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
	AL11942934	A. BUILDING: _____ B. WING _____	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE W ASSISTED LIVING AT POMPANO BEACH	295 SW 4TH AVENUE POMPANO BEACH, FL 33060

(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 Relicensure with Extended Congregate Care (ECC) and Limited Mental Health (LMH), Complaint surveys (#2021001035, 2021006012, 2021007932, 2021010298, 2021016795, 2021016800, 2021017647, 2022016019) and Generator Monitoring survey were conducted from to at The W Assisted Living at Pompano Beach. The facility had deficiencies identified related to the Relicensure with ECC and Complaint surveys (#2021017647, #2021007932, #2021016800, #2021016795) at the time of the survey.	A 000		
A 007	59A-36.006(1) FAC Admissions - Criteria (1) ADMISSION CRITERIA. (a) An individual must meet the following minimum criteria in order to be admitted to a facility holding a standard, limited nursing services, or limited mental health license: 1. Be at least 2. Be free from signs and symptoms of any communicable that is likely to be transmitted to other residents or staff. An individual who has ( ) may be admitted to a facility, provided that the individual would otherwise be eligible for admission according to this rule. 3. Be able to perform the activities of daily living, with supervision or assistance if necessary. 4. Be able to transfer, with assistance if necessary. The assistance of more than one person is permitted. 5. Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication. a. If the resident needs assistance with	A 007		

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A 007	Continued From page 1 self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, the facility must obtain written informed consent from the resident or the resident's surrogate, guardian, or attorney-in-fact. b. The facility may accept a resident who requires the administration of medication if the facility employs a nurse who will provide this service or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident. 6. Not have any special dietary needs that cannot be met by the facility. 7. Not be a danger to self or others as determined by a health care practitioner, or a mental health practitioner licensed under Chapter 490 or 491, F.S. 8. Not require 24-hour licensed professional mental health treatment. 9. Not be bedridden, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 10. Not have any [illegible] or 4, [illegible] A resident requiring care of a [illegible] may be admitted provided that: a. The resident either: (I) Resides in a standard or limited nursing services licensed facility and contracts directly with a licensed home health agency or a nurse to provide care; or (II) Resides in a limited nursing services licensed facility and care is provided by the facility pursuant to a plan of care issued by a health care practitioner; b. The condition is documented in the resident's	A 007		

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A 007	Continued From page 2 record and admission and discharge logs; and, c. If the resident's condition fails to improve within 30 days as documented by a health care practitioner, the resident must be discharged from the facility. 11. Residents admitted to standard, limited nursing services, or limited mental health licensed facilities may not require any of the following nursing services: a. airway management of any kind, except that of continuous positive airway pressure may be provided through the use of a CPAP or bipap machine; b. Assistance with , c. Monitoring of gases, d. Management of post-surgical drainage tubes and vacuum devices; e. The administration of products in the facility; or f. Treatment of surgical or , unless the surgical or and the underlying condition have been stabilized and a plan of care has been developed. The plan of care must be maintained in the resident's record. 12. In addition to the nursing services listed above, residents admitted to facilities holding only standard and/or limited mental health licenses may not require any of the following nursing services: a. , and , , performed in the facility; b. , , performed in the facility. 13. Not require 24-hour nursing supervision, unless the resident is receiving licensed hospice services pursuant to Section 429.26(1)(c), F.S.; 14. Not require skilled rehabilitative services as described in Rule 59G-4.290, F.A.C. 15. Be appropriate for admission to the facility as determined by the facility administrator. The	A 007		

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A 007	Continued From page 3	A 007		

administrator must base the determination on:
a. An assessment of the strengths, needs, and preferences of the individual;
b. The medical examination report required by Section 429.26, F.S.;
c. The facility's admission policy and the services the facility is prepared to provide or arrange in order to meet resident needs. Such services may not exceed the scope of the facility's license unless specified elsewhere in this rule; and,
d. The ability of the facility to meet the uniform fire safety standards for assisted living facilities established in rule Chapter 69A-40, F.A.C.
(b) A resident who otherwise meets the admission criteria for residency in a standard licensed facility, but who requires assistance with the administration and regulation of portable or assistance with routine care of site placement, may be admitted to a facility with a standard license as long as the facility has a nurse on staff or under contract to provide the assistance or to provide training to the resident on how to perform these functions themselves.
(c) Nursing staff may not provide training to unlicensed persons, as defined in Section 429.256(1)(b), F.S., to perform skilled nursing services, and may not delegate the nursing services described in this section to certified nursing assistants or unlicensed persons. This provision does not restrict a resident or a resident's representative from with a licensed third party to provide the assistance if the facility is agreeable to such an arrangement and the resident otherwise meets the criteria for admission and continued residency in a facility with a standard license.
(d) Not withstanding any other provisions of this rule, an individual enrolled in and receiving

