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
	AL11969274	A. BUILDING: _____ B. WING _____	06/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SABAL PALMS ASSISTED LIVING AND MEMORY CAR	2125 PALM HARBOR PKWY PALM COAST, FL 32137

(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 A biennial re-licensure and complaint investigation (complaint #2022000275 and #2022002162) was conducted at Sabal Palms Assisted Living and Memory Care on . . . . . . Deficiencies were identified at the time of survey. .	A 000		
A 033 SS=D	59A-36.007(8) PHYSICAL . . (8) PHYSICAL . . . . Residents for whom a physician has prescribed a physical . . . . . must have a written care plan for the use of the physical . . . . . The care plan must be developed within 14 days of the device being prescribed, and prior to use on the resident. (a) The care plan must specify: 1. The device prescribed for use; 2. The maximum amount of time the resident is to have the applied each day; and, 3. In what manner and frequency staff will monitor, observe, and report to the physician any injuries, increase in agitation, signs and symptoms of , , or decline in mobility or function related to the use of the prescribed . (b) Facility staff must ensure that the device is applied appropriately and safely. (c) The resident's physician must review the appropriateness of the continued use of the physical . . . . . annually, and documentation of this review must be maintained in the resident's record. If the resident's ability to independently remove or avoid the device fluctuates, the device must be considered a physical . . . . . and all requirements of this subsection apply. This Statute or Rule is not met as evidenced by:	A 033		

AHCA Form 3020-0001

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

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A 033	Continued From page 1 Based on observations, interview with staff, resident record review and review of the facility's policy and procedure, the facility failed to: (1) Ensure only approved bedrails were used; (2) Bedrails used to keep a resident from leaving the bed were prescribed by a physician; (3) Develop a complete care plan for their use that specified the device used, the amount of time the device is to be used; and, (4). How and when staff will monitor the device's use and ensure safety, for 1 of 1 sampled residents reviewed for [redacted] (Resident 14) out of a total of 15 residents in the sample. The findings include: An observation of Resident #14 on [redacted] at 2:00 pm found her seated at the table with staff and peers in the common area of the unit. Her peers were playing bingo, but Resident #14 was not participating. She did not acknowledge this writer or respond to greetings. Resident #14 had a large deep purple [redacted] around her left [redacted], approximately 5 inches in diameter. There was additional [redacted] around her right [redacted], approximately 2 inches in diameter. Resident #14's visiting family member was interviewed on [redacted] at 3:07 pm. She stated Resident #14 had only been in the facility for two weeks. She confirmed Resident #14 [redacted] and said this was her second [redacted] since admission. At home there were also multiple [redacted]. When asked about what interventions were initiated to prevent future [redacted], she explained Resident #14 had a bed and a chair alarm for her recliner and side rails on her bed. She put them in herself. The bedrail telescopes and when extended, is about ¾ the length of the bed. She does not recall signing anything about using the bedrails. The	A 033		

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A 033	Continued From page 2	A 033		

family member explained Resident #14 was probably not able to make decisions for herself. The family member was accompanied to Resident #14's room, and she showed the equipment and how the bedrail telescopes to approximately ¾ of the way down the length of the bed. The rails were not affixed to the frame of the bed. Instead, they slid in under the mattress. She showed that she had also installed an enabler at the of the bed, explaining that together, the two rails were to prevent Resident #14 from getting out of the bed. Photographic evidence was obtained. When asked if management was aware the rails had been installed on Resident #14's bed, she said when she brought the equipment in, she spoke with Employee A, Marketing Director. Employee A was in communication with the Resident Care Director, so he should also be aware. When asked if the physician had written an order for the rails, she said no, Resident #14 did not use the facility doctor; she still uses her private doctor. She would have him write the order if that is what was needed.

Resident record reviews revealed Resident #14 was admitted on and was . The family member interviewed was listed as the Responsible Party.

Resident #14 had an AHCA Form 1823- Resident Health Assessment that was not dated but had a facsimile stamp with the date from a family medicine practice. Diagnoses include

( ) and tremor. Physical/sensory limitations included gait instability and at risk for . Special precautions also noted Resident #14's risk and memory loss. Photographic evidence was obtained.

