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
	AL11969122	A. BUILDING: _____ B. WING _____	10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT DANIA BEACH	150 STIRLING RD DANIA BEACH, FL 33004

(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 (#2022002970, #2022003580, #2022005822, #2022006305, #2022006331, #2022006588, #2022008446, #2022008571, #2022008879, #2022009311, #2022009620, #2022012115, #2022012985, #2022014058, #2022014142) was conducted on through at The Residence at Dania Beach. The facility had deficiencies identified related to Complaints (#2022002970, #2022003580, #2022005822, #2022006305, #2022008446, #2022008571, 2022008879, #2022009311, #2022009620, #2022012115, #2022012985, #2022014058, #2022014142) at the time of the survey.	A 000		
A 054	59A-36.008(5) FAC Medication - Records (5) MEDICATION RECORDS. (a) For residents who use a pill organizer managed in subsection (2), the facility must keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use. (b) The facility must maintain a daily medication observation record for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include: 1. The name of the resident and any known [illegible] the resident may have; 2. The name of the resident's health care	A 054		

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A 054	Continued From page 1 provider and the health care provider's telephone number; 3. The name, strength, and directions for use of each medication; and, 4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors. (c) For medications that serve as chemical . . . . . ., the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication. This Statute or Rule is not met as evidenced by: Based on review of policy and procedure, record review and interview, it was determined that the facility failed to administer medications to a resident requiring Assistance with Self-Administration of Medication for 1 of 5 sampled residents observed (Resident #7). The findings included: Review of the facility Policy and Procedure on . . . . . at 10:40 AM titled Policies and Procedures Medication Management Storage and Disposal - Assistance with Self-Administration provided by the Administration dated , documented in the Policy Statement: This facility has established the following policies and procedures for medication practices in order to maintain compliance with State regulations. Either a nurse or an unlicensed staff member, who is at least , , trained to assist with self-administered medication, able to demonstrate to the Administrator the ability to accurately read and interpret a prescription label, must be available to assist residents with self-administered medications. In order to facilitate assistance with self-administration staff	A 054		

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A 054	Continued From page 2 will prepare and make available such items as water, juice, cups, spoons, etc. as needed by residents ....Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record. When the resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed: a. The health care provider will prescribe a medication schedule that coincides with the resident's presence in the facility ..... Review of facility Medication Aide Technician job description on at 10:59 AM dated documented Purpose of Your Job Position: .....Administer and accurately record the administration of medication ....Responsible for supervision of self-administered medication for Assisted Living residents in compliance with Federal and State regulations and employer guidelines as directed by the Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN) and/or Assisted Living Director (ALD) ...Responsible for documentation of medications in medication observation record (MOR) ..... Resident #7 was admitted to the facility on with diagnoses which included L1 Body , status post-surgical Disk, Lower in both elbows and , left . Record review on at 3:22 PM conducted of Resident #7's Medication Observation Record (MOR), dated Friday , revealed that	A 054		

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A 054	Continued From page 3 Resident #7 had 2 medications: [illegible] 5 milligrams (mg) 1 tablet three times daily and [illegible] 600 mg 1 tablet 3 times daily ordered. However, neither medication was initialed/signed off as being administered/given at 12 Noon on that date-of-service (DOS) by Staff A, a Medication Aide Technician (Med Tech). Subsequent record review on [illegible] at 3:28 PM conducted of Resident #7's MOR dated Sunday [illegible], revealed that Resident #7 had 7 medications: [illegible] 81 mg chewable 1 tablet once daily, [illegible] 5 mg 1 tablet three times daily, [illegible] 5 mg 1 tablet twice daily, [illegible] 20 mg 1 tablet twice daily, [illegible] 600 mg 1 tablet 3 times daily, [illegible] 500 mg 1 tablet daily and [illegible] 25 mg 1 tablet daily ordered. However, none of the medications were initialed/signed off as being given at either 8:00 AM or at 12 Noon for those DOS by Staff B, a Med Tech. On [illegible] the Physician's Orders documented [illegible] 600 mg 1 tablet three times daily, [illegible] 5 mg 1 tablet three times daily, [illegible] 81 mg chewable 1 tablet once daily, [illegible] 5 mg 1 tablet twice daily, [illegible] 20 mg 1 tablet twice daily, [illegible] 500 mg 1 tablet daily and [illegible] 25 mg 1 tablet daily. There was no documentation nor explanation noted in the Progress Notes for the month of [illegible] to indicate why Resident #7 had not received any of the above listed ordered/prescribed medications. On [illegible] at 10:00 AM an "overall/general" record review was conducted of Resident #7's MOR dated [illegible] to [illegible] which indicated that the resident did have a total	A 054		