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A 007	Continued From page 4 licensed hospice services may be admitted to an assisted living facility pursuant to Section 429.26(1)(d), F.S. (e) Resident admission criteria for facilities holding an extended congregate care license are described in Rule 59A-36.021, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review, the facility failed to appropriately assess for admission for 1 out of 5 sampled residents (Resident #3) to the facility for not basing its admission determination on an assessment of the resident's strengths, needs and preferences. The findings included: Review of the facility's Resident Lease Agreement, Page 1, revealed that a resident in order to be eligible for admission into the facility, must be in compliance with Chapter 429 Florida Statutes and "under the rules and regulations of the Agency for Health Care Administration." (Photographic evidence was obtained). Review of Resident #3's record indicated that the resident was admitted to the standard care side of the facility on [redacted] from his private home. Review of the resident's Medical Examination dated on [redacted] indicated that he was diagnosed with [redacted], unsteady gait, major [redacted], memory [redacted] and [redacted] deficiency. Review of this Medical Examination indicated that the resident was not an elopement risk and needed assistance with all of his activities of daily living (ADLs) and with self-administration of his medications. Review of the resident's Screening Tool dated on [redacted] indicated that the resident moved from his private	A 007		

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home and was independent. Review of this Screening Tool revealed that the resident had . . . . . and was an "exit seeker", and there was no other medical issues or medications listed.

In an interview conducted with Resident #3 on at 1:00 PM in the Memory Care Unit (MCU) of the facility, he stated that he lived there for about a year and that he liked it there. He stated that he used to live in the standard care side of the facility when he was first admitted to the facility. He stated that he was aware he left the facility a few months ago to get some cigarettes from the nearby store. He stated that he left from the standard care side of the facility through the front door which was not locked. He stated that he knew he stayed out for too long, about an hour, and that the staff became worried about him. He stated that he was found by a staff member and returned to the facility uninjured. He stated that he left out of his window a few weeks ago, just to smoke a cigarette just outside the MCU. He stated that the MCU was access controlled and this was the reason why the facility placed him in the MCU and to keep him safe. He stated that he did not leave the property this time and he just wanted to smoke a cigarette.

In an interview conducted with the Admission Director on . . . . . at 3:35 PM, she stated that she was the facility's Admission Director although her title was "External Case Manager" and that her primary responsibilities were related to the referral of new residents and their proper admission to the facility. She stated that she was required to complete a Pre-screening Tool for every new resident referred to the facility. She stated that Resident #3 had been in a nursing home a couple months before his admission to

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A 007	Continued From page 6	A 007		

the facility and that he was an elopement risk in the nursing home. She stated that she handled his admission to the facility and she collected the resident's Medical Examination before his admission. She stated that she did not review the Medical Examination to specifically know his elopement risk or other medical issues as assessed by the Physician. She stated that she gave these documents to the previous Director of Nursing (DON) and she did not discuss further the resident's placement in the facility with the DON. She stated that she worked in the facility since , of 2021 and that the admission Policies and Procedures had not changed since she has been here. She stated that since the resident had and a history of elopement, he needed to be placed inside the facility's MCU, which was access controlled, but she did not discuss this with the DON before the resident's admission. She stated that she knew the resident eloped a few months ago while he was in the standard care side of the facility. She stated that she did not follow up with the DON or the previous Administrator to ensure that the resident was properly placed in the facility whether it be in the MCU or the standard care side of the facility.

