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 |
|---|---|---|---|
| | AL11953542 | A. BUILDING: _____ B. WING _____ | R-C 02/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PALMS OF LONGWOOD (THE) | 480 EAST CHURCH AVENUE LONGWOOD, FL 32750 |

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| {A 000} | Initial Comments<br><br>A second revisit to eleven Complaint Investigations #2020019413, #2021004156, #2021008244, #2021009288, #2021009874, #2021010545, #2021011529, #2021011985, #2021012377, #2021012596, and #2021012885 was conducted at The Palms of Longwood Assisted Living Facility and Memory Care on [redacted]. Deficiencies remained uncorrected at the time of the visit. | {A 000} | | |
| {A 054} SS=D | 59A-36.008(5) FAC Medication - Records<br><br>(5) MEDICATION RECORDS.<br>(a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.<br>(b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:<br>1. The name of the resident and any known [redacted] the resident may have;<br>2. The name of the resident's health care provider and the health care provider's telephone number;<br>3. The name, strength, and directions for use of each medication; and,<br>4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. | {A 054} | | |

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| {A 054} | Continued From page 1<br><br>(c) For medications that serve as chemical , the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.<br><br>This Statute or Rule is not met as evidenced by:<br>DEFICIENCY REMAINED UNCORRECTED<br><br>Based on record reviews and interviews, the facility failed to ensure a Medication Observation Record (MOR) was complete for 5 of 6 sampled residents who received assistance with self-administration of medications (#23, #24, #29, #32 & #37).<br><br>Findings:<br><br>1. Review of resident #29's 1823, dated , revealed the resident's diagnoses included type 2, he was mentally , and he required assistance with medications.<br><br>Review of resident #29's and MORs and of his record revealed both MORs contained medication entries that were not signed as given and the record had omissions where results of his would have been recorded.<br><br>2. Review of resident #32's 1823, dated , revealed the resident's diagnoses included type 2, and he required assistance with self-administration of medications.<br><br>Review of resident #32's MORs revealed they contained medication entries that were not signed as given. | {A 054} | | |

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| {A 054} | Continued From page 2<br><br>3. Review of resident #37's 1823, dated , revealed the resident required assistance with medications.<br><br>Review of resident #37's , MORs revealed they contained medication entries that were not signed as given.<br><br>Neither the MORs nor the records of residents #29, #32, and #37 contained documentation to explain the omissions.<br><br>On at 2:50 p.m., the administrator confirmed the findings and was unable to provide additional documentation.<br>4. Resident #23's , Medication Observation Record (MORs) review revealed they contained medication entries that were not signed as given. In further review, the 1823 Health Assessment dated indicated that resident needs assistance with self-administration of medications and now on Hospice care since .<br><br>5. Resident #24's , Medication Observation Record (MORs) review revealed they contained medication entries that were not signed as given. Further review revealed an 1823 Health Assessment dated needs assistance with self-administration of medications.<br><br>There was no additional information or no documented evidence to explain the omission on the MORs.<br><br>(Photographic Evidence Obtained)<br><br>On at 2:51 PM, an interview with the Administrator confirmed the findings. | {A 054} | | |

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| {A 054} | Continued From page 3<br><br>Class III | {A 054} | | |
| {A 077} SS=D | 429.176 FS; 429.52( ),59A-36.01(1) FAC<br>Staffing Standards - Administrators<br><br>429.176 Notice of change of administrator.-If, during the period for which a license is issued, the owner changes administrators, the owner must notify the agency of the change within 10 days and provide documentation within 90 days that the new administrator meets educational requirements and has completed the applicable core educational requirements under s. 429.52. A facility may not be operated for more than 120 consecutive days without an administrator who has completed the core educational requirements.<br><br>429.52<br>(4) A facility administrator must complete the required core training, including the competency test, within 90 days after the date of employment as an administrator. Failure to do so is a violation of this part and subjects the violator to an administrative fine as prescribed in s. 429.19. Administrators licensed in accordance with part II of chapter 468 are exempt from this requirement. Other licensed professionals may be exempted, as determined by the agency by rule.<br>(5) Administrators are required to participate in continuing education for a minimum of 12 contact hours every 2 years.<br><br>59A-36.010<br>(1) ADMINISTRATORS. Every facility must be under the supervision of an administrator who is responsible for the operation and maintenance of the facility including the management of all staff | {A 077} | | |

