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
	AL11969725	A. BUILDING: _____ B. WING _____	11/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CAPSTONE AT ROYAL PALM	10621 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411

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A 000	Initial Comments An unannounced licensure Complaint survey (#2022016026, #2022016432) was commenced on and concluded on at The Capstone at Royal Palm. The facility had deficiencies identified related to the Complaint (#2022016432) at the time of the survey.	A 000		
A 026	59A-36.007(2) FAC Resident Care - Social & Leisure Activities (2) SOCIAL AND LEISURE ACTIVITIES. Residents shall be encouraged to participate in social, recreational, educational and other activities within the facility and the community. (a) The facility must provide an ongoing activities program. The program must provide diversified individual and group activities in keeping with each resident's needs, abilities, and interests. (b) The facility must consult with the residents in selecting, planning, and scheduling activities. The facility must demonstrate residents' participation through one or more of the following methods: resident meetings, committees, a resident council, a monitored suggestion box, group discussions, questionnaires, or any other form of communication appropriate to the size of the facility. (c) Scheduled activities must be available at least 6 days a week for a total of not less than 12 hours per week. Watching television is not an activity for the purpose of meeting the 12 hours per week of scheduled activities unless the television program is a special one-time event of special interest to residents of the facility. A facility whose residents choose to attend day programs conducted at adult day care centers, senior centers, mental health centers, or other day programs may count those attendance hours towards the required 12 hours per week of	A 026		

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A 026	Continued From page 1 scheduled activities. An activities calendar must be posted in common areas where residents normally congregate. (d) If residents assist in planning a special activity such as an outing, seasonal festivity, or an excursion, up to 3 hours may be counted toward the required activity time. This Statute or Rule is not met as evidenced by: Based on observation, record reviews, video recorded evidence, and interviews, the facility failed to provide escorts for 1 of 1 sampled residents (Resident #1) who required staff escorts to all activities. The findings included: On at 10:00 AM, 12 residents were observed in the activity area listening to music. Resident #1 was observed in her room coloring. On at 10:06 AM, 12 residents were participating in an exercise activity. Resident #1 wass still in her room coloring. On at 10:40 AM, Resident #1 is still sitting in her room coloring. Daughter A arrives for a visit. On at 10:45 AM, Daughter A states, "The aides are supposed to come in and try to get my mom to attend activities and escort her there. The aide who comes will be told 'No' by my mom, but she needs to come a second time, and then make sure she follows my mom till they get to the activity. Sometimes, the aide will come in to get my mom and my mom will follow her out, but then mom takes a detour to the bathroom and the aide goes on and leaves her, so my mom just returns to the room."	A 026		

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A 026	Continued From page 2 On at 2:00 PM, several residents were observed participating in a culinary activity. Resident #1 was sitting in her room coloring. No staff were observed encouraging Resident #1 to attend this activity or escorting the resident to the activity. A review of Resident #1's Plan of Care, dated , documents the need for Resident #1 to be escorted to meals and activities. On at 8:20 PM, an email was sent by Daughter B which included a list of all recorded times when Resident #1 was not escorted or encouraged to attend activities. Below is a list of all of the dates and times escorts/encouragement did not occur in : - Resident #1 sat in room all day, except for meals. - No 1:00 PM or 3:30 PM activities (resident was offsite in the AM) - No 9:45 AM, 10:00 AM, 1:30 PM, 2:30 PM or 3:30 PM activities - No 10:30 AM, 1:00 PM, 1:30, or 2:00 PM activities - No 1:30 PM or 2:00 PM activities - No 10:00 AM, 10:20 AM, or 6:00 PM activities - No 9:45 AM, 10:00 AM, 10:30 AM, 1:30 PM, or 6:00 PM activities - No 9:45 AM, 10:00 AM, 10:30 AM, 1:30 PM ,or 6:00 PM activities - No 9:45 AM, 10:00 AM, 10:30 AM, 11:00 AM, 1:00 PM, or 3:00 PM activities - No 9:45 AM, 10:00 AM, 10:30 AM, 11:00 AM, 1:30 PM, 2:30 PM, 3:30 PM, or 6:00 PM activities - No 10:00 AM, 2:00 PM, or 3:00 PM activities	A 026		