In an interview conducted with the previous DON on at 1:15 PM, she stated that she worked in the facility for about 2 years and resigned in , . She stated that the facility's admission process was deficient. She stated that Resident #3 was initially admitted to the standard care side of the facility sometime in and she believed that the resident needed to be in a nursing home due to his overall condition. She stated that the Admission Director recommended for the resident to be placed in the standard care side of

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the facility, but she disagreed with this assessment. She stated that there was incomplete resident information when the resident was first referred to the facility and this caused the previous Administrator to place the resident in the standard care side of the facility. She stated that after the resident eloped from the standard care side, he was then placed in the access controlled MCU. She stated that the resident's condition improved while in the MCU, but the initial admission process and communication with the Admission Director was not conducive to proper placements within the facility. She stated that this process frustrated her efforts to provide adequate care as the supervising nurse in the facility.

Review of the facility investigation report dated on . . . . . indicated that Resident #3 was noticed by a staff member to be outside of the MCU at approximately 8:30 PM. Review of this report indicated that the resident left the MCU through the window of his room to go outside the building to smoke a cigarette. Further review of the facility records indicated that there was no Investigative Report for the resident's previous elopement event.

Review of the Admission Director's employee record revealed that this staff member's working title was "External Case Manager" and it required the screening of possible for admission to the facility. Review of this position's duties and responsibilities included the following:

- Manage and coordinate the admission process between the Administrator and the referral source to ensure all required screening, medical, mental health and financial documentation is obtained and compliant prior to admission.

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A 007	Continued From page 8 - Maintain working knowledge of the State's regulations and guidelines as related to admission standards. Review of Resident #3's Medical Examination dated on [redacted] indicated that he was diagnosed with unsteady gait, triple [redacted], memory [redacted], major [redacted] and was [redacted]. Review of this Medical Examination indicated that the resident was an elopement risk and needed Memory Care for structured environment. Review of this Medical Examination indicated that the resident was independent with all of his activities of daily living (ADLs) and needed medication administration. In an observation conducted on [redacted], this Medical Examination was not previously available for review inside the resident's record before this date. In an interview conducted with the Administrator on [redacted] at 10:30 AM, she stated that she relied on the Admission Director to refer residents to the facility which must be properly screened so to determine every resident's strengths, needs and preferences. She stated that consideration of every resident's Medical Examination is also crucial to determine the admission criteria and is never solely the Admission Director's decision to place a resident in a specific unit within the facility. She stated that she was not aware that Resident #3's Pre-admission Screening was not completed by the Admission Director and if a new Medical Examination was needed to reflect the resident's condition immediately upon admission. She stated that she also did not know the previous Administrator's decision relating to Resident #3's initial placement in or out of the MCU on admission. She stated that she was	A 007		

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A 007	Continued From page 9 aware that the resident was allowed to be in the standard care side of the facility when he eloped in [redacted] and this was corrected by moving him to the MCU immediately. She stated that the facility's admission procedures must align with the regulatory standards and she was going to ensure that these were applied for every newly admitted resident. Class III	A 007		
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	A 030		

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A 030	Continued From page 10 1(888)419-3456, and the statewide toll-free telephone number of the Florida Hotline, 1(800)96- . . . . or 1(800)962-2873. The telephone numbers must be posted in close proximity to a telephone accessible by residents 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. and tobacco use; 3. Medication storage; 4. Resident elopement; 5. Reporting resident . . . . ., neglect, and . ; 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 . (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	A 030		

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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 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 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.

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A 030	Continued From page 12 (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 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	A 030		

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(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 030	Continued From page 13	A 030		

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 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

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A 030	Continued From page 14 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 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 interview and record review, the facility failed to implement its resident Grievance Policy and Procedures by not adequately responding to resident complaints for 10 out of 24 sampled residents (Residents #5, #6, #7, #8, #11, #16,	A 030		

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A	Continued From page 15 #18, #19, #20 and #29). The findings included: Review of the facility's undated Grievance Policy and Procedures revealed that the Resident's Monthly Meeting is used as a medium for residents to express themselves in terms of complaints or grievances related to any issue that affects them in their living environment. The provider or the staff who has the responsibility of initiating the meeting, document grievances and complaints voiced by the residents as well as interventions done by appropriate staff for each complaint for a satisfactory solution. On an ongoing basis, residents are allowed to voice problems to the provider or staff in charge, at any given time on an individual basis. The problem or grievance shall also be documented on a Complaint Log as well as follow-up actions taken by the provider to resolve such problems. The provider shall ascertain feedback from the residents to determine if interventions made for resolution are satisfactory to the resident(s) who made the complaint. (Photographic evidence was obtained). During an interview conducted with Resident #6 on [redacted] at 12:50 PM, she stated that she reported to the previous Administrator, that her clothes were missing and, in-, [redacted], a pair of pants that were taken to the laundry. The resident stated that she was aware of the facility's Grievance Policy and Procedure. However, she did not receive any information regarding the follow-up actions taken by the facility regarding her missing clothing. During an interview conducted with Resident #5 on [redacted] at 12:55 PM, she stated that she	A 030		