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| {A 077} | Continued From page 4<br>and the provision of appropriate care to all residents as required by chapters 408, part II, 429, part I, F.S., and rule chapter 59A-35, F.A.C., and this rule chapter.<br>(a) An administrator must:<br>1. Be at least ;<br>2. If employed on or after , have, at a minimum, a high school diploma or G.E.D.;<br>3. Be in compliance with Level 2 background screening requirements pursuant to sections 408.809 and 429.174, F.S.;<br>4. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C., no later than 90 days after becoming employed as a facility administrator. Administrators who attended core training prior to , are not required to take the competency test unless specified elsewhere in this rule; and,<br>5. Satisfy the continuing education requirements pursuant to rule 59A-36.011, F.A.C. Administrators who are not in compliance with these requirements must retake the core training and core competency test requirements in effect on the date the non-compliance is discovered by the agency or the department.<br>(b) In the event of extenuating circumstances, such as the of a facility administrator, the agency may permit an individual who otherwise has not satisfied the training requirements of subparagraph (1)(a)4. of this rule, to temporarily serve as the facility administrator for a period not to exceed 90 days. During the 90 day period, the individual temporarily serving as facility administrator must:<br>1. Complete the core training and core competency test requirements pursuant to rule 59A-36.011, F.A.C.; and, | {A 077} | | |

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| {A 077} | Continued From page 5<br><br>2. Complete all additional training requirements if the facility maintains licensure as an extended congregate care or limited mental health facility.<br>(c) Administrators may supervise a maximum of either three assisted living facilities or a group of facilities on a single campus providing housing and health care Administrators who supervise more than one facility must appoint in writing a separate manager for each facility. However, an administrator supervising a maximum of three assisted living facilities, each licensed for 16 or fewer beds and all within a 15 mile of each other, is only required to appoint two managers to assist in the operation and maintenance of those facilities.<br>(d) An individual serving as a manager must satisfy the same qualifications, background screening, core training and competency test requirements, and continuing education requirements as an administrator pursuant to paragraph (1)(a) of this rule. Managers who attended the core training program prior to , , , are not required to take the competency test unless specified elsewhere in this rule. In addition, a manager may not serve as a manager of more than a single facility, except as provided in paragraph (1)(c) of this rule, and may not , serve as an administrator of any other facility.<br>(e) Pursuant to section 429.176, F.S., facility owners must notify the Agency Central Office within 10 days of a change in facility administrator on the Notification of Change of Administrator form, AHCA Form 3180-1006, , which is incorporated by reference and available online at: http://www.flrules.org/Gateway/reference.asp?No=Ref-09393. | {A 077} | | |

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| {A 077} | Continued From page 6<br><br>This Statute or Rule is not met as evidenced by:<br>DEFICIENCY REMAINED UNCORRECTED<br><br>Based on resident record review and interview, the Administrator that was responsible for the day-to-day operations failed to ensure that resident supervision for 1 of 6 sampled residents (#32) causing an elopement.<br><br>Findings:<br><br>Review of resident #32's record revealed a facility admission date of . Review of two 1823 health assessment forms, dated and , revealed the resident's diagnoses included secondary to , , , and type 2. Both forms indicated the resident and needed secured placement.<br><br>Review of a facility incident report revealed the following documentation:<br><br>On at approximately 6 p.m., the activities director was driving home from the facility when she saw resident #32 approximately one mile away from the facility. The activities director stopped and asked the resident to get into her car and she would return him to the facility. The resident refused and proceeded to walk in the opposite direction. The activities director called the facility for assistance. While following the resident, the activities director lost sight of him. At approximately 6:15 p.m., the director of nursing (DON) called law enforcement for assistance. At approximately 6:40 p.m., law enforcement conducted interviews with facility staff. The resident was returned to the facility on . | {A 077} | | |

