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
	AL11969463	A. BUILDING: _____ B. WING _____	07/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MADYSON AT PALM BEACH GARDENS	13465 PASTEUR BLVD PALM BEACH GARDENS, FL 33418

(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 (#2022009501) was conducted on . . . . . through at The Madyson At Palm Beach Gardens. The facility had deficiencies identified at the time of the survey.	A 000		
A 152	59A-36.014(3) FAC Physical Plant - Safe Living Environ/Other (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	A 152		

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A 152	Continued From page 1 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 observations, interviews, and record review, the facility failed to provide a safe and homelike environment for 61 out of 156 residents residing in the facility, by failing to ensure the air temperature in the facility was maintained at a safe comfortable level, and all mechanical and electrical systems were maintained in good working order. The findings included: On . . . . . at 10:17 AM, a tour of the facility with the Administrator revealed the air conditioning system on the west side of the facility was not functioning, as evidenced by the elevated temperature felt on the second, third, and fourth floor. The facility is shaped like the letter H and the longer two side halls extended north south, while the center hall extended east west. There was no . . . . . system observed on the two long side halls of the facility. There were a couple of fans observed at the center halls in the common area of the second, third and fourth floors. The entrance doors of all the rooms were closed. The Administrator reported that the windows of the facility could not be opened to allow fresh air in. The temperature in the hallways was intolerable. An electronic environmental thermometer was requested to assess the temperature level. The following readings were recorded:	A 152		

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A 152	Continued From page 2 On the second floor, on all four corners, the temperature was 86.2 degrees near . . . ; 90.0 degrees next to ; 88.2 degrees by . . . . . and 88.0 degrees by . On the third floor, the temperature was 90.0 degrees near . . . ; 87.0 degrees by ; 87.0 degrees next to . . . . . ; 88.0 degrees near . . . . . ; and 87.3 degrees by . On the fourth floor, the temperature near . . was 88.0 degrees; by 83.0 degrees; by . . . . . 82.8 degrees; and near . . .4 degrees. An interview was conducted with the Administrator on . . . . . at 10:17 PM, who stated the air conditioning (AC) broke down about a month ago, and the AC company is waiting for parts to repair the problems. He reported that he did not know when the AC was going to be repaired. When asked why there was no . . . . . on the floor, he said they were waiting for the company to repair the AC. In an interview with Employee A, a Home Health Aide caregiver on . . . . . at 10:38 AM, she reported the AC has not worked in the hallways for about a month. She stated it was very hot and she felt , working in these conditions. During an interview with Employee B, one of the Maintenance Service Employees, on . . . . . at 12:05 PM, it was discovered the AC has not worked for more than one month. However, he reported the AC unit in the dining room, located on the first floor, was repaired three days ago, or on Friday , . . Employee D, a Medication Technician, reported	A 152		

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A 152	Continued From page 3 on . . . . . at 12:33 PM, she has been working at the facility for four months. She reported the AC broke down three weeks ago. She reported it was very hot in the medication rooms, but they use fans in the rooms to manage. During an interview conducted with Resident #1 on at 2:20 PM, the Resident reported the AC broke down four weeks ago. Despite their many attempts to find out when the issue would be resolved, they received no definite answer and no information when the AC would be repaired. Resident #1 stated the residents were not formally informed about the AC. Resident #2 reported on at 3:12 PM, the AC's situation was intolerable. It was depressing because she was not able to do the activities she used to enjoy. She stated she had to go out to the mall to enjoy some personal time out in a fresher environment. She stated they were not informed about the status of the repair. On before leaving the facility at 4:10 PM, the Executive Director and the Regional Operation Director (ROD) present were advised their lack of proactivity to resolve the air conditioning problems or to maintain the temperature in the hallways in a comfortable manner was unacceptable. They reported they would take immediate actions to ensure the issue is resolved. The ROD stated she was not aware the temperature in the hallways were that elevated. She reported she would do all in her power to address the concerns. On . . . . . at 10:00 AM, during a meeting with the Administrator/Executive Director he reported the AC company which they have with was at the facility the day before	A 152		

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A 152	Continued From page 4 and had partially repaired the AC units. He stated he was given the guarantee the AC would work at 50 % capacity, that day. He however stated they still had work left to be done. He added they were missing a few parts to have the system running at full capacity. He also stated the corporate office representatives were at the facility and would continue to monitor the situation to ensure the issues are addressed, and the residents are safe. Another tour of the facility on at 2:11 PM to assess the temperatures on the floors revealed the following: There were three portable air conditioners on every hallway of every floor. The AC was blowing cool air, and the temperature near was at 80.7 degrees. The temperature at the center hallway registered 80.4 degrees. Near the temperature was at 78.4 degrees. Between to 2218 the temperature was at 77.7 degrees. At 2:20 PM the temperature near to 3216 was at 78.0 degrees. By the temperature was 78.6 degrees. Near the temperature was at 78.6 degrees. The temperatures on the fourth floor near was 77.9 degrees. At the center of the hallway was reading 77.3 degrees and near was reading 77.2 degrees. On at 11:00 AM, the Administrator reported they received the portable AC units and they would install them immediately. He stated he had checked the temperatures in the hallways earlier that day and the temperature was fine. He also stated the facility's AC units supplying air to the hallways were efficiently working. He provided the temperature log recordings and they were the following: second floor NW 76.5 degrees; midway 76.3 degrees; NE 80.4 degrees; elevator landing area 74.7 degrees and 76.6 degrees; SW 78.4	A 152		