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A 030	Continued From page 16 made a verbal report to the previous Administrator that she had lost clothes, toiletries, and about $350.00 in cash. The resident stated that she was aware of the facility's Grievance Policy and Procedure. She did not receive a response from the Administrator regarding the follow-up actions taken by the facility about her missing items. During an interview conducted with Resident #7 on [redacted] at 1:07 PM, he stated that he made a verbal report to one of the Nurses about money that was stolen from his room. The resident stated that he was aware of the facility's Grievance Policy and Procedure. He also mentioned that his money was missing at the Resident Council meeting. He stated that he did not receive any response from any member of staff regarding the follow-up actions taken by the facility concerning the missing money. During an interview conducted with Resident #8 on [redacted] at 1:14 PM, she stated that she made a verbal report to the previous Administrator about money that was stolen from her wallet. The resident stated that she was aware of the facility's Grievance and Policy procedure. The resident stated that she never received a response from any member of staff regarding the follow-up actions taken by the facility regarding her report about her stolen property. During an interview conducted with Resident #16 on [redacted] at 9:55 AM, he stated that he made a verbal report to the previous Administrator about missing items of clothing. He stated that because he has a "bad temper", he was able to get some of his items of clothing. He stated that he did not get a response from any member of staff	A 030		

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A 030	Continued From page 17 about the follow-up actions taken by the facility regarding the other items of missing clothing. During an interview conducted with Resident #18 on [redacted] at 12:40 PM, she stated that she reported to the previous Administrator that she lost clothes, shoes, and about $800.00. She stated that she thinks that one of the reasons for her clothes missing is that the laundry staff are not competent. She stated that she is aware of the facility's Grievance Policy and Procedure because she attended Resident Council meetings. She stated that she did not get a response from any member of staff about the follow-up actions taken by the facility regarding her missing items. During an interview conducted with Resident #19 on [redacted], at 12:48 PM, she stated that her roommate had a picture frame and personal items missing from their room. The roommate and the resident reported to the previous Administrator, that the items were missing. The resident stated that she is aware of the facility's Grievance Policy and Procedure. She stated that neither she nor her roommate got a response from a member of staff about the follow-up actions taken by the facility regarding the missing items. During an interview conducted with Resident #20 on [redacted], at 12:50 PM, he stated that the charger for his phone was missing from his room. He reported it missing to a member of the facility staff. He stated that he is aware of the facility's Grievance Policy and Procedure. He stated that he did not get a response from any member of staff regarding the facility's follow-up actions regarding the missing phone charger.	A 030		

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A 030	Continued From page 18 During an interview conducted with Resident #29 on at 11:39 AM, she stated that she lost a jewelry box, jewelry, shoes and money when she moved her belongings, with staff help, from one room to another. She reported the items were missing to the previous Administrator. She stated that she is aware of the facility's Grievance and Procedure. She stated that no member of staff told her about any follow-up actions taken regarding the missing items. During an interview conducted on with Resident #11 at 11:00 AM, she stated that she told the previous Administrator that her two sun dresses were missing, in addition to a comforter, two sheets and two pillow-cases. She stated that she was aware of the facility's Grievance Policy and Procedure. She stated that no member of staff told her about any follow-up actions regarding her missing items. Review of the facility's Grievance Log revealed that it did not contain any information regarding the residents' previous complaints of missing items or follow-up by the facility. In an interview conducted with the Administrator on at 9:30 AM, she stated that she did not receive any resident grievance or complaint reports from the previous Administrators. She stated that the Grievance Log was presently the only resource she had to review past complaints and that it did not contain any significant information. She stated that since she started as an Administrator on . . . . . , she has become aware that the resident grievance process was deficient. She stated that she not aware of residents' past complaints which related to missing items or money. She stated that she was going to implement a more streamlined resident	A 030		