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A 054	Continued From page 4 of 11 different medications: (, 5 mg 1 tablet twice daily, 20 mg 1 tablet twice daily, , 600 mg 1 tablet three times daily and 5 mg 1 tablet at bedtime for , , including , 81 mg chewable once daily for , including 500 mg once daily, , 25 mg 1 tablet once daily, Sildenafil 100 mg 1 tablet once daily before a meal for , , including 325 mg 1 tablet three times daily, 1 mg 1 tablet once daily for , and including , 5 mg 1 tablet three times daily), all were ordered. However, all were not initialed/signed off as being given on multiple days of each of the months above, for DOS. (Photographic evidence obtained). Furthermore, there was no documentation nor explanation in the Progress Notes for the remaining months of to to indicate why Resident #7 had not received any of the above listed ordered/prescribed medications. Staff A was not available for interview. She is no longer employed at the facility. She was hired on Friday , and she left the facility on Tuesday . A telephone interview was conducted with Staff B, on at 11:52 AM, regarding the 7 medications: , 81 mg chewable 1 tablet once daily, , 5 mg 1 tablet three times daily, , 5 mg 1 tablet twice daily, 20 mg 1 tablet twice daily, , 600 mg 1 tablet 3 times daily, 500 mg 1 tablet daily and , 25 mg 1 tablet daily ordered that were not initialed/signed off as being given at either 8:00 AM nor at 12 Noon for those DOS by her	A 054		

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A 054	Continued From page 5 and she acknowledged and recognized that if she had not initialed or documented the reason for the resident's medications not being administered on that day, that it was not administered/done. Further record review conducted on at 3:26 PM revealed that on . . . . . Staff B had received a verbal "Employee Warning Notice" related to Safety, Refusal to comply with company procedures, rules, regulations and failure to follow instructions pertaining to Staff Medication Administration to a resident. The Administrator further acknowledged and recognized that on . . . . . at 1:19 PM, that Resident #7's medications should have been administered and reflected as being documented; this was not done. Class III	A 054		
A 079	59A-36.010(3) FAC Staffing Standards - Levels (3) STAFFING STANDARDS. (a) Minimum staffing: 1. Facilities must maintain the following minimum staff hours per week: Number of Residents, Day Care Participants, and Respite Care Residents Staff Hours/Week 0-5 168 212 16-25 253 26-35 294 36-45 335 46-55 375 56-65 416 66-75 457 76-85 498	A 079		

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A 079	Continued From page 6 86-95 539 For every 20 total combined residents, day care participants, and respite care residents over 95 add 42 staff hours per week. 2. Independent living residents, as referenced in subsection 59A-36.015(3), F.A.C., who occupy beds included within the licensed capacity of an assisted living facility but do not receive personal, limited nursing, or extended congregate care services, are not counted as residents for purposes of computing minimum staff hours. 3. At least one staff member who has access to facility and resident records in case of an emergency must be in the facility at all times when residents are in the facility. Residents serving as paid or volunteer staff may not be left solely in charge of other residents while the facility administrator, manager or other staff are absent from the facility. 4. In facilities with 17 or more residents, there must be at least one staff member awake at all hours of the day and night. 5. A staff member who has completed courses in First Aid and [illegible] ( ) and holds a currently valid card documenting completion of such courses must be in the facility at all times. a. Documentation of attendance at First Aid or courses pursuant to subsection 59A-36.011(5), F.A.C., satisfies this requirement. b. A nurse is considered as having met the course requirements for First Aid. An emergency medical technician or paramedic currently certified under chapter 401, part III, F.S., is considered as having met the course requirements for both First Aid and . 6. During periods of temporary absence of the administrator or manager of more than 48 hours	A 079		