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| {A 077} | Continued From page 7<br><br>The analysis of the incident determined the resident was accompanied from the memory care locked unit to the assisted living outside gated area. He was unattended, exit seeking and found a way to climb the gate. The corrective action was to keep him in the memory care locked unit and if he were to go to the first floor, he would need staff to accompany and remain with him.<br><br>On at 9:50 a.m., a keypad was seen on the wall next to the memory care elevator. A code was required to open the elevator doors.<br><br>On at 9:55 a.m., resident #32 was seen laying across his bed. He said when he left the facility on , he was going to his home. He said he was sitting on the ground in a city located approximately five miles from the facility when law enforcement picked him up. He said he did not sustain any injuries while away from the facility.<br><br>On at 10 a.m., staff P, who worked on the memory care unit on , said she did not see resident #32 exit seeking on that day however, he did have a history of exit seeking when he wanted to go downstairs to smoke. Staff P said she did not assist the resident to go downstairs on and she was not sure how he got down there.<br><br>On at 12 p.m., staff D said he worked on . He said he saw resident #32 walking around on the first floor, both inside and outside of the facility, in the gated courtyard. He said the resident's behavior was off that day and he appeared to be looking for something. He said staff brought the resident down from memory care to allow him to smoke in the courtyard. Staff D said staff used to stay with the resident but at | {A 077} | | |

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| {A 077} | Continued From page 8<br><br>some point, that stopped.<br><br>On . . . . . at 12:21 p.m., staff R said she worked in memory care on and said she did not allow resident #32 access to enter the elevator to go downstairs and she did not know who did. She said the resident was allowed unsupervised access to the first floor every day after breakfast. The resident ate lunch on the first floor then staff there directed him to memory care for dinner. On . . . . . , the resident did not return to memory care for dinner and although she found that odd, she did not go look for him. She said that at approximately :15 p.m., someone called her phone and said the resident eloped. She then notified the DON and remained in memory care during the search to continue providing care to the other residents. Her shift ended at 7:30 p.m. and the resident had not returned to the facility.<br><br>On at 12:41 p.m., staff G said when she arrived to work on . . . . . at approximately 2:45 p.m., she saw resident #32 sitting in the outside courtyard. She said the usual routine each day was that either a staff member unlocked the memory care elevator to let the resident downstairs or, if someone happened to be getting on it, the resident rode along. She said the resident stayed downstairs all day until later in the evening.<br><br>On . . . . . at 1:07 p.m., the activities director said that on at approximately 5:30 p.m.-6 p.m., she was leaving the facility when she saw resident #32 walking approximately one mile from the facility. She stopped and told him to get into her care, but he refused, saying he was going home. She continued to follow him in her car as she called for help from other facility staff. The | {A 077} | | |

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| {A 077} | Continued From page 9<br><br>resident turned right into a neighborhood, but she was unable to stop and her car up to follow him so, she drove around. She looked for him in the area but could not find him. She returned to the facility and waited for law enforcement to arrive.<br><br>On at 1:20 p.m., the administrator said resident #32's usual routine was to come to the first floor to smoke outside. She said that although she expected staff to stay with him, they did not on .<br><br>On at 1:35 p.m., the maintenance director said a camera located in the outside courtyard captured resident #32 attempt to exit through the locked gate door and when he was unsuccessful, he walked around the courtyard. He was then seen walking through a gazebo. The camera did not show the resident walk through it. The maintenance director said it was suspected the resident climbed on top of a plastic box that covered above ground sprinkler pipes and used it to climb over the cement wall.<br><br>Class III | {A 077} | | |
| {A 078} SS=D | 59A-36.010(2) FAC Staffing Standards - Staff<br><br>(2) STAFF.<br>(a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without | {A 078} | | |

