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
	AL11953207	A. BUILDING: _____ B. WING _____	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW	145 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401

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A 000	Initial Comments AMENDED REPORT An unannounced Relicensure with Limited Nursing Services (LNS), Complaint (#2021014261) and Generator Monitoring survey was conducted on [redacted] through [redacted] at Fountainview. The facility had deficiencies identified related to the Relicensure with LNS 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 [redacted] or [redacted] or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such [redacted] or [redacted]. 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 [redacted] 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 Resident Care Standards. An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility.	A 025		

AHCA Form 3020-0001

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

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A 025	Continued From page 1 (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, 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 observations, interview, and record review, it was determined that the facility failed to provide care and services appropriate (including monitoring and supervising) to each resident based on their diagnosis and physician orders, for 3 out 4 sampled resident records reviewed (Resident #12, #9, #8). The findings Included:	A 025		

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A 025	Continued From page 2 a) Based on observations of Resident # 12 on at 11:32 AM, it was observed that the resident was frail, looking, weak, and lying on the couch in the living room portion of the room. Resident #12 stated she was tired. On at 11:48 AM, this surveyor observed Staff A, Certified Nursing Assistant (CNA) bring a bag inside the room that contained food carry-out container, she placed it on the kitchen counter, outside of the view of the resident. She informed the resident that her lunch was there and then proceeded to leave the room. Staff A didn't make any effort to encourage or plate the resident's food. Upon exiting the resident's room, two (2) signs (undated) were noted to be taped on the kitchen cabinet. Sign #1 showed the following: Please assist (Resident #12) with the following. 1. Mom needs help reaching staff and says dialing 0 or pushing the pendant doesn't work. 2. When staff come in to check on her, could they please ask her if she needs help on using the phone, the tv remove, or how to use the pendant routinely. 3. Mom can shower, get out of bed and get dressed herself. She really needs help in plating her breakfast and dinner when delivered and ensure the dishes are washed. 4. Mom needs help placing dirty laundry in the basket and can staff please help her laundry away as she can't lift it to put on the bed. 5. For the forcible future, please have Mom's dinner delivered to her apartment as she is not ready to come down yet. Please ensure that (Resident #12) is getting the above items done. Sign#2 showed the following: Please help her with the following items.	A 025		

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A 025	Continued From page 3 1. Assist her with making calls. Remind and show her how it's down and assist her with dialing numbers. 2. Please encourage resident to go to the dining room for meals. (Escort her to meals). Also, if she is receiving room sercie please set her up before leaving. 3. Assist her with the television. 4. Remind her to use the lifeline button for assistance also remind her that she is calling the staff not 911. During a confidential interviews on . . . . . at 12 PM with Staff that provide care to Resident #12, it was revealed that none of them had reviewed the sign or checked her pendant to ensure it was working properly. Upon checking the pendant at this time by the Executive Assistant Director and the Nurse, it was revealed that the pendant was not working. Further investigation by staff revealed they were unable to determine how long the pendant had been inactive and they were not able to fix it; resident received a new pendant after surveyor intervention. On at 2:34 PM, this surveyor observed Resident #12's room and there was no food in the room. This surveyor questioned the resident if she had eaten lunch. The resident stated that she was not sure if she had eaten or not. She thinks someone took the food away. On at 2:47 PM an interview was conducted with Staff A, Certified Nursing Assistant. She stated that the resident ate some of the food. She ate about 75% of the food. She stated she observed food on the resident's plate. She stated that the resident does not need help with eating. She stated that when the resident is	A 025		