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A 079	Continued From page 7 when residents are on the premises, a staff member who is at least , must be physically present and designated in writing to be in charge of the facility. No staff member shall be in charge of a facility for a consecutive period of 21 days or more, or for a total of 60 days within a calendar year, without being an administrator or manager. 7. Staff whose duties are exclusively building or grounds maintenance, clerical, or food preparation do not count towards meeting the minimum staffing hours requirement. 8. The administrator or manager's time may be counted for the purpose of meeting the required staffing hours, provided the administrator or manager is actively involved in the day-to-day operation of the facility, including making decisions and providing supervision for all aspects of resident care, and is listed on the facility's staffing schedule. 9. Only on-the-job staff may be counted in meeting the minimum staffing hours. Vacant positions or absent staff may not be counted. (b) Notwithstanding the minimum staffing requirements specified in paragraph (a), all facilities, including those composed of apartments, must have enough qualified staff to provide resident supervision, and to provide or arrange for resident services in accordance with the residents' scheduled and unscheduled service needs, resident contracts, and resident care standards as described in rule 59A-36.007, F.A.C. (c) The facility must maintain a written work schedule that reflects its 24-hour staffing pattern for a given time period. Upon request, the facility must make the daily work schedules of direct care staff available to residents or their representatives.	A 079		

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A 079	Continued From page 8 (d) The facility must provide staff immediately when the agency determines that the requirements of paragraph (a) are not met. The facility must immediately increase staff above the minimum levels established in paragraph (a), if the agency determines that adequate supervision and care are not being provided to residents, resident care standards described in rule 59A-36.007, F.A.C., are not being met, or that the facility is failing to meet the terms of residents' contracts. The agency will consult with the facility administrator and residents regarding any determination that additional staff is required. Based on the recommendations of the local fire safety authority, the agency may require additional staff when the facility fails to meet the fire safety standards described in rule chapter 69A-40, F.A.C., until such time as the local fire safety authority informs the agency that fire safety requirements are being met. 1. When additional staff is required above the minimum, the agency will require the submission of a corrective action plan within the time specified in the notification indicating how the increased staffing is to be achieved to meet resident service needs. The plan will be reviewed by the agency to determine if it sufficiently increases the staffing levels to meet resident needs. 2. When the facility can demonstrate to the agency that resident needs are being met, or that resident needs can be met without increased staffing, the agency may modify staffing requirements for the facility and the facility will no longer be required to maintain a plan with the agency. (e) Facilities that are co-located with a nursing home may use shared staffing provided that staff hours are only counted once for the purpose of	A 079		

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A 079	Continued From page 9 meeting either assisted living facility or nursing home minimum staffing ratios. (f) Facilities holding a limited mental health, extended congregate care, or limited nursing services license must also comply with the staffing requirements of rules 59A-36.020, 59A-36.021 or 59A-36.022, F.A.C., respectively. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide adequate staffing to ensure the needs of the residents are met and are met in a timely manner as evidenced by resident and staff interviews and facility Staffing Schedule review. The findings included: On . . . . . through . . . . . a Complaint Survey was conducted at the facility. During the survey, interviews were conducted with residents and staff and review of the facility's Staffing Schedule was performed. The facility has a capacity of 165 beds with a current census of 136. In an interview conducted with Resident #29 on at 12:08 PM, he stated the staff is okay but they just do not have enough staff, and that they are really short staffed. In an interview conducted with Resident #45 on . . . . . at 12:13 PM, he stated the staff is good, and they do a lot, but there is not enough staff. In an interview conducted with Resident #28 on at 12:16 PM, she stated the facility needs more staff, and that at night there are only 1 or 2 staff in the building. She stated that there	A 079		