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A 033	Continued From page 3 The physician authored a progress note on . . . . . that assessed Resident #14 with and a in the shower resulting in several . . . . Resident is going to memory care. There was no mention of the use of bedrails to prevent Resident #14 from getting out of bed. Resident #14's physician's orders were reviewed, but there was none for the bedrails. Resident #14 had a Service Plan dated for Falling. The goal was to avoid injury from . . . Interventions included encouraging Resident #14 to be seated in areas where he/she can be easily observed by staff. The plan was updated with the goal that Resident #14 will avoid injury from , bed alarm will be on at all times. Interventions included a bed alarm to alert staff when she was moving. Staff will check on the resident when the alarm is sounding. A second similar Service Plan dated was for a bed alarm for safety. The goal was to avoid injury from ; staff will be alerted of resident trying to get out of bed. Interventions were to maintain the alarm at all times when in bed and respond when the alarm goes off. None of the plans addressed the use of bedrails to keep the resident from crawling out of bed. An interview was conducted with the Resident Care Director (RCD) on at 3:30 pm. When asked about Resident #14's bedrails and if there was a physician's order, he pulled up the electronic orders. He confirmed there was not. He explained that on admission, the Memory Care Director likely assessed Resident #14 for her risk. He was not sure if family brought in the bedrails, but she would have been the person to talk to the doctor. After excusing himself	A 033		

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A 033	Continued From page 4 momentarily, he returned and confirmed the rails were brought by family. The regulatory requirements were reviewed with the RCD. He acknowledged the requirement for a physician's order and service plan that addressed the maximum amount of time the resident was to have the device applied each day; what manner and frequency staff would monitor and report to the physician or how staff ensured the device was safe. He stated he did not realize the rail extended. When shown the photograph, he confirmed the device extended past the halfway point of the length of the bed and was not fixed to the frame. Review of facility records found a Protocol (no date) that stated: Policy: 1... (c). Residents determined to be a risk and assessed to have , short term memory loss and/or poor safety awareness are considered "high risk". Additional safety precautions for high risk residents will be utilized. The precautions will include the following: 1) Room near nurse's station, if available; 2) Bed/wheelchair alarm; 3) Private sitter; and 4) Rehabilitation evaluation. Bedrails are not listed in the protocol as a intervention. Photographic evidence was obtained. Review of the policy and procedure Clinical 07 titled "Bed Rails and Enablers" dated states: Policy: The use of bed rails is strongly discouraged ... Half bed rails are only utilized to assist in mobility	A 033		

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A 033	Continued From page 5 and not as a . . . . . , and are only used with specific physician's orders mandating the use, and will require the permission of the Executive Director. Procedure: 1. Whenever a resident is at risk for falling out of bed, a hi-lo bed will be requested with accompanying mats, in lieu of bed rails. 2. Enablers must be mechanically attached to metal frame ... 3. Slide in enablers that do not attach to the bed frame are not permitted. 4. A physician's order will be obtained for all bed rail use. 5. Side rail risks and benefits shall be outlined to the resident and family. 6. Use of rails will be documented in the resident's Service Plan along with instructions for monitoring ... ...9. Full rails are not permitted ... 10. Half bed rails are allowed with a physician's order every 6 months. 11. The use of physical ... must be reviewed by the resident's physician annually. Any device, including half bed rails, which the resident chooses to use and can remove or avoid without assistance, is not considered a physical . . . . . . A photocopy was obtained. Class III .	A 033		
A 162 SS=D	59A-36.015(3) FAC Records - Resident (3) RESIDENT RECORDS. Resident records must be maintained on the premises and include: (a) Resident demographic data as follows:	A 162		

