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
	AL11967356	A. BUILDING: _____ B. WING _____	08/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMMANUEL CARE ASSISTED LIVING FACILITY	3628 DAISY AVE PALM BEACH GARDENS, FL 33410

(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 licensure Complaint survey (#2022000718) commenced on . . . . . and concluded on at Emmanuel Care Assisted Living Facility. The complaint allegations were not substantiated. The facility had deficiencies identified that were unrelated to the complaint at the time of survey.	A 000		
A 031	59A-36.007(6) FAC Resident Care - Third Party Services (6) THIRD PARTY SERVICES. (a) Nothing in this rule chapter is intended to prohibit a resident or the resident's representative from independently arranging, , and paying for services provided by a third party of the resident's choice, including a licensed home health agency or private nurse, or receiving services through an out-patient clinic, provided the resident meets the criteria for admission and continued residency and the resident complies with the facility's policy relating to the delivery of services in the facility by third parties. The facility's policies must require the third party to coordinate with the facility regarding the resident's condition and the services being provided. (b) When residents require or arrange for services from a third party provider, the facility administrator or designee must allow for the receipt of those services, provided that the resident meets the criteria for admission and continued residency. The facility, when requested by residents or representatives, must coordinate with the provider to facilitate the receipt of care and services provided to meet the , ... resident's needs. (c) The administrator or designee must ensure that:	A 031		

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A 031	Continued From page 1 1. Care coordination includes documented communications about the resident's condition and response to treatment or services ordered by the physician which may impact the resident's appropriateness for continued residency in the facility; 2. Communications occur at least once every 30 days and whenever there is a significant change in the resident's condition; and 3. If physician ordered treatments or services occur less often than once a month, communications must be conducted according to the ordered treatment or service schedule and whenever there is a significant change in the resident's condition. 4. When communication with the third party provider is unsuccessful, at least two attempts at communication on two separate days must be documented. Documentation must include the name of the person from the third party provider with whom contact was attempted, the method of communication, and the date and time of the attempts. This documentation must be included in the resident's record in accordance with the timeframes in subparagraphs 59A-36.007(6)(c)2. and 3. (d) If residents accept assistance from the facility in arranging and coordinating third party services, the facility's assistance does not represent a guarantee that third party services will be received. If the facility's efforts to make arrangements for third party services are unsuccessful or declined by residents, the facility must include documentation in the residents' record explaining why its efforts were unsuccessful. This documentation will serve to demonstrate its compliance with this subsection. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the	A 031		

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A 031	Continued From page 2 facility failed to ensure that the third party care coordination included documented communication for 1 of 1 sampled resident reviewed regarding resident's condition and response to treatment/services ordered by the physician (Resident #1). The findings included: On at 9:15 AM, the Administrator was contacted, via telephone, to inform her of a complaint investigation being conducted regarding quality of care for Resident #1. The Administrator informed me that, currently, Resident' #1's record had been removed from the facility in order to make copy to fulfil a record request by the family. She stated she would bring the Resident record to the facility as soon as possible. On ..... at approximately 10:30 AM, the Administrator arrived with Resident #1's record. At this time, the Administrator stated, "[Resident #1] was a resident with me for just over a month. He had ... ,-body ..... and had just had , surgery, but he was able to ambulate. He was able to reposition himself, and he could get out of bed and would walk behind his wheelchair. He was also getting Physical and ....,.... ... ..'. The Administrator stated, the HHA Nurse providing ... care to the resident was an Registered Nurse with [Home Health Agency (HHA)]. She came to the facility 3 times a week from the time he was admitted to the facility. It was my understanding she had provided care to the resident before he was admitted here. The Administrator stated, the Agency RN would	A 031		

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A 031	Continued From page 3 give me verbal, [illegible]-to [illegible] updates during each visit. She told me several times that the resident's [illegible] were improving. It wasn't until the nurse failed to come to the facility on Wednesday ([illegible]) and Friday ([illegible]), and the resident had ripped the [illegible] off, that my staff saw the [illegible] and sent me pictures of it. Per the Administrator on [illegible], the HHA was notified of the RN's missed visits, and they sent over a nurse that day. The HHA nurse had reported that everything was OK with care on Sunday. On [illegible], the resident was transferred from the Flax Court location to the Daisy Avenue location to be able to have a larger room with his spouse. On , the resident's [illegible] began to come off. One of the care staff saw the [illegible] and called me. She took a picture and sent it to me. The doctor was at the facility at this time and saw the . The Doctor wanted the resident to be transported to the hospital. The daughter was notified and agreed to the transfer. At this time, I sent a picture of the over to the Administrator of [Home Health Agency]. I was upset that the nurse had not informed me that the was not responding to treatment. She kept telling me it was improving." A review of the Progress Notes and photos of progression corroborated the facility's care details related by the Administrator. However, there were no care notes found from the Home Health Nurse (3rd party provider) regarding any of the visits which should have documented the resident's condition and response to treatment/services ordered by the physician.	A 031		

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A 031	Continued From page 4 There was no documentation by the facility showing that an attempt to obtain these documented care records had been made. On [redacted] at 12:51 PM, an email was sent to the Administrator asking, again, if she had any notes from the Home Health nurse for any of the home health visits. On [redacted] at 10:59 PM, the Administrator responded, via email, "I failed to get written documents on third party home health agency; however, on every visit [the HH Nurse]responded that everything was ok and that she had spoken to the family... The family also stated that they asked the nurse if they could see the L[eft] [redacted] and [redacted] on his butt, and [HH Nurse] stated that she had already dressed it and it's ok. In my third party communication log, the nurse never wrote anything regarding a [redacted]. It was an [redacted] ..." Class III	A 031		
A 181	59A-36.019(2) FAC Emergency Plan Approval (2) EMERGENCY PLAN APPROVAL. The plan must be submitted for review and approval to the local emergency management agency. (a) If the local emergency management agency requires revisions to the emergency management plan, such revisions must be made and the plan resubmitted to the local office within 30 days of receiving notification that the plan must be revised. (b) A new facility as described in Rule 59A-36.014, F.A.C., and facilities whose ownership has been transferred, must submit an emergency management plan within 30 days	A 181		

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A 181	Continued From page 5 after obtaining a license. (c) The facility must review its emergency management plan on an annual basis. Any substantive changes must be submitted to the local emergency agency for review and approval. 1. Changes in the name, address, telephone number, or position of staff listed in the plan are not considered substantive revisions for the purposes of this rule. 2. Changes in the identification of specific staff must be submitted to the local emergency management agency annually as a signed and dated addendum that is not subject to review and approval. (d) The local emergency management agency is the final administrative authority for emergency management plans prepared by assisted living facilities. (e) Any plan approved by the local emergency management agency is considered to have met all the criteria and conditions established in this rule. This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to submit for review and approval to the local emergency management agency the required revisions to the Comprehensive Emergency Management Plan (CEMP) within 30 days of receiving notification that the current plan was not approved and must be revised. The findings included: During review of the facility's emergency management plan approval, it was documented that the last CEMP approval was received on , with an expiration date of . The new CEMP was to be submitted to the local	A 181		

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A 181	Continued From page 6 emergency management office by . The last rejection letter received from the local emergency management office requesting a corrected CEMP was dated . The facility had 30 days from the date of the rejection letter to submit a corrected CEMP ( ). As of , the facility had not yet submitted their corrected CEMP to the local emergency management office for review. Class III	A 181		