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A 079	Continued From page 10 was only 1 staff person in the building last night. She further stated they only have 1 Cook for all the Residents, and that they need more Medication Technicians (Med Tech). In an interview conducted with Resident #48 on [redacted] at 2:48 PM, she stated they do not have enough staff and that residents have to wait a long time to get someone to help them. In an interview conducted with Staff B on [redacted] at 3:41 PM, she stated she provides care to residents, and that they are severely short staffed and need more workers. She stated they only have 2 Certified Nursing Assistants (CNA) on her shift, and that the Cook is the only Cook for the facility and needs help. In an interview conducted with Staff E on [redacted] at 1:46 PM, she stated she is the only Cook and works 7:00 AM to 3:00 PM 7 days a week. She stated she prepares all the meals and does the dinner meal prior to leaving the kitchen for the day. A review of the facility Staff Schedule for the period covering the alleged incident ([redacted], [redacted] and [redacted]) revealed the following: [redacted]: 7:00 AM - 3:00 PM - 1 Supervisor, 2 Med Techs, 4 CNAs 3:00 PM - 11:00 PM - 3 Med Techs, and 3 CNAs 11:00 PM - 7:00 AM - 3 CNAs [redacted]: 7:00 AM - 3:00 PM 3 Med Techs, 4 CNAs, 3:00 PM -11:00 PM - 3 Med Techs, 4 CNAs 11:00 PM -7:00 AM - 3 CNAs	A 079		

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A 079	Continued From page 11 : 7:00 AM -3:00 PM - 3 Med Techs, 4 CNAs 3:00 PM -11:00 PM - 3 Med Techs, 4 CNAs 11:00 PM -7:00 PM - 3 CNAs : 7:00 PM - 3:00 PM - 1 Supervisor, 3 Med Techs, 4 CNAs 3:00 PM - 11:00 PM - Supervisor, 2 Med Techs, 4 CNAs 11:00 PM - 7:00 AM -3 CNAs Per the above staffing the facility has 13 Direct Care staff at 8 hours a day for a total of 104 hours per day. This results in the provision of 728 hours per week. Based on the facility's Resident Census of 136, this would equate to 621 hours per week of direct care staff hours, however the needs of the residents are not being provided. A review of the , Staffing Schedule (the facility uses a 2-week schedule) reflects the facility staffing for the 11:00 PM - 7:00 AM shift as follows: , (Sunday) 7:00 AM - 3:00 PM: 1 Director, 1 Assistant Med Tech, 2 Med Techs, 3 CNAs 3:00 AM - 11:00 PM - 2 Med Techs, 3 CNAs 11:00 PM - 7:00 AM - 1 CNA = 104 hours. The daily staffing above reflects a staffing level of 13 Full Time Staff for 104 hours/day. However, the facility currently has 1 CNA working the 11:00 PM - 7:00 AM shift for a Census of 136 Residents, which includes 28 Residents in the secured Memory Care Unit. On the survey team met with the	A 079		

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A 079	Continued From page 12 Administrator to conduct the exit conference. She was informed of the findings of the survey, specifically the level of staffing required to provide proper care and services to meet the needs of the residents. She stated she understood, and that the facility was working on it. Class III	A 079		
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 [illegible] 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	A 152		