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A 026	Continued From page 3 . . . . . - No 9:45 AM, 10:00 AM, 10:30 AM, 1:30 PM, 2:00 PM, or 3:00 PM activities . . . . . - No 9:45 AM, 10:00 AM, 10:30 AM, 1:00 PM, 2:00 PM, or 3:30 PM activities . . . . . - No 10:30 AM, 11:00 AM, 1:30 PM, 2:00 PM, 3:30 PM, or 6:00 PM activities . . . . - No 9:45 AM, 10:00 AM, 1:30 PM 2:30 PM, or 6:00 PM activities . . . . . - No 9:45 AM, 10:00 AM, 1:00 PM, or 3:30 PM activities . . . . . - No 9:45 AM, 1:30 PM, 3:30 PM, or 6:00 PM activities . . . . . - No 9:45 AM, 10:00 AM, 10:30 AM, 10:45 AM, 1:00 PM, or 1:30 PM activities . . . . . - No 1:30 PM, 2:00 PM, 2:30 PM, or 3:00 PM activities . . . . . - No 9:45 AM, 1:00 PM, or 3:30 PM activities. On . . . . . at 7:58 AM, the Executive Director was notified via email of video documentation showing concerns regarding staff not providing escorts or encouragement to attend activities. The ED has not responded to these concerns. Class III	A 026		
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	A 030		

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A 030	Continued From page 4 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; , Rights Florida, 1(800)342-0823; the Agency Consumer Hotline 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;	A 030		

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A 030	Continued From page 5 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 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	A 030		

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A 030	Continued From page 6 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 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	A 030		

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A 030	Continued From page 7 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 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.	A 030		

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A 030	Continued From page 8 (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 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	A 030		

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A 030	Continued From page 9 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 follow their policy and procedure related to resolution of grievances for 1 of 1 sampled residents (Resident #1). The findings included: On . . . . . at 10:45 AM, Daughter A stated that her and Resident #1's other daughter, Daughter B, had reported several grievances to the Executive Director (ED) via email on related to not following Resident #1's plan of care concerning resident's meals, escorting resident to and from meals and activities, providing snacks to resident, and staff not conducting 2 hour checks on Resident #1 throughout the night. The ED sent a response to Daughter A and B disputing allegations and requesting specific dates and times. Daughter B responded that video recordings showing evidence of their concerns could be provided. A meeting with the ED on . . . . . or . . . . . was requested. On . . . . . , a meeting was held with the Generations Program Director (GPD) to discuss all of the concerns listed above. Daughter B stated in an email on at 2:29 PM, "I sat	A 030		

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A 030	Continued From page 10 down and showed the GPD videos of mom sitting in her room and no one taking her to dinner the previous evening, the same day as our meeting . Mom did not eat dinner that night." During an interview conducted with Daughter A on at 10:45 AM, she stated there had not been any communication from the GPD or ED regarding the resolution of any of the grievances brought up during the meeting on . Daughter A stated there had been no change related to the concerns with Resident #1's care since the meeting on . On at 1:08 PM, the ED stated, "The Care Team had a meeting with the daughter on . As far as I understood, all the issues the daughter brought up were resolved during that meeting. I understood a lot of her concerns, and a new care plan was completed and instituted, and I walked away feeling positive about how things were resolved. The daughter left saying her mom was happy here, and she did not want to move her mom to another facility. I have not heard anything to the contrary about any further issues since that meeting." On at 7:58 AM, the ED was notified by this surveyor of continued concerns expressed by Resident #1's daughter regarding Resident #1 not getting her meals delivered cut up, not receiving snacks between meals or at bedtime, and not being escorted to activities. On at 11:19 AM, the ED responded via email, "To correct the issues at , we have conducted an in-service and have trained our wait-staff on the importance of adhering to our Dietary Communication Notification form."	A 030		

