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
	AL11969122	A. BUILDING: _____ B. WING _____	04/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT DANIA BEACH	150 STIRLING RD DANIA BEACH, FL 33004

(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 survey (#2021017291, #2021017553 and #2022004582) was conducted from to at The Residence at Dania Beach. The facility had deficiencies identified related to the Complaints (#2021017291, #2021017553 and #2022004582) at the time of the survey.	A 000		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 . . 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours.	A 079		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 079	Continued From page 1 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours when residents are on the premises, a staff member who is at least [illegible] must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement.	A 079		

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A 079	Continued From page 2 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives. (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any	A 079		

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A 079	Continued From page 3 determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure there was enough staff to provide adequate supervision to	A 079		

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A 079	Continued From page 4 meet the resident care and service needs for 3 out of 8 sampled residents (Residents #2, Resident #3 and Resident #4). The findings included: Review of the facility's "Resident Supervision/Assistance with ADLs" policy and procedures dated , revealed that the facility "Must provide care and services appropriate to the needs of residents" and "Must offer personal supervision and assistance with activities of daily living as appropriate for each resident." Further review of this document revealed that the facility staff must have "Awareness of the general health, safety, and physical and emotional well-being of the resident". Review of the facility's 2021 Fire Safety Plan documented on page 15, the 24-hour direct resident care staffing coverage was described to have 8 caregivers for each of the 7:00 AM to 3:00 PM and 3:00 PM to 11:00 PM shifts and 5 caregivers for the 11:00 PM to 7:00 AM shift at all times. Further review of this Fire Safety Plan documented that at the time of its creation, there were 97 residents in the facility and the plan was submitted for its annual approval period to the local Emergency Management agency in . Review of the facility's resident census on documented there were a total of 148 residents in the facility, with 32 residents in the Memory Care Unit (MCU) in the 500-wing. Review of the facility's floor plan revealed that the facility's 100 (West), 200 (South), 300 (East) and 400 (East) wings had approximately 80 resident bedrooms and the access controlled MCU, which was identified as the 500 wing (North), had	A 079		

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A 079	Continued From page 5 approximately 25 resident rooms with each room having capacity for up to 2 residents. Further review of this floor plan revealed that the facility occupied a full square in area, with the following roadways at its perimeter: Stirling Road to the south, SW 1 Court to the east, SW 2 Avenue to the west and SW 1 Street to the north. Review of the facility's property appraiser's data revealed that the facility's adjusted building square footage was 62,906 square in interior area. In an interview conducted with Resident #2 on at 11:10 AM, she stated she lived in the facility's MCU since and she relied on the staff for her medication assistance. She stated she received medications for her and skin condition, and a few days ago at about 10:00 PM, she needed some medication because her skin was itching and she looked for a Caregiver in the MCU for several minutes but no one was around. She stated that this same evening, she went to the MCU nursing station, but there was no staff around, so she went to her room and waited until the morning to receive her skin medication. Review of Resident #2's Medication Observation Record (MOR) for documented that the resident received assistance with self-administration of daily medications and was diagnosed with , and pruritus (itchy skin). Further review of this MOR revealed that the resident received 1 50 milligram capsule by as needed for her on at 7:29 AM, at 7:33 AM, at 7:42 AM, at 7:40 AM, at 7:58 AM, at 8:09 AM, at 7:39 AM and on at 7:38	A 079		

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A 079	Continued From page 6 AM. Of note, the medication was only administered on the day shift with no evening or night time doses provided. In an interview conducted with the county Fire Rescue Division Chief on at 12:35 PM, he stated the county's Emergency Medical Service ( ) staff was at the facility on at around 12:00 AM and while the staff were looking for a resident to render emergency services to, the staff encountered 1 facility staff member at the reception area and 1 other staff member in the MCU area. He stated the staff did not see any facility staff member in the standard care side of the facility (100, 200, 300 and 400 wings) and this was concerning because he was aware the facility was supposed to have at least 5 staff members during this shift. He stated the facility's current Fire Safety Plan, which was submitted and approved by the local emergency management agency in , documented the facility was to staff the standard care side and the MCU with 5 caregivers during the 11:00 PM to 7:00 AM shift at all times. In an observation conducted on at 4:35 PM, the county's Fire Rescue Captain knocked on the facility's front door and was granted access by the receptionist, and he advised the receptionist that Resident #3, who was waiting for the staff outside the front door, was going to be taken to the hospital. In an interview conducted with the county Fire Rescue Captain on at 4:40 PM, he stated staff usually came to the facility on a daily basis, sometimes 3 times per day, to respond to resident medical concerns. He stated that sometimes residents needed to be relocated	A 079		