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| {A 078} | Continued From page 10<br>a break in service from one facility to another when the facility is under the same management or ownership.<br>1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of .<br>2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable .<br>(b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter.<br>(c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C.<br>(d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with | {A 078} | | |

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| {A 078} | Continued From page 11<br><br>this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing agency or contractor will provide to residents.<br>(e) For facilities with a licensed capacity of 17 or more residents, the facility must:<br>1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and,<br>2. Maintain time sheets for all staff.<br>(f) Level 2 background screening must be conducted for staff, including staff by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S.<br><br>This Statute or Rule is not met as evidenced by:<br>DEFICIENCY REMAINED UNCORRECTED<br><br>Based on observations, record reviews and interviews, the facility failed to ensure 1 of 6 sampled staff submitted a written statement from a health care provider documenting freedom from communicable . . . . . within 30 days of hire (P) and failed to ensure staff were qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience by allowing an unlicensed staff member to administer a medication to 1 of 6 sampled residents (#37).<br><br>Findings:<br><br>1. Review of staff P's personnel record revealed a hire date of . The record did not contain a written statement from a health care provider documenting that staff P was free from communicable . . . . . .<br><br>On at 3 p.m., the administrator confirmed the finding and was unable to provide additional | {A 078} | | |

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| {A 078} | Continued From page 12<br><br>documentation.<br><br>2. Observations made during a medication pass for resident #37 on at 1:50 p.m. revealed unlicensed staff P sanitized her then unlocked the med cart. She removed a med package, sanitized her then locked the cart. She took the package to the resident's room. The resident was lying in bed with her closed. Staff P donned gloves then said the name of the resident, who opened her . Staff P said, "this is your 2 o'clock pill; your ." Staff P raised the of the bed. She poured the pill into the resident's then verbally instructed the resident to take it. Despite staff P repeating the instructions three times, the resident never put the pill into her . Staff P then put the pill onto a spoon, placed the spoon into the resident's then instructed the resident to take the med. The resident did not lift the spoon to her . Staff P removed the spoon from the resident's then staff P spooned the pill into the resident's , which was medication administration, and a task staff P was not qualified to do. Staff P then said to the surveyor, "sometimes she can do it and sometimes she cannot."<br><br>At the conclusion of the med pass, the findings were discussed with staff P, who confirmed she administered the medication.<br><br>Class III | {A 078} | | |
| {CZ821} | 59A-35.110 FAC Reporting Requirements; Electronic Submission<br><br>59A-35.110 Reporting Requirements; Electronic Submission. | {CZ821} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | AL11953542 | A. BUILDING: _____ B. WING _____ | R-C 02/24/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PALMS OF LONGWOOD (THE) | 480 EAST CHURCH AVENUE LONGWOOD, FL 32750 |

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|---|---|---|---|---|
| {CZ821} | Continued From page 13<br><br>(1) During the two year licensure period, any change or expiration of any information that is required to be reported under Chapter 408, Part II, F.S., or authorizing statutes for the provider type as specified in Section 408.803(3), F.S., during the license application process must be reported to the Agency within 21 days of occurrence of the change, including:<br>(a) Insurance coverage renewal;<br>(b) Bond renewal;<br>(c) Change of administrator or the similarly titled person who is responsible for the day-to-day operation of the provider;<br>(d) Annual sanitation inspections;<br>(e) Fire inspections; and,<br>(f) Approval of revisions to emergency management plans.<br><br>(2) Electronic submission of information.<br>(a) The following required information must be submitted electronically through the Agency's Single Sign On Portal located at https://apps.ahca.myflorida.com/SingleSignOnPortal:<br>1. Nursing homes:<br>Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 400.147, F.S. on Nursing Home Adverse Incident, AHCA Form 3110-0010 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08777, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal. | {CZ821} | | |

