

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942845	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/23/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SUNRISE ADULT CARE

**4102 COOLEY COURT
LAKE WORTH, FL 33461**

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A 000	Initial Comments An unannounced licensure Complaint survey (#2022002594) was conducted on _____ through _____ at Sunrise Adult Care. The facility had a deficiency identified unrelated to the Complaint (#2022002594) at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28() FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; _____, Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida _____ Hotline, 1(800)96- _____ or 1(800)962-2873. The telephone numbers must be posted in close	A 030		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 030	Continued From page 1 proximity to a telephone accessible by residents and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and ; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical . (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible	A 030			

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A 030	Continued From page 2 telephone on each floor of each building where residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from _____ and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the	A 030			

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A 030	Continued From page 3 facility to provide safekeeping for funds as provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making . . . for health care services, the provision of or arrangement of transportation to health care . . . , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally . . . , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care	A 030		

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A 030	Continued From page 4 Ombudsman Program for assistance with relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction. (1) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without _____, interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups. (2) The administrator of a facility shall ensure that a written notice of the rights, _____, and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder _____ Hotline operated by the Department of Children and Families, and, if applicable, _____, Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for	A 030			

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A 030	Continued From page 5 exercising any other resident right. The facility must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and _____, Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated _____ or _____ under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on interviews, observation, and records review, the facility failed to honor 2 of 6 residents' rights to exercise their freedom to pursue their highest possible level of independence, autonomy, and interaction within the community (Resident #1 & Resident #2). The facility also failed to assist 1 of 6 sampled residents (Resident #1) with obtaining access to adequate and appropriate health care (Healthcare Provider of	A 030		

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A 030	Continued From page 6 their own choice) . The findings included: a) On _____, at 12:02 PM, Resident #1 reports that he has been living at this facility for about five months. He says that he needs assistance to go to the dentist, see an _____ doctor and a _____ doctor. He reports that he has been asking for assistance for five months. He reports that the Administrator gave him a provider book and told him to schedule his _____. He says that he tried, but everyone he called told him that they do not accept his insurance. He was very frustrated. Resident #1 indicated that his glasses are not good, he showed his front and they looked severely damaged. Resident #1 affirmed that the _____, that he takes caused the damage. He also stated that he has _____ and that this situation places him under a lot of stress and makes him irritable. Resident #1 also reported that he is not allowed to go anywhere, even to visit his friends who live not too far from the facility. He complained that the employees of the facility come and go as they please, but they are not allowed to go anywhere, under the pretense of bringing COVID-19 to the facility and causing an _____ outbreak. He adamantly stipulated that this is a violation of his right. He added that he used to do gardening in the backyard of the facility, but he lost continued interest in that activity to the point that the garden is now 'dying'. He said that he complained to the Administrator about the situation countless of times. In addition, he stated that when the Administrator takes them out to shop, he only allocates one hour for them to do so. As a result, they must rush to get what they want.	A 030			

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A 030	Continued From page 7 Review of Resident #1's health assessment (AHCA form 1823) dated _____ revealed the following diagnoses: _____ with _____ and _____. Resident #1 has no physical or sensory limitations, he requires no assistance for his activities of daily living, he is independent. Review of his Residency Contract revealed that Resident #1 will receive assistance with arrangement for medical _____ and will be provided social activities (p.2). Review of the facility's House Rules and Regulations dated _____ revealed that the residents has been given "the _____ Control Policy" with instructions on proper _____ washing to prevent the spread _____. Item listed as Number 11 of the rules stipulates that "If the resident should leave the grounds, he/she must notify the Administrator and must also sign the resident's log, (on departure and arrival). There is no indication that Residents are not allowed to leave the facility in relation to the current pandemic and _____ control protocol. Observation conducted at the facility on _____ from 8:45 AM to 3:00 PM supported the fact that Resident #1 spent most of his time in the patio and in the enclosed backyard smoking. He was not involved or engaged in any formal activities. b) During an interview with Resident #2, on _____ at 2:10 PM, he complained that they are not allowed to go out to the community without supervision. Resident #2 reported that even though he currently cannot go out due to his current health status, he believes that it is wrong to be restricted from going independently out of the facility, to the community. Resident #2 also voiced concerns that one of his medications was	A 030		

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A 030	Continued From page 8 discontinued against his will and he needs that medication in order to properly function. He said that he will contact his Physician to get this situation rectified. Review of Resident #2's health assessment (AHCA form 1823) dated reveals that he is diagnosed with He is alert and oriented. He is independent and has no sensory and physical limitations. He is independent for all activities of daily living. He was admitted to the facility on During multiple interviews with the Administrator respectively on at 1:05 PM, on at 3:30 PM, and on at 9:53 AM, he informed and confirmed Resident #1 did request his assistance to find an ophthalmologist, doctor, and urologist. He tried helping him to the best of his ability, he said. However, the Administrator stated that Resident #1 is able to schedule his own The Administrator could not provide the timeframe during which he has been helping the resident schedule these He informed that Resident #1's Case Manager has also tried helping Resident #1 to schedule his medical Yet, he did not know whether Resident #1 was able to secure any of those Furthermore, the Administrator sounded confident that preventing the residents to go out in the community as they wished to, was in their best interest in an attempt to prevent the spread of an He indicated nevertheless that he did not have a policy to that effect, and one was not provided when requested. Class III	A 030		

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