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A 152	Continued From page 13 keys to resident bedrooms to be used in the event of an emergency. (d) Residents who use portable bedside 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 observation and interview the facility failed to provide a safe living environment by establishing and maintaining a facility clear of bedbugs for 16 of 50 residents reviewed/or interviewed. The findings included: On . . . . through . . . . . a Complaint Survey was conducted at the facility. During the survey interviews were conducted with the Administrator relative to the complaints regarding bedbugs. A review of the facility's Resident Agreement documents that Residents have a right to (a) Live in a safe and decent living environment free from and neglect. (b) Be treated with consideration and respect and with due recognition of personal dignity, individuality, and the need for privacy. During an interview conducted with the Administrator on at 9:43 AM, she stated the facility is being treated today for bedbugs. She stated that the representative from the Pest Control company explained to her that it would be best to only treat the Memory Care	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969122	A. BUILDING: _____ B. WING _____	10/05/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE RESIDENCE AT DANIA BEACH	150 STIRLING RD DANIA BEACH, FL 33004

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A 152	Continued From page 14 Section of the facility at this time. She further stated that treatment would resume on Monday as it would not be advisable to have the residents in the area they are treating. In an interview conducted with Resident #8 on . . . . . at 11:18 AM, she stated she has seen bedbugs and had them in her bed. In an interview conducted with Resident #9 on . . . . . at 2:34 PM, he stated he has personally experienced bedbugs in the facility. In an interview conducted with Resident #10 on . . . . . at 10:58 AM, he stated he has experienced bedbugs in the facility within the last six months. In an interview conducted with Staff B on at 3:04 PM, she stated she has seen bugs in the facility the last six months. In an interview conducted with Resident #41 on at 11:32 AM, she stated she has seen bedbugs in her room and that they were treating it. In an interview conducted with Resident #43 on . . . . . at 12:01 PM, she stated that she had some bugs (bedbugs) in her room. In an interview conducted with Resident #44 on . . . . . at 12:05 PM, she stated she saw a bedbug a time or two in her room. In an interview conducted with Resident #29 on . . . . . at 12:08 PM, they clean his room but has seen bedbugs and understood they were treating for them.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 152	Continued From page 15 In an interview conducted with Resident #45 on at 12:13 PM, he stated he saw bedbugs in his room and that his friend (Resident #50) has bugs as well. In an interview conducted with Resident #46 on at 12:22 PM, she stated she is tired of the bedbugs and insisted that this Surveyor see the bite marks on her left she got from being bitten by them. She stated they really need to do something with the bedbugs. In an interview conducted with Resident #28 on at 2:29 PM, she stated she had bedbugs. In an interview conducted with Resident #51 on at 2:45 PM, she stated that staff clean her room, but she has had bedbugs. In an interview conducted with Resident #35 on at 3:08 PM, she stated she has been at the facility for 19 months and has had bedbugs. In an interview conducted with Resident #47 on at 3:11 PM, she stated she has bedbugs and showed this Surveyor bite marks she has on both her arms as a result of being bitten by them. She stated they have had them since she moved in . She stated she no longer allows staff to clean her room because bugs "hitchhike" and travel from room to room because staff use the same water over and over from room to room. She also stated that a resident found bedbugs by the laundry room. In an interview conducted with Resident #48 on at 2:48 PM, he stated he has bedbugs and uses Bug Bombs to treat them.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 152	Continued From page 16 In an interview conducted with the Maintenance Director on [redacted] at 1:02 PM, he stated he has been employed with the facility for three months and has seen bedbugs a few times, about a few months ago when he started. He also stated he has seen them within the last few weeks, but the facility had started to take care of it. He further stated he has received complaints of bedbugs from residents, and removed excess food out of their rooms, and setting off bombs and organic sprays. He further stated that they called the Pest Control company to address the problem. In an interview conducted with the Administrator on [redacted] at 1:30 PM, she stated she had seen bedbugs on 2 occasions, once in and again in [redacted]. She stated both times, the Exterminator was called out specifically to address this problem. On [redacted] the survey team met with the Administrator to conduct the exit conference. She was informed of the findings of the survey, specifically the presence of bedbugs in the facility. She stated she understood, and that the facility was undergoing treatment for them. Class III	A 152		