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
	AL11969413	A. BUILDING: _____ B. WING _____	10/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARKET STREET PALM COAST	2 CORPORATE DR 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 complaint survey (complaint numbers 2021016326, 20211290334, 202200778, and 2022008317) was conducted at Market Street Palm Coast on [redacted]-19, 2022. Deficient practice was identified at the time of the survey.	A 000		
A 030	59A-36.007(5) FAC; 429.28( ) FS 429.27 Resident Care - Rights & Facility Procedures 59A-36.007 (5) RESIDENT RIGHTS AND FACILITY PROCEDURES. (a) A copy of the Resident Bill of Rights as described in Section 429.28, F.S., or a summary provided by the Long-Term Care Ombudsman Program must be posted in full view in a freely accessible resident area, and included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. (b) In accordance with Section 429.28, F.S., the facility must have a written grievance procedure for receiving and responding to resident complaints and a written procedure to allow residents to recommend changes to facility policies and procedures. The facility must be able to demonstrate that such procedure is implemented upon receipt of a complaint. (c) The telephone number for lodging complaints against a facility or facility staff must be posted in full view in a common area accessible to all residents. The telephone numbers are: the Long-Term Care Ombudsman Program, 1(888)831-0404; [redacted], Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 1(888)419-3456, and the statewide toll-free telephone number of the Florida [redacted] Hotline, 1(800)96- or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents	A 030		

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A 030	Continued From page 1 and the text must be a minimum of 14-point font. (d) The facility must have a written statement of its house rules and procedures that must be included in the admission package provided pursuant to Rule 59A-36.006, F.A.C. The rules and procedures must at a minimum address the facility's policies regarding: 1. Resident responsibilities; 2. [illegible] and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident , neglect, and [illegible]; 6. Administrative and housekeeping schedules and requirements; 7. control, sanitation, and standard precautions; 8. The requirements for coordinating the delivery of services to residents by third party providers; 9. Assistive devices; and 10. Physical [illegible]. (e) Residents may not be required to perform any work in the facility without compensation. Residents may be required to clean their own sleeping areas or apartments if the facility rules or the facility contract includes such a requirement. If a resident is employed by the facility, the resident must be compensated in compliance with state and federal wage laws. (f) The facility must provide residents with convenient access to a telephone to facilitate the resident's right to unrestricted and private communication, pursuant to Section 429.28(1)(d), F.S. The facility must allow unidentified telephone calls to residents. For facilities with a licensed capacity of 17 or more residents in which residents do not have private telephones, there must be, at a minimum, a readily accessible telephone on each floor of each building where	A 030		

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A 030	Continued From page 2 residents reside. 429.28 Resident bill of rights.- (1) No resident of a facility shall be deprived of any civil or legal rights, benefits, or privileges guaranteed by law, the Constitution of the State of Florida, or the Constitution of the United States as a resident of a facility. Every resident of a facility shall have the right to: (a) Live in a safe and decent living environment, free from [illegible] and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. (c) Retain and use his or her own clothes and other personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except when the facility can demonstrate that such would be unsafe, impractical, or an infringement upon the rights of other residents. (d) Unrestricted private communication, including receiving and sending unopened correspondence, access to a telephone, and visiting with any person of his or her choice, at any time between the hours of 9 a.m. and 9 p.m. at a minimum. Upon request, the facility shall make provisions to extend visiting hours for caregivers and out-of-town guests, and in other similar situations. (e) Freedom to participate in and benefit from community services and activities and to pursue the highest possible level of independence, autonomy, and interaction within the community. (f) Manage his or her financial affairs unless the resident or, if applicable, the resident's representative, designee, surrogate, guardian, or attorney in fact authorizes the administrator of the facility to provide safekeeping for funds as	A 030		

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A 030	Continued From page 3 provided in s. 429.27. (g) Share a room with his or her spouse if both are residents of the facility. (h) Reasonable opportunity for regular exercise several times a week and to be outdoors at regular and frequent intervals except when prevented by inclement weather. (i) Exercise civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, nor any attendance at religious services, shall be imposed upon any resident. (j) Assistance with obtaining access to adequate and appropriate health care. For purposes of this paragraph, the term "adequate and appropriate health care" means the management of medications, assistance in making , , for health care services, the provision of or arrangement of transportation to health care , , , and the performance of health care services in accordance with s. 429.255 which are consistent with established and recognized standards within the community. (k) At least 45 days' notice of relocation or termination of residency from the facility unless, for medical reasons, the resident is certified by a physician to require an emergency relocation to a facility providing a more skilled level of care or the resident engages in a pattern of conduct that is harmful or offensive to other residents. In the case of a resident who has been adjudicated mentally , , the guardian shall be given at least 45 days' notice of a nonemergency relocation or residency termination. Reasons for relocation must be set forth in writing and provided to the resident or the resident's legal representative. The notice must state that the resident may contact the State Long-Term Care Ombudsman Program for assistance with	A 030		