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A 025	Continued From page 4 not herself, she will help warm up her coffee and put the food on the plate for her. She stated most of the time she does it herself. On . . . . . at 12:47 PM, an interview was conducted with the resident's son. He stated that his mother prefers that the food is plated for her in order for her to eat. He stated mom will not eat if the meal is not placed on the plate. She stated that the family had placed the signs on the cabinet to remind the staff. On . . . . . , Resident #12 was observed at approximately 8:30 AM, in her room on laying on the couch. Further observations revealed her food was in takeout containers tied up in a bag on the kitchen counter, with her room # on the bag. The resident had not eaten her morning meal, neither had the staff prepared the meal for her to consume. On at 9:05 AM, an interview was conducted with the resident's Hospice Certified Nursing Assistant. She stated that the resident's 8:00 AM meal had not been plated upon her arrival. She stated that if the food is not plated for the resident she will not eat. She also stated that the resident needs to be encouraged to eat and drink, otherwise she will not eat or drink. She stated the facility staff are aware of this requirement; however, if she doesn't come in it will not be done. She stated, she comes in the morning but no assigned specific days, she is usually assigned 2 to 3 days a week. Record review was conducted for the resident's file. The facility's care plan for the resident with special instructions was observed with no signature and date. Under the section Activities of Daily Living (ADL): Dining and Eating Date	A 025		

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A 025	Continued From page 5 initiated: ... ... it stated that the resident needs verbal ques and reminders to attend meals. The resident also needs assistance with opening containers and packets. Further review of the plan showed special instructions as the following. Resident is very forgetful. Please make sure to place her meals on a plate and warm it up. Also, make up her bed before 10:30 daily. Encourage fluids, Please make sure that when you go into the resident's room for anything that you and the resident sign the log. Resident is on Hospice services. Further review of the resident's ... record over the past six months revealed the resident had a ... loss of over . During an interview with the Director of Clinical Services on ..., Resident #12's Care Plan and Hospice Care Plan was discussed. It was revealed both documents showed the resident required special instructions for eating (including set-up, prompting, and queuing). The facility was requested to provide documentation that staff were ensuring that these steps were being implemented for each meal. The facility provided an ADL sheet for Resident #12 however, the sheet didn't address these special needs neither did it identify staff were complying with these orders. It was also discussed with the Director of Clinical Services, that Resident #12 was observed eating her entire meals on and , after surveyor intervention regarding this matter. She agreed that the facility needs to implement a plan to ensure staff comply. b) On ... at 09:14AM a tour was conducted an observation was made of Resident #9's room/apartment. Upon entering the room by the surveyor, a strong foul smell was detected	A 025		

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A 025	Continued From page 6 within the apartment. Further observations revealed feces droppings and smears throughout the room. Evidence of feces was seen on the bedding of the bed, several places on the carpet, bathroom floor (large amounts throughout), the white shower curtain, on top of the toilet seat and all around the base toilet. . . .. at 09:25AM, this surveyor immediately notified Staff A (Med Tech) of the uncleanliness of Resident #9's room. Staff A (Med Tech) stated that Resident #9 apartment always has feces all over her apartment. She further stated that the supervisors are aware of it. Staff A made no attempts to correct this problem. She stated she will notify housekeeping. On at 09:33AM interview with Staff C (Med Tech) revealed that Resident #9's room is always like this (dirty with feces) and that the Managers are aware. She stated, she has had feces all over the wall and floors and that her apartment is always getting deep clean due to the feces all over the place. On at 10:00AM, an interview was conducted with the Staff K (Housekeeping Manager). He came to Resident#9's room and made observations of the condition of the room and the feces throughout. He stated that Resident # 9's room is cleaned every Tuesday, only. He took photos of the room and stated he would have it clean. He further stated that it is the Nursing department responsibility to monitor and clean Resident #9's room/apartment the other days of the week and put in request to have it clean. He further stated that he has not received any request from any staff that the room need additional cleaning.	A 025		

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A 025	Continued From page 7 A review of Resident #9's Healthcare Assessment form (AHCA form 1823) dated revealed the resident has a diagnosis of , , , and . Physical/Sensory limitations noted as generalized with periods of forgetfulness. Resident is also noted as a risk. Further review of the form revealed the resident requires Assistance with all Activities of Daily Living, except with transferring and ambulation requires supervision and independent with eating. The form also notes the resident requires assistance with toileting due to and to ensure adequate hygiene. A review on of Resident #9 Service Care Plan under the ADL needs housekeeping initiated on /2021indicated the following. The goal section revealed that the bed will be made daily, my bathroom and unit will need additional housekeeping services due to my . Under the ADL Needs: Bathing it states that the caregivers will observe for any changes in my ability to participate in my care and report it any changes in ADL function/needs to the nurse coordinator. On , a review of the facility's Resident Services Level of Care Program Review for Resident #9 dated revealed that she scored 6 points under the Management section that she is dependent on staff for all management needs: assistance every hours. Per the Clinical Director this was the most recent assessment. Further review of section Wellness Services, shows that the staff will monitor my wellness needs, and interventions. Resident #9 requires monthly health services and support from nursing. Also observed on the bottom of the form there is a space for staff to sign and date and it	A 025		