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A 152	Continued From page 5 degrees; center 77.5 degrees; SE 79.7 degrees. Third floor NW 78.4 degrees; center 79.7 degrees; NE 82.2 degrees; elevator landing area 74 degrees and 78.6 degrees; SW 80.8 degrees; center 79.7 degrees; SE 79.3 degrees. Fourth floor NW 79.7 degrees; center 77.5 degrees; NE 82.8 degrees; elevator landing area 79.5 degrees and 79.1 degrees; SW 77.4 degrees; center 77.5 degrees and SE 76.8 degrees. On . . . . . at 12:25 PM, another tour was conducted and 9 functioning portable AC units were observed on the floors. The temperatures recorded on the second, third and fourth floors were reading between 66 degrees and 74.1 degrees. The temperature in the hallways was comfortable during the last tour of the facility. On . . . . . at 3:40 PM during the exit meeting, the Administrator reported they will continue to monitor the temperatures of the facility and continue to ensure the residents are safe. Class III	A 152		

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CZ830	408.821 FS Emergency Management Planning 408.821 Emergency management planning; emergency operations; inactive license.- (1) A licensee required by authorizing statutes and agency rule to have a comprehensive emergency management plan must designate a safety liaison to serve as the primary contact for emergency operations. Such licensee shall submit its comprehensive emergency management plan to the local emergency management agency, county health department, or Department of Health as follows: (a) Submit the plan within 30 days after initial licensure and change of ownership, and notify the agency within 30 days after submission of the plan. (b) Submit the plan annually and within 30 days after any significant modification, as defined by agency rule, to a previously approved plan. (c) Submit necessary plan revisions within 30 days after notification that plan revisions are required. (d) Notify the agency within 30 days after approval of its plan by the local emergency management agency, county health department, or Department of Health. (2) An entity subject to this part may temporarily exceed its licensed capacity to act as a receiving provider in accordance with an approved comprehensive emergency management plan for up to 15 days. While in an overcapacity status, each provider must furnish or arrange for appropriate care and services to all clients. In addition, the agency may approve requests for overcapacity in excess of 15 days, which approvals may be based upon satisfactory justification and need as provided by the receiving and sending providers. (3)(a) An inactive license may be issued to a licensee subject to this section when the provider	CZ830		

AHCA Form 3020-0001

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

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CZ830	Continued From page 1 is located in a geographic area in which a state of emergency was declared by the Governor if the provider: 1. Suffered damage to its operation during the state of emergency. 2. Is currently licensed. 3. Does not have a provisional license. 4. Will be temporarily unable to provide services but is reasonably expected to resume services within 12 months. (b) An inactive license may be issued for a period not to exceed 12 months but may be renewed by the agency for up to 12 additional months upon demonstration to the agency of progress toward reopening. A request by a licensee for an inactive license or to extend the previously approved inactive period must be submitted in writing to the agency, accompanied by written justification for the inactive license, which states the beginning and ending dates of inactivity and includes a plan for the transfer of any clients to other providers and appropriate licensure fees. Upon agency approval, the licensee shall notify clients of any necessary discharge or transfer as required by authorizing statutes or applicable rules. The beginning of the inactive licensure period shall be the date the provider ceases operations. The end of the inactive period shall become the license expiration date, and all licensure fees must be current, must be paid in full, and may be prorated. Reactivation of an inactive license requires the prior approval by the agency of a renewal application, including payment of licensure fees and agency inspections indicating compliance with all requirements of this part and applicable rules and statutes. (4) . . . Licensees providing residential or inpatient services must utilize an online database	CZ830		

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CZ830	Continued From page 2 approved by the agency to report information to the agency regarding the provider's emergency status, planning, or operations. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of submission of their Comprehensive Emergency Management Plan (CEMP) to the local County Emergency Management division for review and approval. The findings included: On , the Administrator was asked to provide evidence of their most recent approved CEMP. Review of the last approved CEMP revealed it had expired on , . . The Administrator reported the CEMP was not submitted on time during this fiscal year of 2022. Further, the Administrator could not produce any documentation to show the CEMP had been submitted to the local County Emergency Management division for review and approval since the expiration date of , , . During the exit conference held on at 3:40 PM with the Administrator, no additional information was provided. Class III	CZ830		