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A 030	Continued From page 19 grievance process with her staff so to receive and respond to residents' complaints more effectively. Class III	A 030		
A 032	59A-36.007(7) FAC Resident Care - Elopement Standards 59A-36.007 (7) ELOPEMENT STANDARDS. (a) Residents Assessed at Risk for Elopement. All residents assessed at risk for elopement or with any history of elopement must be identified so staff can be alerted to their needs for support and supervision. All residents must be assessed for risk of elopement by a health care provider or a mental health care provider within 30 calendar days of being admitted to a facility. If the resident has had a health assessment performed prior to admission pursuant to paragraph 59A-36.006(2)(a), F.A.C., this requirement is satisfied. A resident placed in a facility on a temporary emergency basis by the Department of Children and Families pursuant to Section 415.105 or 415.1051, F.S., is exempt from this requirement for up to 30 days. 1. As part of its resident elopement response policies and procedures, the facility must make, at a minimum, a daily effort to determine that at risk residents have identification on their persons that includes their name and the facility's name, address, and telephone number. Staff trained pursuant to paragraph 59A-36.011(10)(a) or (c), F.A.C., must be generally aware of the location of all residents assessed at high risk for elopement at all times. 2. The facility must have a photo identification of at risk residents on file that is accessible to all facility staff and law enforcement as necessary.	A 032		

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A 032	Continued From page 20 The facility's file must contain the resident's photo identification upon admission or upon being assessed at risk for elopement subsequent to admission. The photo identification may be provided by the facility, the resident, or the resident's representative. (b) Facility Resident Elopement Response Policies and Procedures. The facility must develop detailed written policies and procedures for responding to a resident elopement. At a minimum, the policies and procedures must provide for: 1. An immediate search of the facility and premises, 2. The identification of staff responsible for implementing each part of the elopement response policies and procedures, including specific duties and responsibilities, 3. The identification of staff responsible for contacting law enforcement, the resident's family, guardian, health care surrogate, and case manager if the resident is not located pursuant to subparagraph (8)(b)1.; and, 4. The continued care of all residents within the facility in the event of an elopement. (c) Facility Resident Elopement Drills. The facility must conduct and document resident elopement drills pursuant to Section 429.41(1)(k), F.S. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to develop detailed written Elopement Response Policy and Procedures which were specific to the facility's capabilities and features. The findings included: Review of the facility's undated Resident	A 032		

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A 032	Continued From page 21 Elopement Policy" revealed that it was the facility's priority to promote and foster an environment of safety and good quality of life for all residents. Review of this policy indicated that the facility stipulated resident elopement by definition, procedures, evaluation, reporting and performing drills. Further review of this policy did not address the facility's specific interventions to implement after an event of resident elopement or its physical features which will prevent elopement. (Photographic evidence was obtained). In an observation conducted on at 10:35 AM, the facility was a single-level, multi-wing facility with an electronically access-controlled Memory Care Unit (MCU) located on the southwest portion of the property. Further observation of the facility revealed that it had a capacity of 205 resident beds with the MCU having a capacity of approximately 35 resident beds. In an interview conducted with the Administrator on at 10:00 AM, she stated that the facility had 3 resident elopement events in the year 2022 and that none of these led to any resident injuries. She stated that whenever a resident who initially lived in the standard care side of the facility and exhibited exit-seeking behaviors, the facility will prompt a resident evaluation so to recommend to move this at risk resident to the MCU. She stated that the MCU was access-controlled, with electronic coded access, and it prevented residents from outside this unit and into the standard care side of the facility. In an interview conducted with the Administrator on at 11:45 AM, she stated that another	A 032		

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A 032	Continued From page 22 measure the facility implemented was to ensure that all the windows in the MCU had a locking device so as to prevent residents from opening the window to leave the building. She stated that even though a resident may break out of a MCU window, the outside of the MCU was fenced and it was extremely difficult for anyone to breach through the fence to depart the facility property. She stated that the staff was furthermore trained to observe MCU residents very closely so to maintain knowledge of their whereabouts throughout the day. She confirmed that these facility environmental features and other interventions in place to prevent resident elopements were not mentioned in the facility Policy and Procedures. She stated that she understood the value to develop thorough written elopement prevention Policy and Procedures so to accurately represent the facility's actual capabilities to prevent and respond to resident elopements. Class III	A 032		
A 078	59A-36.010(2) FAC Staffing Standards - Staff (2) STAFF. (a) Within 30 days after beginning employment, newly hired staff must submit a written statement from a health care provider documenting that the individual does not have any signs or symptoms of communicable . The examination performed by the health care provider must have been conducted no earlier than 6 months before submission of the statement. Newly hired staff does not include an employee transferring without a break in service from one facility to another when the facility is under the same management or ownership.	A 078		

