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
	AL11969486	A. BUILDING: _____ B. WING _____	R 12/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEEWARD ISLE HOMES LLC	740 NW 85TH WAY PEMBROKE PINES, FL 33024

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{A 000}	Initial Comments A revisit to the Relicensure and Generator Monitoring survey was conducted by desk review on and for Leeward Isle Homes LLC. The facility had uncorrected deficiencies identified at the time of the review.	{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 performed, becomes a permanent part of the facility's record of the resident and must be made	{A 008}		

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{A 008}	Continued From page 1	{A 008}		

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 , , 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 her responsibilities under subsection (1). Further,

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{A 008}	Continued From page 2 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 -to- 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, in the opinion of the examining health care	{A 008}		

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{A 008}	Continued From page 3	{A 008}		

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 admission to the facility must be obtained by the

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{A 008}	Continued From page 4 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 on observation, interview and record review, the facility failed to properly assess for admission to ensure that a current Resident Health Assessment (AHCA form 1823) and examination was completed for 1 of 2 sampled Residents (Resident #2). As evidenced by the facility accepting a Resident's Health Assessment that was completed more than 60 days prior to admission for Resident #2. The findings included: On a review of Resident #2's record revealed an admission date of . A review of Resident #2's Health Assessment form (AHCA form 1823) was dated . This assessment was completed more than 60 days prior to the residents admission. Further review of the form revealed the resident diagnoses included , , recent , and the resident has been on since 2010. or behavioral status is noted as decline and visual . Special precaution noted as risk. Special diet instructions noted as crushed, follow swallow study recommendation. Additional comments noted as dependent with activities of daily living except able to feed herself. On at 2:24 PM, an interview was conducted with Staff C (Nurse Consultant/Assistant Administrator). She stated that she will be updating the AHCA form 1823 for Resident #2. During further interview with Staff C, she was questioned regarding the requirements for Resident #2 regarding swallow study recommendations. Staff C was also asked how	{A 008}		

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{A 008}	Continued From page 6 the resident had been assessed prior to admission with respect to the diagnosis and special diet order to ensure that the facility could met the care needs. Staff C stated she is getting an updated AHCA 1823 form for Resident #2. On . . . . at 3:52 PM, an interview was conducted with the Administrator and Staff A. They acknowledged the findings and no additional information was provided. On , the facility sent their Plan of Correction to the Area Office confirming Resident #2 was admitted to the facility on . It was stated that Resident #2 was seen by the doctor on but the date transcribed was . . . . . A fax was sent to the physician requesting an updated Health Assessment Form (AHCA Form 1823). On . . . . . at 12:25 PM, an email was sent to the Administrator notifying him that a Desk Review was being conducted in lieu of an onsite revisit, and a request for a copy of the new updated Health Assessment for Resident #2 was made at this time. On at 4:12 PM, the Administrator was contacted via telephone and a verbal request was once again made for a copy of the updated signed Health Assessment for Resident #2. On . . . . at 1:21 PM, an email was received from the Administrator stating they had faxed the requested documents to the area office. Those documents were received on at 2:29 PM. After review, it was noted that the new Health Assessment signed by the Health Care Provider was dated . This date was 68 days prior to Resident #2's admission date of . No	{A 008}		

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{A 008}	Continued From page 7 current Health Assessment was provided for review. On at 4:55 PM, the Administrator was notified via email, that this deficiency could not be corrected based on documentation provided. Class III Uncorrected	{A 008}		
{CZ830}	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving	{CZ830}		

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{CZ830}	Continued From page 8	{CZ830}		

provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers.
(3)(a) An inactive license may be issued to a licensee subject to this section when the provider is located in a geographic area in which a state of emergency was declared by the Governor if the provider:
1. Suffered damage to its operation during the state of emergency.
2. Is currently licensed.
3. Does not have a provisional license.
4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months.
(b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end

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{CZ830}	Continued From page 9 of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, it was determined the facility failed to ensure that its Comprehensive Emergency Management Plan (CEMP) was submitted for review and approval annually to the local Division of Emergency Management. The findings included: During an interview with Staff C on at 12:22 PM, the facility's CEMP approval letter and/or most recent submission for review was requested. On , Staff C provided the acknowledgement letter from the Division of Emergency Management dated that stated the CEMP has been received and this is not an approval letter. During an interview conducted on at 12:22 PM, Staff C stated that this was the last letter she received, and she has to do a follow-up	{CZ830}		

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{CZ830}	Continued From page 10	{CZ830}		

because she was going to wait until she received her new plan. She did not provide a CEMP approval letter. A request was made to Staff C to follow up with the Division of Emergency Management to obtain the status of the CEMP by giving them a call the same day. She called and left a voice message and received no return call. No further information was provided.

On at 2:24 PM, a telephone interview was conducted with a representative from the Division of Emergency Management. She stated the last CEMP approval letter was sent to the facility on . The last approval was dated through and there was no new submission for the 2020 -2021 year. Further review of the notice revealed the facility should have submitted the new plan by the required date of , 60 days prior to the expiration. However, the facility had not submitted any further information.

A review of the Plan of Correction dated 11/01/21 submitted to the Area Office, stated the CEMP was being revised and would be submitted to the Emergency Management office for review and approval.

On at 12:25 PM, an email was sent to the Administrator notifying him that a Desk Review was being conducted in lieu of an onsite revisit, and a request was made for a copy of the facility's approved CEMP to be provided for review.

On at 4:12 PM, the Administrator was contacted via telephone and a verbal request was once again made for a copy of the facility's approved CEMP in order to correct the facility's deficiency in this matter.

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{CZ830}	Continued From page 11 On at 1:21 PM, an email was received from the Administrator which stated they had faxed the requested documents to the Area Office. Those documents were received on at 2:29 PM. After review, it was noted the CEMP had not been submitted to the Emergency Management Office until , which was approximately a month and a half after the date of the Plan of Correction was submitted to the Agency on , and 4 days after the Desk Review for revisit had begun on . The last approved annual CEMP for the facility was . On at 4:55 PM, the Administrator was notified via email that this deficiency could not be corrected based on documentation provided. Unclassified Uncorrected	{CZ830}		