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A 025	Continued From page 8 was left blank. The total score was noted as 25 (Level 2), upon questioning of the Clinical Director regarding a legend or guide to validate is score meaning. She stated the facility didn't have anything to full identify the Custom Level more in detail. She agreed that no new Care Plan had been established. On . . . . . at 11:00AM an interview was conducted with Staff I (Clinical Director), she stated that the facility nursing staff that provide care to Resident #9 is responsible for reviewing, signing and following the care needs documented on Resident #9. Staff I (Clinical Director) provided the current care plan log, and it was observed with no signatures from the nursing staff acknowledging that they are aware of the care that needs to be provided by the staff to Resident #9. On . . . . . at 1:00PM, a phone interview was conducted with Resident #9's son, the following was revealed. He stated that he had spoken to management regarding Resident #9's room not being clean and even offering to pay extra to have it clean more often. He stated he was told he is not the Power of Attorney and could not make those changes. During an interview on at 10:00AM with Staff I (Clinical Director), she stated that after speaking with several of the staff on after the surveyor intervention. She further stated that Resident #9 was seen by the physician for her bathroom issues and concerns. She also stated that Resident #9 had terminated the physician. Staff I (Clinical Director) further stated that she is aware that this was not documented in the resident #9 file and that the son was not made aware due to him not being her Power of	A 025		

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A 025	Continued From page 9 Attorney. She further stated that she will have the resident #9 room clean more often. Review of Resident #9's progress notes also revealed no documentation of the behavioral changes. This was discussed with Staff I. Staff I (Clinical Director) acknowledged that the facility staff are not documenting concerns in the facility`s progress notes or following through with the Plan of Care Services for Resident #9 current needs. She acknowledged the findings and provided no further documentation. c) Review of Resident #8's Health Assessment (AHCA form 1823) dated revealed the resident suffers from . The status noted as forgetful. Physical or sensory limitations noted a non-ambulatory balance disturbance, special precautions noted as precautions. Nursing/Treatment noted as Psych. Further review of the form revealed the resident is noted to be independent with all Activities of Daily Living, except for transferring in which the resident is noted as supervision. Review of the facility's Incident Report Log revealed that Resident #8 has had 21 from to documented. Further review of each incident report failed to indicate an effective solution and/or steps to prevent reoccurrence. Neither did the facility have any documentation of additional assessments after each to determine the cause of the increase levels for the resident. Review of Resident #8's progress notes revealed no evidence or documentation of invention steps	A 025		

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A 025	Continued From page 10 implemented by the facility regarding assessment for the individual . Neither did the notes reveal the evaluation of the resident's condition and the significant. During an interview with Staff C (Med Tech) on ..... at 10:10AM revealed that she provides care for Resident #8 with showers three times a week. She further stated that Resident # 8 has had a lot of and that she is a two person assist. On ..... at 11:34AM, an interview was conducted with Resident #8 she was observed sitting on the couch in the living room of her apartment. Observed a white pole from the celling to the floor she stated that she uses this to get transfer from wheelchair to the couch. She further stated she has had a lot of on the floor due to her accident she had as a child. Resident#8 stated that I am not young anymore and getting old and my body isn't the same, and that I transfer by myself from my bed to wheelchair and to my motorized scooter. On at 11:15AM an interview was conducted with the Regional Nurse in regarding to Resident #8's increased volume. She stated she was not aware of all the that Resident #8 has had. It was also revealed that the facility staff has not completed and followed the Policy and documenting and completing the task and making the referrals. The Regional Nurse agreed and provided no further documentation. Class III	A 025		

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A 078	Continued From page 11	A 078		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (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 break in service from one facility to another when the facility is under the same management or ownership. 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 . 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 . (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	A 078		