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A 079	Continued From page 7 to the hospital but more often than not, the resident concerns were for lack of general personal care in the facility. In an interview conducted with Resident #3 on at 4:45 PM, she stated she lived in the facility for about 5 months and she did not like living here. She stated about an hour ago she went into the nursing station in the 200 wing to tell a Caregiver that she felt and had extreme , , but the Caregiver did not offer her assistance or any medications. She stated she then proceeded to go to the reception area to use the telephone and call 911 so she could be taken to the hospital for her and , . Review of Resident #3's undated Health Assessment documented diagnoses to include , , , , , and she needed assistance with her medications. Review of this Health Assessment documented the resident was independent with all of her activities of daily living (ADLs) and page 3 documented the resident did not need help taking her medications. Further review of this Health Assessment documented the resident was prescribed 24 individual medications. Review of the resident's record with a Physician's Order dated , documented the resident was able to self-administer her medications and to contact the physician with questions. In an observation conducted on at 6:55 PM, Resident #4 was heard stumbling inside her bathroom (#) and she then yelled out for assistance. In an observation conducted at this time, there were no visible facility staff members in the 200-wing hallway and Caregiver Staff A was located approximately 150 away from the	A 079		

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A 079	Continued From page 8	A 079		

200-wing in the 100-wing hallway. In an observation conducted on at 7:00 PM, Resident #5 went inside Resident #4's bathroom to assist Resident #4, who was on the floor next to the toilet, and Caregiver Staff A arrived a few minutes later to assist Resident #4 up from the floor.

In an interview conducted with Resident #5 on at 7:15 PM, he stated he was used to having to respond to Resident #4's calls for assistance because there was usually no facility staff readily available to assist the residents in the evening and night hours. He stated since his room was right across the hallway from Resident #4's room and he usually passed time outside his bedroom door, he was able to hear whenever Resident #4 called out for help.

In an interview conducted with Resident #4 on at 7:45 PM, she stated that although she did not injure herself earlier when she while going to the toilet, she was not steady doing it. She stated she usually yelled out before needing assistance to go to the bathroom, but since the facility was so large, the Caregivers cannot hear her.

Review of Resident #4's Health Assessment dated documented diagnoses to include with precautions. Further review of this Health Assessment documented the resident needed assistance with her ADLs including ambulation, transfers and toileting.

In an interview conducted with the Administrator on at 8:10 PM, she stated Resident #4 required assistance to go to the bathroom and

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A 079	Continued From page 9 this was a service that must be arranged by the facility Caregivers to prevent the resident from doing it herself or for her to ask another resident to assist her with this. In an interview conducted with the Administrator on . . . . at 8:45 PM, she stated the facility usually scheduled 6 Caregivers (4 in the standard care side and 2 in the MCU) for the 3:00 PM to 11:00 PM shift and 3 caregivers (2 in the standard care side and 1 in the MCU) for the 11:00 PM to 7:00 AM shift. She stated the facility's Fire Safety Plan staffing pattern was likely for when the facility was at capacity of 200 residents. In an interview conducted with Caregiver Staff K on at 2:50 PM, she stated Resident #3 returned to the facility from the hospital yesterday and she managed her own medications and her Physician provided an order for this a few months ago. She stated the resident presently was not capable of managing her own medications because she was not mentally stable, but she has not mentioned this to the resident's Physician or to the Administrator. In an interview conducted with the Administrator on at 3:05 PM, she stated she did not know when Resident #3's Health Assessment was dated and that the facility allowed her to self-administer her own medications as per the Physician Order. She stated the facility did not monitor the resident's self-administration of her medications. She stated that considering Resident #3's recent change in condition and conflicting medication assistance information on her health assessment, the facility must contact the resident's Physician to obtain new orders to adequately manage her daily medications.	A 079		

