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
	AL11964771	A. BUILDING: _____ B. WING _____	09/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARYS ASSISTED LIVING RESIDENCE LLC	7001 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405

(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 An unannounced Complaint (#2021009169 & #2021012246) survey and Generator Monitoring survey was conducted on and at St Marys Assisted Living Residence LLC. The facility had a deficiency related to the Complaint (#2021009169) at the time of the survey.	A 000		
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 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,	A 025		

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
	AL11964771	A. BUILDING: _____ B. WING _____	09/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARYS ASSISTED LIVING RESIDENCE LLC	7001 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405

(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 025	Continued From page 1 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, 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 interview and record review, the facility failed to ensure resident records were updated to reflect resident status for 1 of 1 residents reviewed for , Resident #3, as evidenced by Resident #3 sustaining a with subsequent hospitalization, was not documented in the resident's record. The findings included: Review of Resident #3's record revealed a date of admission of . Review of the 1823 Health	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964771	A. BUILDING: _____ B. WING _____	09/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARYS ASSISTED LIVING RESIDENCE LLC	7001 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405

(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 025	Continued From page 2 Assessment dated documented diagnoses to include , , , and . Further review of the 1823 Health Assessment Under Special Precautions is documented Precautions. Under Physical or Sensory Limitations is documented , and difficulty walking. Under Section B General Oversight is documented Observing well-being and whereabouts daily. On at 12:50 PM, an interview was conducted with the Manager who stated that one week ago on she walked into the facility and saw Resident #3 lying on the floor. The Manager was unable to provide the time she found the Resident on the floor or his location. She further stated that the resident could not move however could not provide any further details. She stated they asked him to go to the hospital however he refused. The Manager stated that one of the staff took him to the hospital however could not provide any details about which staff transported the resident to the hospital. Review of Resident #3's record revealed no documentation in his record regarding the he sustained on which required a higher level of care in the hospital. Further, there was no evidence of documentation the resident's physician or the resident's representative was notified Resident #3 had sustained a . As of , Resident #3 had not returned from the hospital and had been hospitalized for ten days. On at 1:00 PM, an inquiry was made to the Manager as to why Resident #3's record	A 025		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11964771	A. BUILDING: _____ B. WING _____	09/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARYS ASSISTED LIVING RESIDENCE LLC	7001 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33405

(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 025	Continued From page 3 did not reflect the incident on and why an incident report was not completed to which she could not provide an explanation. She further stated during the interview conducted on at 1:00 PM on , Resident #3 was admitted to the hospital due to falling and hitting his , however, could not verify where she obtained this information. The Manager further stated that Resident #3 had a , however, again could not verify this information was correct. Review of the personnel records revealed the Administrator and Assistant Administrator completed CORE training on . Review of the personnel record for the Manager revealed the Manager completed CORE training on . Review of the Assisted Living Facility Minimum Core Training Curriculum requirements on the Agency for Health Care Administration Assisted Living Facility website revealed under Module 3: Records - Purpose: To teach trainees the appropriate method to maintain records in an ALF. Objectives: Upon completion of this module, the trainee will be able to: 3.1 'Demonstrate an understanding of the components of a resident's record. 3.2 'Demonstrate knowledge of requirements for staff and facility records.' During an interview conducted on at 4:15 PM with the Assistant Administrator and the Manager, they acknowledged the findings, and no additional information was provided. Class III	A 025		