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A 162	Continued From page 6 1. Name, 2. [illegible], 3. Race, 4. Date of birth, 5. Place of birth, if known, 6. Social security number, 7. Medicaid and/or Medicare number, or name of other health insurance [illegible], 8. Name, address, and telephone number of next of kin, legal representative, or individual designated by the resident for notification in case of an emergency; and, 9. Name, address, and telephone number of the health care provider and case manager, if applicable. (b) A copy of the Resident Health Assessment form, AHCA Form 1823 described in rule 59A-36.006, F.A.C. (c) Any orders for medications, nursing services, therapeutic diets, [illegible], or other services to be provided, supervised, or implemented by the facility that require a health care provider's order. (d) Documentation of a resident's refusal of a therapeutic diet pursuant to rule 59A-36.012, F.A.C., if applicable. (e) The resident care record described in paragraph 59A-36.007(1)(e), F.A.C. (f) A [illegible] record that is initiated on admission. Information may be taken from AHCA Form 1823 or the resident's health assessment. Residents receiving assistance with the activities of daily living must have their [illegible] recorded semi-annually. (g) For facilities that will have unlicensed staff assisting the resident with the self-administration of medication, a copy of the written informed consent described in rule 59A-36.006, F.A.C., if such consent is not included in the resident's	A 162		

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A 162	Continued From page 7 contract. (h) For facilities that manage a pill organizer, assist with self-administration of medications or administer medications for a resident, copies of the required medication records maintained pursuant to rule 59A-36.008, F.A.C. (i) A copy of the resident's contract with the facility, including any addendums to the contract as described in rule 59A-36.018, F.A.C. (j) For a facility whose owner, administrator, staff, or representative thereof, serves as an attorney in fact for a resident, a copy of the monthly written statement of any transaction made on behalf of the resident as required in section 429.27, F.S. (k) For any facility that maintains a separate trust fund to receive funds or other property belonging to or due a resident, a copy of the quarterly written statement of funds or other property disbursed as required in section 429.27, F.S. (l) If the resident is an recipient, a copy of the Department of Children and Families form Alternate Care Certification for , ( ), CF-ES 1006, , which is hereby incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04004. The absence of this form will not be the basis for administrative action against a facility if the facility can demonstrate that it has made a good faith effort to obtain the required documentation from the Department of Children and Families. (m) Documentation of the of a health care surrogate, health care proxy, guardian, or the existence of a power of attorney, where applicable. (n) For hospice patients, the interdisciplinary care plan and other documentation that the resident is a hospice patient as required in rule 59A-36.006,	A 162		

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A 162	Continued From page 8 F.A.C. (o) The resident's , DH Form 1896, if applicable. (p) For independent living residents who receive meals and occupy beds included within the licensed capacity of an assisted living facility, but who are not receiving any personal, limited nursing, or extended congregate care services, record keeping may be limited to the following at the discretion of the facility: 1. A log listing the names of residents participating in this arrangement, 2. The resident demographic data required in this paragraph, 3. The health assessment described in rule 59A-36.006, F.A.C., 4. The resident's contract described in rule 59A-36.018, F.A.C.; and, 5. A health care provider's order for a therapeutic diet if such diet is prescribed and the resident participates in the meal plan offered by the facility. (q) Except for resident contracts, which must be retained for 5 years, all resident records must be retained for 2 years following the departure of a resident from the facility unless it is required by contract to retain the records for a longer period of time. Upon request, residents must be provided with a copy of their records upon departure from the facility. (r) Additional resident records requirements for facilities holding a limited mental health, extended congregate care, or limited nursing services license are provided in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review, resident contract review, and interviews, the facility failed to provide	A 162		

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A 162	Continued From page 9 documented informed consents for unlicensed staff to assist with self-administration of medication for 4 of 4 Residents reviewed (Resident #11, #12, #14 and #8). The findings include: 1. A medical record review was conducted for Resident #11 after observing medication assistance. The resident's Agency for Healthcare Administration (AHCA) form 1823-Resident Health Assessment dated revealed she required assistance with self-administration of medications. Further review of the resident's record found no signed consent for unlicensed staff to assist her with the self-administration of medications. 2. A medical record review was conducted for Resident #12. The resident's AHCA form 1823-Resident Health Assessment dated revealed she required assistance with self-administration of medications. Photographic evidence was obtained. Further review of the resident's record found no signed consent for unlicensed staff to assist her with the self-administration of medications. An interview was conducted with Employee A, Sales and Marketing on at 2:30 pm. She reported there is no form in the admission information given to resident noting medications may be given by unlicensed personnel. An interview was conducted with the Executive Director on at 2:45 pm. He reported he is not familiar with the Medication Assistance by unlicensed personnel consent form and	A 162		