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|---|---|---|---|---|
| {CZ821} | Continued From page 14<br>2. Assisted living facilities:<br>Adverse incident reports must be submitted electronically to the Agency within 1 business day after the occurrence of the incident, and within 15 calendar days after the occurrence of the incident as required in section 429.23, F.S., on Assisted Living Facility Adverse Incident, AHCA Form 3180-1025 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08778, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>3. Hospitals:<br>Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Hospital Adverse Incident, AHCA Form 3140-5001 OL, , , which is hereby incorporated by reference and available at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08779, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>4. Ambulatory Surgical Centers:<br>Adverse incident reports must be submitted electronically to the Agency within 15 calendar days after the occurrence of the incident as required in Section 395.0197, F.S., on Ambulatory Surgical Center Adverse Incident, AHCA Form 3140-5004 OL, , , which is hereby incorporated by reference and available | {CZ821} | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| {CZ821} | Continued From page 15<br><br>at: https://www.flrules.org/Gateway/reference.asp?No=Ref-08780, and through the Agency's adverse incident reporting system which can only be accessed through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>5. Hospitals and ambulatory surgical centers must submit annual reports pursuant to Section 395.0197 F.S., electronically to the Agency on Annual Report, AHCA Form 3140-5005 OL, , which is hereby incorporated by reference and available at: http://www.flrules.org/Gateway/reference.asp?No=Ref-12123, and through the Agency's Single Sign On Portal located at: https://apps.ahca.myflorida.com/SingleSignOnPortal.<br>6. For the purposes of this rule, the following applies for submitting adverse incident reports:<br>a. A business day means any day other than a Saturday, Sunday, or legal holiday as designated in Section 110.117, F.S.<br>b. A preliminary (1-Day) report is deemed late when submitted more than 1 business day after the day of the incident.<br>c. Nursing Homes, Hospitals, and Ambulatory Surgical Centers: A full report (15- Day) is deemed late when submitted more than 15 calendar days after the day of the incident.<br>d. Assisted Living Facilities: A full report (15-Day) is deemed late when submitted more than 15 calendar days after the day of the incident or more than 3 business days after the Agency issues the reminder pursuant to Section 429.23(5), F.S., whichever is later.<br>e. Assisted Living Facilities and Nursing Homes that submit reports deemed late may be fined up | {CZ821} | | |

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| {CZ821} | Continued From page 16<br><br>to $50 per day late not to exceed $500.<br><br>(b) The licensee must retain a copy of all documentation generated at time of reporting as confirmation of successful electronic submission.<br><br>(c) If the Agency's Single Sign On Portal or the online adverse incident reporting system is temporarily out of service the licensee may contact the Agency directly at 1(888)419-3456 for assistance. Reporting will resume as soon as online access is restored.<br><br>This Statute or Rule is not met as evidenced by:<br>DEFICIENCY REMAINED UNCORRECTED<br><br>Based on facility documentation and interview, the facility failed to electronically submit a report of a qualifying incident for 3 of 12 sampled residents (# 3, #8, #16) as required.<br><br>Findings:<br><br>As previously cited on and again on , electronic reports for the following incidents below were not submitted to the Agency as required:<br><br>1. a on . which resulted in a and required transfer to the hospital for a higher level of care for resident #3.<br><br>2. a medication error on for resident #8; and<br><br>3. the response of law enforcement and subsequent investigation into an incident involving resident #16. | {CZ821} | | |

Agency for Health Care Administration

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| {CZ821} | Continued From page 17<br><br>On at 10:42 AM, an interview with the Administrator confirmed that no electronic reports had been submitted to the Agency.<br><br>Unclassified | {CZ821} | | |