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A 078	Continued From page 12 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. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (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 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. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (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. This Statute or Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 1of 7 staff submitted a written statement from a Health Care Provider documenting that the individual does not have any signs or symptoms of communicable . . . . . ( ) within 30 days after employment (Director Clinical Services/LNS Coordinator); and 1 of 7 current staff provided written documentation of a negative examination on an annual basis 2021 (Director of Clinical Services/LNS Coordinator)	A 078		

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A 078	Continued From page 13 The findings included: On . . . . . , during employee record review of the Director of Clinical Services/LNS Coordinator whose hire date is . . . . . , no written statements from Health Care provider documenting freedom from communicable including could not be found in Director of Clinical Services/LNS Coordinator (Staff I) employment records. On at 1:10PM, The Director of Clinical Services /LNS Coordinator was notified of the missing documents, and she was given the opportunity to locate the documentation. She acknowledged the findings and provided no additional documentation for review. Class	A 078		
AN277	59A-36.022(2) FAC LNS - Resident Care Standards (2) RESIDENT CARE STANDARDS. (a) A resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria specified in Rule 59A-36.006, F.A.C. (b) In accordance with Rule 59A-36.010, F.A.C., the facility must employ sufficient and qualified staff to meet the needs of residents requiring limited nursing services based on the number of such residents and the type of nursing service to be provided. (c) Limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file.	AN277		

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	AL11953207	A. BUILDING: _____ B. WING _____	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOUNTAINVIEW	145 EXECUTIVE CENTER DRIVE WEST PALM BEACH, FL 33401

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AN277	Continued From page 14 (d) Facilities licensed to provide limited nursing services must employ or contract with a nurse(s) who must be available to provide such services as needed by residents. The facility's employed or . . . . . nurse must coordinate with third party nursing services providers to ensure resident care is provided in a safe and consistent manner. The facility must maintain documentation of the qualifications of nurses providing limited nursing services in the facility's personnel files. (e) The facility must ensure that nursing services are conducted and supervised in accordance with Chapter 464, F.S., and the prevailing standard of practice in the nursing community. This Statute or Rule is not met as evidenced by: Based on observation, record review, interview, the following was determined: 1) the facility failed to ensure that it obtained and maintained a physician's order on file for Limited nursing services (LNS), for 2 of 2 residents observed (Resident #16 and Resident #17) . 2) the facility failed to ensure 1 of 1 residents was included as a recipient of Limited Nursing Services (LNS); as evident by the facility Licensed Nurse providing care to the resident's . The findings included: 1) A side-by-side record review was conducted of the physician orders dated . . . . . by the resident's primary care physician (PCP) for Resident #16 which read: "Resident rubbed left against electric wheelchair causing a . . . . . Can we have order for Home Health ...Home Health nurse to evaluate and treat. Medical Doctor (M.D.) will see tomorrow." The physician order dated by the (PCP) for	AN277		

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AN277	Continued From page 15 Resident #17 read: " , Care as needed." Resident #16 was admitted to the facility on with diagnoses which included with two (2) days per week, right Below- (BKA). Resident #17 was admitted to the facility on ; start date for (LNS) services of with diagnoses which included Sleep , right lower quadrant (with recent /staples removed), and ( ). There was no entry or reference to (LNS) services noted on either of the physician's orders noted above for Resident #16 nor for Resident #17. An interview was conducted on at 3:45 PM with the (LNS)/Registered Nurse (RN), in which she was asked about the physician order dated for Resident #16 and the physician order dated for Resident #17, and she acknowledged that this was the "complete" and final order. However, neither of these two (2) physician's orders contained any entry or reference to/for (LNS) services. Review of Florida Administrative Code 59A-36.022(2)(c) for Resident Care Standards on at 3:55 PM indicated that limited nursing services may only be provided as authorized by a health care practitioner's order, a copy of which must be maintained in the resident's file 2) On at 10:10AM an observation of items on top of Resident #3 Refrigerator which consist of and bandages for her care.	AN277		