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A 030	Continued From page 4	A 030		

relocation and must include the statewide toll-free telephone number of the program. In order for a facility to terminate the residency of an individual without notice as provided herein, the facility shall show good cause in a court of competent jurisdiction.
(l) Present grievances and recommend changes in policies, procedures, and services to the staff of the facility, governing officials, or any other person without , interference, coercion, discrimination, or reprisal. Each facility shall establish a grievance procedure to facilitate the residents' exercise of this right. This right includes access to ombudsman volunteers and advocates and the right to be a member of, to be active in, and to associate with advocacy or special interest groups.
(2) The administrator of a facility shall ensure that a written notice of the rights, , and prohibitions set forth in this part is posted in a prominent place in each facility and read or explained to residents who cannot read. The notice must include the statewide toll-free telephone number and e-mail address of the State Long-Term Care Ombudsman Program and the telephone number of the local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and, if applicable, , Rights Florida, where complaints may be lodged. The notice must state that a complaint made to the Office of State Long-Term Care Ombudsman or a local long-term care ombudsman council, the names and identities of the residents involved in the complaint, and the identity of complainants are kept confidential pursuant to s. 400.0077 and that retaliatory action cannot be taken against a resident for presenting grievances or for exercising any other resident right. The facility

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A 030	Continued From page 5 must ensure a resident's access to a telephone to call the State Long-Term Care Ombudsman Program or local ombudsman council, the Elder Hotline operated by the Department of Children and Families, and . . . . , Rights Florida. 429.27 Property and personal affairs of residents.- (1)(a) A resident shall be given the option of using his or her own belongings, as space permits; choosing his or her roommate; and, whenever possible, unless the resident is adjudicated , or , under state law, managing his or her own affairs. (b) The admission of a resident to a facility and his or her presence therein shall not confer on the facility or its owner, administrator, employees, or representatives any authority to manage, use, or dispose of any property of the resident; nor shall such admission or presence confer on any of such persons any authority or responsibility for the personal affairs of the resident, except that which may be necessary for the safe management of the facility or for the safety of the resident. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure it followed its own internal grievance policy for following up on complaints from residents and/or family members. This had potential to affect all residents of the facility. The findings include: On at 9:59 AM, an interview was conducted with Employee A, LPN, who said she	A 030		

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A 030	Continued From page 6 had worked in the facility for several months. When asked about the facility's grievance process, she acknowledged she had received complaints from family members visiting but nobody ever approached her to file a grievance. She said she took complaints to her management. On [redacted] at 10:40 AM, an interview was conducted with Employee D, LPN. She said she had worked here for several years and during that time, people had approached her with complaints. She said she would then bring the complaints to the attention of management. Employee B, Resident Care , (RCS), was interviewed on [redacted] at 11:00 AM. She explained people who approached her with complaints were directed to go to either the nurse on duty or the management team. Employee E, RCS, was interview on [redacted] at 10:30 AM. She was asked to explain the facility's grievance policy but she did not know what it was. She said if someone approached her with a complaint, she would try to and if she couldn't she would get a nurse. The facility's grievance policy was reviewed and revealed the following information: Staff was to address concerns courteously and in a timely manner. They were to give people a, "satisfactory resolution to their concerns." Steps outlined in the policy included explaining the grievance policy to everyone when they moved in, and posting the procedure in a prominent location. The grievance was to be documented and investigated promptly, working to resolve the grievance. If the grievance was not	A 030		

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A 030	Continued From page 7 resolved to the resident/family/responsible party/interested party's satisfaction, there would be a meeting to discuss details. The final resolution was to be documented by the Executive Director or a designee. Grievances were reviewed with the Executive Director on at 10:53 AM. She reviewed the grievance binder and was asked to explain the grievance process. She stated when a complaint comes to her, either electronically or in person, she took notes and documented it on a grievance sheet. She then starts investigating by working with relevant staff to find out what happened and communicate withe the family and the Health and Wellness Director. She was asked to explain whether there was a threshold on what constituted a grievance investigation and what didn't. She said small issues could be resolved on the unit by the nurses, but larger issues required management intervention. She said the degree of the family's temperament, whether they're angry/upset over what happened, would also help her decide what needed a grievance investigation. She was asked to provide an example of recurrent themes in grievances. She said food was an issues where some families approached her with a concern over how it was presented and what was being served. Another issues was with the preparation of pureed foods. Grievance documentation was requested for the two issues, but she was only able to produce a grievance investigation form from the issue related to pureed foods. She was unable to provide documentation of the investigation into the food service complaint and acknowledged she didn't have one.	A 030		