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A 078	Continued From page 23 1. Evidence of a negative examination must be documented on an annual basis. Documentation provided by the Florida Department of Health or a licensed health care provider certifying that there is a shortage of testing materials satisfies the annual examination requirement. An individual with a positive test must submit a health care provider's statement that the individual does not constitute a risk of 2. If any staff member has, or is suspected of having, a communicable , such individual must be immediately removed from duties until a written statement is submitted from a health care provider indicating that the individual does not constitute a risk of transmitting a communicable (b) Staff must be qualified to perform their assigned duties consistent with their level of education, training, preparation, and experience. Staff providing services requiring licensing or certification must be appropriately licensed or certified. All staff must exercise their responsibilities, consistent with their qualifications, to observe residents, to document observations on the appropriate resident's record, and to report the observations to the resident's health care provider in accordance with this rule chapter. (c) All staff must comply with the training requirements of rule 59A-36.011, F.A.C. (d) An assisted living facility to provide services to residents must ensure that individuals providing services are qualified to perform their assigned duties in accordance with this rule chapter. The contract between the facility and the staffing agency or contractor must specifically describe the services the staffing	A 078		

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A 078	Continued From page 24 agency or contractor will provide to residents. (e) For facilities with a licensed capacity of 17 or more residents, the facility must: 1. Develop a written job description for each staff position and provide a copy of the job description to each staff member; and, 2. Maintain time sheets for all staff. (f) Level 2 background screening must be conducted for staff, including staff . . . . . by the facility to provide services to residents, pursuant to sections 408.809 and 429.174, F.S. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide documented evidence of an annually updated negative ( ) examination from a Health Care Practitioner for 3 out of 6 sampled staff members (Administrator, Admission Director and Staff B). The findings included: Review of the Administrator's employee record indicated that she was hired on and she presently worked in the facility as an Administrator. Further review of this record indicated that the Administrator did not have evidence of having received a recent annual examination. Review of the Admission Director's employee record indicated that she was hired on and she presently worked in the facility as Admission Director and Case Manager. Further review of this record indicated that the Admission Director did not have evidence of having received a recent annual examination. Review of Caregiver Staff B's employee record indicated that she was hired on to work	A 078		

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A 078	Continued From page 25 the 3:00 PM to 11:00 PM shift and she presently worked in the facility as a Direct Care staff member. Further review of this record indicated that Staff B did not have evidence of having received a recent annual examination. In an interview conducted with the Administrator on at 2:55 PM, she stated that the facility did not presently have evidence that the Admission Director and Staff B received a recent, annually updated negative examination from a Health Care Practitioner. She confirmed that her last examination was not updated since Class III	A 078		
AE203	59A-36.021(3) FAC ECC - Staffing Requirements (3) STAFFING REQUIREMENTS. The following staffing requirements apply for extended congregate care services: (a) Supervision by an administrator who has a minimum of two years of managerial, nursing, social work, therapeutic recreation, or counseling experience in a residential, long-term care, or acute care setting or agency serving elderly or persons. If an administrator appoints a manager as the supervisor of an extended congregate care facility, both the administrator and manager must satisfy the requirements of subsection 59A-36.010(1), F.A.C. 1. A baccalaureate degree may be substituted for one year of the required experience. 2. A nursing home administrator licensed under chapter 468, F.S., is qualified under this paragraph. (b) Provide staff or contract the services of a nurse who must be available to provide nursing	AE203		

