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
	AL11910733	A. BUILDING: _____ B. WING _____	12/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING VILLAGE OF MARGATE LLC	6810 SW 7TH STREET MARGATE, FL 33068

(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 (#2021017251) and Generator Monitoring survey was conducted on and at Caring Village of Margate LLC. The facility had deficiencies identified at the time of the survey.	A 000		
A 009	59A-36.006(3) FAC; 400.0078(2) Admissions - Admission Package (3) ADMISSION PACKAGE. (a) The facility must make available to potential residents a written statement(s) that includes the following information listed below. Providing a copy of the facility resident contract or facility brochure containing all the required information meets this requirement. 1. The facility's admission and continued residency criteria; 2. The daily, weekly or monthly charge to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; 3. Personal care services that the facility is prepared to provide to residents and additional costs to the resident, if any; 4. Nursing services that the facility is prepared to provide to residents and additional costs to the resident, if any; 5. Food service and the ability of the facility to accommodate special diets; 6. The availability of transportation and additional costs to the resident, if any; 7. Any other special services that are provided by the facility and additional cost if any; 8. Social and leisure activities generally offered by the facility; 9. Any services that the facility does not provide but will arrange for the resident and additional cost, if any;	A 009		

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A 009	Continued From page 1 10. The facility rules and regulations that residents must follow as described in Rule 59A-36.007, F.A.C.; 11. The facility policy concerning [redacted] pursuant to Section 429.255, F.S., and Rule 59A-36.009, F.A.C., and Advance Directives pursuant to Chapter 765, F.S.; 12. If the facility is licensed to provide extended congregate care, the facility's residency criteria for residents receiving extended congregate care services. The facility must also provide a description of the additional personal, supportive, and nursing services provided by the facility including additional costs and any limitations on where extended congregate care residents may reside based on the policies and procedures described in Rule 59A-36.021, F.A.C.; 13. If the facility advertises that it provides special care for individuals with [redacted]'s [redacted] and related [redacted], a written description of those special services as required in Section 429.177, F.S.; and, 14. The facility's resident elopement response policies and procedures. (b) Before or at the time of admission, the resident, or the resident's responsible party, guardian, or attorney-in-fact, if applicable, must be provided with the following: 1. A copy of the resident's contract that meets the requirements of Rule 59A-36.018, F.A.C., 2. A copy of the facility statement described in paragraph (a) of this subsection, if one has not already been provided, 3. A copy of the resident's bill of rights as required by Rule 59A-36.007, F.A.C.; and, 4. A Long-Term Care Ombudsman Program brochure that includes the telephone number and address of the district office. (c) Documents required by this subsection must	A 009		

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A 009	Continued From page 2 be in English. If the resident is not able to read, or does not understand English and translated documents are not available, the facility must explain its policies to a family member or friend of the resident or another individual who can communicate the information to the resident. 400.0078 (2) Upon admission to a long-term care facility, each resident or representative of a resident must receive information regarding: (a) The purpose of the State Long-Term Care Ombudsman Program. (b) The statewide toll-free telephone number and e-mail address for receiving complaints. (c) Information that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. (d) Other relevant information regarding how to contact representatives of the State Long-Term Care Ombudsman Program. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident contract was provided before or upon admission in writing, containing all the required information for 1 of 3 resident records reviewed, for Resident #1. The findings included: Review of the record for Resident #1 revealed an admission date of [redacted] from a local hospital, after a 5 day admission for [redacted] treatment. Further review of the record revealed no evidence of the required documentation the facility must provide to a newly admitted resident to include the Admission Agreement; Admission	A 009		

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A 009	Continued From page 3 Contract; Resident's Bill of Rights; how to contact representatives of the State Long-Term Care Ombudsman and the grievance process; the charges to reside in the facility and the services, supplies, and accommodations provided by the facility for that rate; personal care services that the facility is prepared to provide to residents and additional costs to the resident; social and leisure activities; and transportation. Review of the facility's Admission and Discharge Log revealed Resident #1 was not listed as being admitted. On [redacted] at 9:45 AM, the Administrator provided a binder for Resident #1 that contained blank forms in it. She stated she sent the documents for a signature from the POA (Power of Attorney) who lives out of state and she is waiting for her to return it. Resident #1 was admitted on [redacted], over 30 days ago, and there was no signature from the POA or Resident #1 about the Admission Agreement, Contract, Resident Rights, grievance procedures, State Ombudsman contact information or [redacted] Hot Line Toll free number. It was determined Resident #1 was alert enough to sign the documents and the Administrator stated the POA did not want him to sign anything first. A request was made for a copy of the POA documents, to which the Administrator stated she does not have them. On [redacted] at 11:04 AM, a telephone interview was conducted with Resident #1's POA who stated she did not sign any admission documents or contract or send a copy of the POA to the facility as yet. She stated she was unaware that Resident #1 was being placed in a locked unit in a memory care unit facility. She further stated she is from out of state and the Administrator called	A 009		

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A 009	Continued From page 4 her and informed her that the facility will admit him if she consents, to which she verbally consented. Further during the interview with the POA on at 11:10 AM, she stated Resident #1 has a history of mental health issues and had previously resided in other facilities that provided those services and she was under the impression that this facility, as described by the Administrator provided mental health services. The Administrator confirmed that the contract and documents were not provided to Resident #1, in addition to not being able to produce a copy of the POA on at 3:30 PM. Class III	A 009		
A 160	59A-36.015(1) FAC Records - Facility The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request. (1) FACILITY RECORDS. Facility records must include: (a) The facility's license displayed in a conspicuous and public place within the facility. (b) An up-to-date admission and discharge log listing the names of all residents and each resident's: 1. Date of admission, the facility or place from which the resident was admitted, and if	A 160		