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A 162	Continued From page 10 confirmed that is not part of the contract or paperwork given to residents and families. 3. A medical record review for Resident #14 revealed she was admitted on [redacted] and was [redacted]. The resident's AHCA Form 1823-Resident Health Assessment with a facsimile stamp dated [redacted] revealed she required assistance with self-administration of medications. Photographic evidence was obtained. Further review of the resident's record found no signed consent for unlicensed staff to assist her with the self-administration of medications. 4. During an interview with Resident 8 on [redacted] at 12:35 pm, she was asked what level of assistance she required to take her medications. She replied, "I don't need any. They give them to me, and I take it myself." She also reported, she knew what medication she was taking. Record review for Resident #8 found she was admitted on [redacted] and was [redacted]. She had an AHCA Form 1823-Resident Health Assessment dated [redacted] that noted diagnoses of [redacted], and [redacted]. Resident #8 has some forgetfulness and required medication administration. Photographic evidence was obtained. Resident #8 had a Resident Assessment dated [redacted] that noted under Medication Assistance she required "self-directed medication administration. Photographic evidence was obtained.	A 162		

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A 162	Continued From page 11 Further review of the resident's record found no signed consent for unlicensed staff to assist her with the self-administration of medications. An interview was conducted with the Resident Care Director on at 4:35 pm. He stated Resident #8 was capable of placing her own medications in her and the AHCA 1823 was not accurate. A review of the admission contract Attachment 1 noted under medication criteria: If the individual needs assistance with self-administration the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the residents or residents guardian, surrogate or attorney written informed consent to provide such assistance as required under Section 429.256 F. S. Class III .	A 162		
AE210 SS=D	59A-36.011(8) FAC ECC - Training (8) EXTENDED CONGREGATE CARE (ECC) TRAINING. (a) The administrator and ECC supervisor, if different from the administrator, must complete core training and 4 hours of initial training in extended congregate care prior to the facility receiving its ECC license or within 3 months of beginning employment in a currently licensed ECC facility as an administrator or ECC supervisor. Successful completion of the assisted living facility core training shall be a prerequisite	AE210		

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AE210	Continued From page 12 for this training. ECC supervisors who attended the assisted living facility core training prior to [illegible], shall not be required to take the assisted living facility core training competency test. (b) The administrator and the ECC supervisor, if different from the administrator, must complete a minimum of 4 hours of continuing education every two years in topics relating to the physical, [illegible], or social needs of frail elderly and [illegible] persons, or persons with [illegible]'s [illegible] or related [illegible]. (c) All direct care staff providing care to residents in an ECC program must complete at least 2 hours of in-service training, provided by the facility administrator or ECC supervisor, within 6 months of beginning employment in the facility. The training must address ECC concepts and requirements, including statutory and rule requirements, and the delivery of personal care and supportive services in an ECC facility. This Statute or Rule is not met as evidenced by: Based on staff interview and employee review, the facility failed to have the Health Wellness Director (HWD) supervisor of Extended Congregate Care (ECC) complete a minimum of 4 hours of initial training in ECC training and core training. The findings include: During an interview with the HWD on [illegible] at 4:35 pm, he confirmed, he was the supervisor of ECC. When asked if he had completed core training and 4 hours of initial training in ECC, he stated no. When he was asked how long he worked at the facility as HWD, he stated 6 months.	AE210		

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AE210	Continued From page 13 At the time of the exit interview on [redacted] at 6:00 PM, no additional documentation was provided to show ECC supervisor was in compliance with ECC training requirements. Class III .	AE210		