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AE203	Continued From page 26 services, participate in the development of resident service plans, and perform monthly nursing assessments for extended congregate care residents. (c) Provide enough qualified staff to meet the needs of extended congregate care residents in accordance with rule 59A-36.010, F.A.C., and to provide the services established in each resident's service plan. (d) Ensure that adequate staff is awake during all hours to meet the scheduled and unscheduled needs of residents. (e) Immediately provide additional or appropriately qualified staff, when the agency determines that service plans are not being followed or that residents' needs are not being met because insufficient staffing, in accordance with the staffing standards established in rule 59A-36.010, F.A.C. (f) Ensure and document that staff receive extended congregate care training as required in rule 59A-36.011, F.A.C. This Statute or Rule is not met as evidenced by: Based on interview and record review the facility failed to meet its Extended Congregate Care (ECC) staffing requirements by not having a qualified ECC Supervisor and staff to meet the needs of 2 out of 2 sampled ECC residents (Resident #30 and Resident #31). The findings included: Review of the facility's ECC Policies and Procedures did not indicate that any specific individual was appointed as the facility's ECC Supervisor. Review of the facility's ECC Services Log indicated that the facility presently provided ECC	AE203		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11942934	A. BUILDING: _____ B. WING _____	11/04/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE W ASSISTED LIVING AT POMPANO BEACH	295 SW 4TH AVENUE POMPANO BEACH, FL 33060

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AE203	Continued From page 27 services to 8 facility residents. Further review of this Log did not describe the specific type or frequency of ECC services for any of the residents listed in the log. (Photographic evidence was obtained). In an interview conducted with the Administrator on at 2:45 PM, she stated that she did not know who presently served as the facility's ECC Supervisor. In an interview conducted with the facility's Director of Nursing (DON) on at 3:05 PM, she stated that she did not know who the facility's current ECC Supervisor was or how the facility's ECC services were arranged and provided for each ECC resident. She stated that Residents #30 and Resident #31 received "total ADL (activities of daily living) care" as their established ECC services. She stated that she did not know if any of the ECC residents received specialized nursing services or if the facility developed ECC specific service plans. She stated that she did not actively perform the ECC residents' monthly Nursing Assessments. Review of the facility's ECC Services Log indicated that Resident #30 received ECC services, but it did not specify the type or frequency of ECC services provided. Review of Resident #30's undated Medical Examination revealed that the resident was diagnosed with 's and unspecified . Review of this Medical Examination indicated that the resident needed assistance with all of her ADLs, with exception of eating (supervision) and assistance with self-administration of medication. Review of the resident's Plan of Care dated on indicated that the resident needed	AE203		

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AE203	Continued From page 28 assistance with her ADLs without any description of special needs or total care, which required staff completion for the resident's ADL actions, was noted. Further review of the resident's record revealed that there was no monthly Nursing Assessment available for review. (Photographic evidence was obtained). Review of the facility's ECC Services Log indicated that Resident #31 received ECC services, but it did not specify the type or frequency of ECC services provided. Review of Resident #31's Medical Examination dated on revealed that the resident was diagnosed with , , and . Review of this Medical Examination indicated that the resident needed assistance with all of her ADLs and with medication administration. Review of the resident's Plan of Care dated on indicated that the resident needed assistance with her ADLs without any description of special needs or total care, which required staff completion for the resident's ADL actions, was noted. Further review of the resident's record revealed that there was no monthly Nursing Assessment available for review. (Photographic evidence was obtained). In an interview conducted with the facility's Assistant Director of Nursing (ADON) on at 3:25 PM, she stated that she worked in the Memory Care Unit (MCU) as a Supervising Nurse and that the ECC Log represented that 7 residents in the MCU received ECC services. She stated that she was not aware of the type or frequency of ECC services each of the residents who were in the MCU received. She stated that she did not actively perform the ECC residents'	AE203		

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AE203	Continued From page 29 monthly Nursing Assessments. Review of the Administrator's employee record indicated that she initiated her employment at the facility in . . , ... as a Human Resources Manager and began her position as Administrator on . . . . . Further review of this employee record indicated that the Administrator did not have any ECC specific training or any other experience which would qualify her to be the facility's ECC Supervisor. Review of Caregiver Staff B's employee record indicated that she initiated her employment at the facility on . . . . . and she presently worked as a direct care staff member and Medication Technician to work the 3:00 PM to 11:00 PM shift. Further review of this employee record indicated that this staff member did not have any ECC specific training to address ECC concepts and requirements, including the delivery of personal care and supportive services in a facility who holds the ECC specialty on their license. Class III	AE203		