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A 030	Continued From page 11 A review of the facility's Grievance Policy and Procedures documents, "If staff cannot resolve any issues, the Administrator will meet one-on-one with the resident and/or families to discuss the problem and resolve the issue. The family or Responsible Person will be kept of any complaints and resolution of the problem by telephone within 24 hours and in writing if requested, within 72 hours." According to an email received from Daughter B on at 1:54 PM, she confirmed that she has not received any communication, via email or telephone call, from the ED or GPD since . . . . . The ED has not communicated to Resident #1's daughters any steps taken toward resolving the continued concerns. Class III	A 030		
A 093	59A-36.012(2) FAC Food Service - Dietary Standards (2) DIETARY STANDARDS. (a) The meals provided by the assisted living facility must be planned based on the current USDA Dietary Guidelines for Americans, 2020-2025, which are incorporated by reference and available for review at: http://www.flrules.org/Gateway/reference.asp?No=Ref-04003, and the current table of Dietary Reference Intakes established by the Food and Nutrition Board of the Institute of Medicine of the National Academies, 2019, which are incorporated by reference and available for review at: https://ods.od.nih.gov/HealthInformation/Dietary_Reference_Intakes.aspx. Therapeutic diets must meet these nutritional standards to the extent	A 093		

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A 093	Continued From page 12 possible. (b) The residents' nutritional needs must be met by offering a variety of meals adapted to the food habits, preferences, and physical abilities of the residents, and must be prepared through the use of standardized recipes. For facilities with a licensed capacity of 16 or fewer residents, standardized recipes are not required. Unless a resident chooses to eat less, the facility must serve the standard minimum portions of food according to the Dietary Reference Intakes. (c) All regular and therapeutic menus to be used by the facility must be reviewed annually by a licensed or registered dietitian, a licensed nutritionist, or a registered dietetic technician supervised by a licensed or registered dietitian, or a licensed nutritionist to ensure the meals meet the nutritional standards established in this rule. The annual review must be documented in the facility files and include the original signature of the reviewer, registration or license number, and date reviewed. Portion sizes must be indicated on the menus or on a separate sheet. 1. Daily food servings may be divided among three or more meals per day, including snacks, as necessary to accommodate resident needs and preferences. 2. Menu items may be substituted with items of comparable nutritional value based on the seasonal availability of fresh produce or the preferences of the residents. (d) Menus must be dated and planned at least 1 week in advance for both regular and therapeutic diets. Residents must be encouraged to participate in menu planning. Planned menus must be conspicuously posted or easily available to residents. Regular and therapeutic menus as served, with substitutions noted before or when the meal is served, must be kept on file in the	A 093		

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THE CAPSTONE AT ROYAL PALM	10621 OKEECHOBEE BLVD ROYAL PALM BEACH, FL 33411

(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 093	Continued From page 13 facility for 6 months. (e) Therapeutic diets must be prepared and served as ordered by the health care provider. 1. Facilities that offer residents a variety of food choices through a select menu, buffet style dining, or family style dining are not required to document what is eaten unless a health care provider's order indicates that such monitoring is necessary. However, the food items that enable residents to comply with the therapeutic diet must be identified on the menus developed for use in the facility. 2. The facility must document a resident's refusal to comply with a therapeutic diet and provide notification to the resident's health care provider of such refusal. (f) For facilities serving three or more meals a day, no more than 14 hours must elapse between the end of an evening meal containing a protein food and the beginning of a morning meal. Intervals between meals must be evenly distributed throughout the day with not less than 2 hours nor more than 6 hours between the end of one meal and the beginning of the next. For residents without access to kitchen facilities, snacks must be offered at least once per day. Snacks are not considered to be meals for the purposes of _ the time between meals. (g) Food must be served attractively at safe and palatable temperatures. All residents must be encouraged to eat at tables in the dining areas. A supply of eating ware sufficient for all residents, including adaptive equipment if needed by any resident, must be on . (h) A 3-day supply of nonperishable food, based on the number of weekly meals the facility has . . . . . with residents to serve, must be on at all times. The quantity must be based on the resident census and not on licensed capacity.	A 093		