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A 079	Continued From page 10 Review of the facility's work schedule reflected there were 5 Caregivers (Staff F, B, A, E and I) scheduled to work in the facility on [redacted] from 3:00 PM to 11:00 PM and 3 Caregivers (Staff C, G and O) were scheduled to work in the facility on [redacted] from 11:00 PM to 7:00 AM on [redacted]. Review of the facility's current Fire Safety Plan, which was submitted and approved by the local Emergency Management agency in [redacted], documented the facility was to staff the standard care side and the MCU with 8 Caregivers during the 3:00 PM to 11:00 PM shift and 5 Caregivers from the 11:00 PM to 7:00 AM shift at all times. Review of the facility's employee time card report reflected that there were 6 Caregivers who worked on [redacted] during the 3:00 PM to 11:00 PM shift and 2 Caregivers who worked on [redacted] during the 11:00 PM to 7:00 AM (on [redacted]) shift. Further review of this time card report revealed that Caregiver Staff A was on [redacted] from 3:05 PM to 10:00 PM; Caregiver Staff L was on [redacted] from 3:18 PM to 10:58 PM; Caregiver Staff E was on [redacted] from 3:03 PM to 10:58 PM; Caregiver Staff M was on [redacted] from 3:13 PM to 10:53 PM; Caregiver Staff N was on [redacted] from 3:16 PM to 10:16 PM; Caregiver Staff I was on [redacted] from 3:39 PM to 12:20 AM (on [redacted]); Caregiver Staff C was on [redacted] from 11:01 PM to 7:10 AM (on [redacted]) and Caregiver Staff O was on [redacted] from 12:22 AM to 7:42 AM. (Photographic evidence was obtained). Class III	A 079		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other	A 152		

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A 152	Continued From page 11 (3) OTHER REQUIREMENTS. (a) All facilities must: 1. Provide a safe living environment pursuant to section 429.28(1)(a), F.S.; 2. Be maintained free of hazards; and, 3. Ensure that all existing architectural, mechanical, electrical and structural systems, and appurtenances are maintained in good working order. (b) Pursuant to section 429.27, F.S., residents must be given the option of using their own belongings as space permits. When the facility supplies the furnishings, each resident bedroom or sleeping area must have at least the following furnishings: 1. A clean, comfortable bed with a mattress no less than 36 inches wide and 72 inches long, with the top surface of the mattress at a comfortable to ensure easy access by the resident, 2. A closet or wardrobe space for hanging clothes, 3. A dresser, or other furniture designed for storage of clothing or personal effects, 4. A table or nightstand, bedside lamp or floor lamp, and waste basket; and, 5. A comfortable chair, if requested. (c) The facility must maintain master or duplicate keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside commodes must be provided with privacy during use. (e) Facilities must make available linens and personal laundry services for residents who require such services. Linens provided by a facility must be free of tears, stains and must not be . This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility	A 152		

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A 152	Continued From page 12 failed to provide a safe, clean and decent living environment to its residents. The findings included: In an interview conducted with Resident #7 on [illegible] at 11:30 AM, she stated that her bedroom and bathroom had several areas which needed repair. In an observation conducted on at 11:45 AM in resident # , the bathroom sink did not have a sink stopper and the floor was soiled with black stains. Further observation inside this resident room, the wall inside the closet had removed dry wall which exposed the interior of this wall and the base boards were detaching from the wall in several areas. (Photographic evidence was obtained). In an observation conducted on [illegible] at 5:30 PM in resident # , the base board near the closet was detaching from the wall. (Photographic evidence was obtained). In an observation conducted on at 6:30 PM in the patio area outside the main activity room, there was a supplemental [illegible] tank next to the perimeter fence of the facility property. In an interview conducted with the Administrator at this time, she stated that she did not know who that [illegible] tank belonged to and that it must be stored in the outside patio. (Photographic evidence was obtained). In an observation conducted on at 5:30 PM in the facility's Memory Care Unit (MCU), it was noted the south and north doors leading to the exterior fenced areas of the MCU did not have an alarm or mechanism to prevent immediate opening and/or to notify facility staff that these doors may be opened by any person	A 152		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT DANIA BEACH	150 STIRLING RD DANIA BEACH, FL 33004

(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 152	Continued From page 13 inside the MCU. (Photographic evidence was obtained). Class III	A 152		