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A 030	Continued From page 8 She gave another example of a family who was, "very, very upset" over the COVID protocols and how the facility needed to [redacted] her mother for COVID. She said they met with the family and explained the options, but she wasn't satisfied and decided to remove her mother and have her [redacted] in her own home. The ED mentioned several times how upset the family member was. She was asked for the grievance documentation, based on the previous comment made about determining whether to file a grievance based on how upset the family was over the issue, and the fact that a meeting had to be held to resolve her concerns. The ED did not have any documentation of a grievance being filed. At 11:24 AM on [redacted], the ED toured the facility to show where the grievance policy was posted, according to the mandate in the facility policy. She came to an alcove where she thought it was, but said it must have been taken off at some point. She acknowledged the policy wasn't posted according to policy. Class III	A 030		
A 055	59A-36.008(6) FAC Medication - Storage and Disposal (6) MEDICATION STORAGE AND DISPOSAL. (a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication in their rooms or apartments if either the room is kept locked when residents are absent or the	A 055		

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A 055	Continued From page 9 medication is stored in a secure place that is out of sight of other residents. (b) Both prescription and over-the-counter medications for residents must be centrally stored if: 1. The facility administers the medication; 2. The resident requests central storage. The facility must maintain a list of all medications being stored pursuant to such a request; 3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed; 4. The resident fails to maintain the medication in a safe manner as described in this paragraph; 5. The facility determines that, because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents, or 6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident before admission as required in Rule 59A-36.006, F.A.C. (c) Centrally stored medications must be: 1. Kept in a locked cabinet; locked cart; or other locked storage receptacle, room, or area at all times; 2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which the refrigerator is located locked; 3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such	A 055		

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A 055	Continued From page 10 staff must have ready access to keys or codes to the medication storage areas at all times; and, 4. Kept separately from the medications of other residents and properly closed or sealed. (d) Medication that has been discontinued but has not expired must be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, the discontinued medication must be stored separately from medication in current use, and the area in which it is stored must be marked "discontinued medication." Such medication may be reused if prescribed by the resident's health care provider. (e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f). (f) Medications that have been abandoned or have expired must be disposed of within 30 days of being determined abandoned or expired and the disposal must be documented in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness. (g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C. This Statute or Rule is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure discontinued	A 055		

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A 055	Continued From page 11 medications were separated from the active treatments in both of the facility's two medication rooms. The findings include: During an interview with Employee A, LPN, on at 9:59 AM, she explained Resident #2 took a cream for his skin condition. She produced a tube of , , dispensed on . He also had a prescription for , , which he was currently receiving according to the medication administration record (MAR). Employee D, LPN, who was assigned to work the facility's other medication cart, was interviewed on at 10:40 AM. She said Resident #5 was prescribed and pulled a tub out of the bottom of the medication cart. She said he got it in the morning. Resident #2's 1823 Health Assessment dated showed he required assistance with self administration of medications. A review of his MAR for the showed the , was discontinued on . The and MAR's did not show the , was restarted. Photographic evidence obtained. Resident #5's 1823 Health Assessment dated also showed he needed assistance with medication self-administration. was documented on the assessment and his chart showed multiple orders for skin treatments. Resident #5's MAR for showed his was ordered and	A 055		

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A 055	Continued From page 12 discontinued on . . . . Neither the MAR for or the chart showed orders were written for the cream to be resumed. Photographic evidence obtained. Employee F, LPN, was interviewed on . . . . . at 3:44 PM. She explained she helped Resident #5 with his yesterday. She said they just cleaned out all the old medications from the cart last week, and these were all current medications in the cart. She was asked to produce the current order for . . . . . and verified the order was stopped on . She removed the cream from the cart during the interview and placed in it a shelf in the medication room. She explained that was where discontinued medications were supposed to go. Resident #2's nurse, Employee C, LPN, was interviewed on . . . . . at 4:41 PM. He reviewed the current medications and said his . . . . . was the current order, and the . . . . was discontinued in . The . . . . . cream was then located in the bin where other active treatments were kept, and Employee C confirmed nurses were supposed to take medications out of that bin when they were discontinued. Photographic evidence obtained. The facility had a policy titled, "Medication Destruction" revised , that directed staff to remove discontinued medications from where they were being stored and return them to family or responsible parties, or to be destroyed if that was not an option. Discontinued medications the family had not picked up yet were to be stored in a secured area designated for that purpose. Photographic evidence obtained.	A 055		

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