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A 093	Continued From page 14 The supply must consist of foods that can be stored safely without refrigeration. Water sufficient for drinking and food preparation must also be stored, or the facility must have a plan for obtaining water in an emergency, with the plan coordinated with and reviewed by the local disaster preparedness authority. This Statute or Rule is not met as evidenced by: Based on record review, photographic evidence, and interviews, the facility failed to: 1) Provide resident with all meals cut into manageable bite-sized portions to assist with eating, as per plan of care; 2) Provide resident 3 meals a day, plus snacks, as necessary to accommodate resident's needs and preferences; This affected 1 of 1 sampled residents (Resident #1). The findings included: 1) During an interview conducted with Resident #1's daughter (Daughter A) on at 10:45 AM, she stated that her mother had been in the facility since of 2022. Per her mother's Plan of Care, Resident #1 is to have all her meals cut into manageable portions to assist her with eating. Daughter A stated, "There have been several instances when the meal was served to my mom without being cut up." She stated there had been a meeting with the Executive Director and Generations Director on and concerns about her mother's care had been discussed. However, on at 10:30 AM, via email, Daughter A provided photos showing Resident #1 being served meals on (spaghetti and chicken), (chicken fajitas - missing the tortilla), (meatloaf) and (hot dog on a) that had not	A 093		

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A 093	Continued From page 15 been cut up (Photographic evidence obtained). Review of Resident #1's Plan of Care, amended on . shows Resident #1 requires "Assistance in opening containers and/or cutting food, using utensils." This information was shared with the Executive Director (ED) on at 7:58 AM. The ED responded on at 11:19 AM that an in-service and training for wait staff on the importance of adhering to the facility's Dietary Communication Notification form had been completed. 2a) In an email dated at 10:27 PM, Daughter B provided video evidence showing Resident #1 sitting alone in her room on from 12:21 PM until 7:37 PM when staff came in to put the resident to bed. From 12:21 PM until 7:37 PM, no staff came into the room to offer Resident #1 a snack or beverage, bring her dinner, or come in to escort the resident out to the dining room for dinner. At 7:45 PM, Resident was put into bed. At 7:54 PM, a Nurse comes into the room to give the resident her evening medication. On at 8:24 AM, Resident #1 was seen sitting in the dining room for breakfast. On , Resident #1 did not have any food or beverage, other than water to take medication, offered to her from 12:21 PM until the resident was seen sitting in the dining room for breakfast on at 8:24 AM. On at 12:28, via email, Daughter B provided additional information. She stated, "Resident #1 had a hair , , on the morning of . We stopped at (name	A 093		

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A 093	Continued From page 16	A 093		

of restaurant) for lunch before we returned to the facility around noon. We let the staff know when we returned that she had lunch. She did not have dinner served to her that evening."

2b) On from 10:00 AM to 10:30 AM, 12 residents were engaged in music and exercise activities. Resident #1 was sitting in her room, coloring. During this time, no staff is seen or heard entering Resident #1's room to offer or bring snacks.

During an interview conducted on at 10:45 AM, Daughter A stated that in order to monitor her mother's care, the family has installed a video camera that records all activity in her mother's room, twenty-four hours a day, which is available for review. She stated, "My mother has , and she does not have the ability to get herself a snack or drink on her own, or to request these things. Yesterday she finished dinner at 5:33 PM and went to breakfast at 8:30 AM this morning. That is 15 hours between meals, with no snack before bedtime."

During an interview conducted with the Memory Care Director on at 1:45 PM, she stated, "Snacks are provided 3 times a day, at 10 :00 AM, 2:00 PM and 7:00 PM. Dinner is served from 5:00 - 6:30 PM and Breakfast starts at 8:00 AM."

On at 2:11 PM, the Activity Assistant stated, "I give the residents snacks every day at 2 PM during activities. The residents that do not want to come to activities will be given their snack in their room."

On at approximately 2:15 PM, the Activity Assistant enters Resident #1's room to ask if she wants to attend activities and provides

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A 093	Continued From page 17 resident with a snack. On . . . . at 10:11 PM, Daughter B responded in an email that the facility staff are to escort her mother to activities where she would be provided snacks, or bring snacks to her mother while she is in her room. Per meeting with the ED on , snacks are to be provided to residents between meals (10 AM and 2 PM) and at bedtime (7 PM). However, Daughter B stated the video evidence shows only 1 time did staff actually provide a snack to her mother between meals. She stated that her mother is always in her room between meals, as rarely does staff come in to escort her to activities. On . . . . at 7:58 AM, the ED was notified of the evidence provided showing issue regarding lack of provision of daily snacks. An email was received from the ED on . . . . . at 11:19 AM which documented, "we have conducted an in-service and have trained our wait-staff on the importance of adhering to our Dietary Communication Notification form." Class III	A 093		