training to staff on a 1:1 basis and unit staff should be completing the fire watch documents. She stated, "I am very disappointed staff are not following my instructions." On at approximately 1:00 PM, TFD responded to the ALF to verify the fire monitoring panel had been reset to normal and that all magnetic doors were operational. They confirmed they had been corrected, removed the ALF from the fire watch but indicated due to the concerns about the additional existing uncorrected fire violations, TFD would be offering some on-site training to the ALF staff and management. Class III	A 152		