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AN277	Continued From page 16 On at 10:10AM an interview was conducted with Resident #3 and it revealed she has two on her and Home Health Services are caring for the . On at 9:50AM an interview with Staff D revealed that Resident #3 was receiving services from the Veteran's Administration (VA). Record review revealed Resident #3 was admitted to the facility on with diagnoses which included ( ), ( ) Sleep , , Unnormal Gait, type and ( ). Further record review revealed that the Home Health Notes indicated that Resident #3 started services on with a diagnosis of Furuncle (Boil) on her upper . On at 11:50 AM an interview was conducted with Director of Clinical Services/(LNS) Coordinator revealed that she was not aware that facility staff were providing any care services to Resident #3; only the (VA). On at 11:54 AM an interview was conducted with Staff B, and she confirmed that she changed Resident #3 bandages a couple of times. Further interview on at 11:54AM with Staff B she confirmed yes I changed the bandages a couple of times for Resident #3 without any orders or communications to Third Party or LNS (Limited Nursing Services) Coordinator. Staff B stated" It's almost cleared up". Review of Florida Administrative Code Rule	AN277		

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AN277	Continued From page 17 59A-36.006 (a) for Resident Care Standards on at 3:55 PM indicated that a resident receiving limited nursing services in a facility holding only a standard and limited nursing services license must meet the admission and continued residency criteria. On at 12 PM interview was conducted with Director of Clinical Services /LNS Coordinator revealed she was unaware that Licensed Staff B was providing services including changing resident bandages and monitoring the status of resident . . . . Director of Clinical Services confirmed Resident #3 should have been placed on LNS services. Class III	AN277		
AN278	59A-36.022(3) FAC; 429.07(3)(c)2, FS LNS - Records 59A-36.022 (3) RECORDS. (a) A record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. (b) Nursing progress notes must be maintained for each resident who receives limited nursing services from facility staff. (c) A nursing assessment conducted at least monthly must be maintained on each resident who receives a limited nursing service. 429.07 (3)(c)2, FS A facility that is licensed to provide limited nursing services shall maintain a written progress report on each person who receives such nursing services from the facility's staff. The report must describe the type, amount, duration, scope, and	AN278		

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AN278	Continued From page 18 outcome of services that are rendered and the general status of the resident's health... This Statute or Rule is not met as evidenced by: Based on record review, interview and review of policy and procedure, it was determined that the facility failed to maintain a current record of residents receiving limited nursing services (LNS) as well as the type of services provided at the facility, for 2 of 2 sampled residents reviewed (Resident #16 and Resident #17). The findings included: During a side-by-side record review conducted on at 11:23 AM in the facility's conference room, of the requested facility (LNS) documents, it was noted that there was no (LNS) log noted amongst the materials provided for (LNS) from the Director of Resident Care Services. During an interview on at 11:35 AM, the Director of Resident Services was asked if there was an "official" log of residents listing/outlining their (LNS) services provided, and she stated to this surveyor, "I can make one for you right now." Subsequently, the Director of Resident Care Services, left the conference room, proceeded to present an (LNS) "log" which only listed the resident names, first/last visits and a start date---for Resident #17 of , but only the "first visit" and "last visit" for Resident #16 as: and 22, respectively. This "log" did not contain the reason for or the type of (LNS) services provided for any of the residents listed. Resident #16 was admitted to the facility on with diagnoses which included with two (2) days per week, right	AN278		

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AN278	Continued From page 19 Below- [redacted] (BKA). Resident #17 was admitted to the facility on [redacted]; start date for (LNS) services of [redacted] with diagnoses which included [redacted] Sleep [redacted], right lower quadrant [redacted] (with recent [redacted] /staples removed), and [redacted]. An interview was conducted on [redacted] at 3:45 PM with Staff I (LNS)/Registered Nurse (RN), in which she also asked about the Resident (LNS) log, she stated that she did not have a copy on her computer, and she added that she believed that the facility should have one somewhere in its files. However, she did not provide one to this surveyor at the time of the "initial" survey day. There was no "official" (LNS) log provided to this (AHCA) surveyor, at the time of the "initial" survey day; one was "put together" by the Resident Care Director, only upon inquiry/request. Therefore, it was determined that the facility failed to maintain a a record of all residents receiving limited nursing services and the type of services provided must be maintained at the facility. Class III	AN278		