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A 160	Continued From page 5 applicable, a notation indicating that the resident was admitted with a ; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of . (c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b). (d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff. (e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C. (f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C. (g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C. (h) If the facility advertises that it provides special care for persons with 's or related , a copy of all such facility advertisements as required by section 429.177, F.S. (i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C. (j) All food service records required in rule	A 160		

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A 160	Continued From page 6 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate. (k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years. (l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years. (m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years. (n) The facility's resident elopement response policies and procedures. (o) The facility's documented resident elopement response drills. (p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to maintain an Admission and Discharge Log listing the names of all residents residing or discharged from the facility, specifically including Resident #1. The findings included: Review of the facility's Admission and Discharge	A 160		

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A 160	Continued From page 7 Log revealed no evidence of a date of admission for Resident #1 or place from which the resident was admitted. Further the facility failed to maintain a current Admission and Discharge Log which clearly documented the 23 residents residing in the facility identified with a mental health diagnosis and documentation of their Case Managers. During an interview conducted with the Administrator on [redacted] at 3:30 PM, she reviewed the Admission and Discharge Log and confirmed Resident #1 was not listed and acknowledged the facility did not clearly identify the 23 residents who receive mental health services. Class III	A 160		
AL240	429.075; 59A-36.020(1) LMH - Licensing 429.075 Limited mental health license.-An assisted living facility that serves one or more mental health residents must obtain a limited mental health license. 59A-36.020 Limited Mental Health. (1) LICENSE APPLICATION. (a) Any facility intending to admit one or more mental health residents must obtain a limited mental health license from the agency before accepting the mental health resident. (b) Facilities applying for a limited mental health license that have uncorrected deficiencies or violations found during the facility's last survey, complaint investigation, or monitoring visit will be surveyed before the issuance of a limited mental health license to determine if such deficiencies or violations have been corrected.	AL240		

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AL240	Continued From page 8 This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to obtain from the Agency for Health Care Administration (AHCA), the state licensing body, a Limited Mental Health (LMH) specialty license before accepting residents with mental health diagnoses, specifically for Resident #1 and an additional 22 residents identified as having mental health diagnoses residing in the facility. The findings included: Review of the facility license revealed a capacity for 111 residents. Review of the facility census on revealed a census of 89 residents. Further review revealed of the 89 residents, 23 residents have a mental health diagnosis. Review of the Resident Health Assessment AHCA form 1823 for Resident #1 dated , revealed diagnoses to include , , , and , . Resident #1 was admitted to the facility on and resides in Unit #1 of the facility. Unit #1 is a secured locked unit housing residents with diagnoses to include and mental health diagnoses. Resident #1 was admitted to the facility from a local hospital after a 5 day admission receiving care. A further record review was conducted of the additional 22 current residents residing in Unit #1. The additional 22 residents identified had documentation of a mental health diagnosis and had a mental health services Case Manager. Review of the Florida Healthfinders web site revealed the facility has a Standard license effective with an expiry date of ,	AL240		

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AL240	Continued From page 9 and does not include the specialty license of LMH. In an interview conducted with the Administrator on at 11:00 AM, she confirmed the facility does not have a specialty license for LMH, further stating the owner forgot to apply for LMH on the license application. Class III	AL240		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address;	CZ814		

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CZ814	Continued From page 10 ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to maintain the employment status of all employees in the Background Screening Clearinghouse for initial employment status for 11 out of 49 identified staff members to include Staff A through Staff K within 10 business days of hire. The findings included: A review of the facility's current staff schedule posted on at 11:30 AM, compared to the Background Screening Clearinghouse, revealed 11 current staff members were not registered within the Clearinghouse out of a total of 49 employees. The following current employees were not registered in the Clearinghouse: Staff A date of hire of ; Staff B date of hire of ; Staff C date of hire of ; Staff D date of hire of ; Staff E date of hire of ; Staff F date of hire of ; Staff G date of hire of ; Staff H date of hire of ; Staff I date of hire of ; Staff J date of hire of ; and Staff K date of hire of . The Administrator confirmed the findings on at 3:30 PM, and no further documentation or information was provided. Unclassified	CZ814		
CZ830	408.821 FS Emergency Management Planning	CZ830		

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CZ830	Continued From page 11 408.821 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 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	CZ830		

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CZ830	Continued From page 12 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 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	CZ830		

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CZ830	Continued From page 13 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 record review and interview, the facility failed to provide a current Comprehensive Emergency Management Plan (CEMP) approval letter from the local County Emergency Management Division. The findings included: On at 11:45 AM, a request was made to the Administrator to review the facility's current CEMP approval letter from the County Emergency Management Division. The Administrator stated they are still in the process of submitting it because there were many violations which need to be corrected as directed from the local Fire Department, therefore they have not submitted their CEMP for renewal. Review of the County Emergency Management Division website revealed documentation under the facility name 'No Records Found.' Review of the last CEMP approval letter was dated with an expiry date of . During the exit conference, on at 3:30 PM, the Administrator acknowledged the findings, and no further documentation or information was provided to review. Unclassified	CZ830		