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
	AL11967965	A. BUILDING: _____ B. WING _____	11/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AFH SENIOR CARE POMPANO BEACH	4200 NE 19TH AVENUE POMPANO BEACH, FL 33064

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A 000	Initial Comments An unannounced Change of Ownership (CHOW), Generator Monitoring and Bed Capacity Increase (from 6 to 10 beds) survey was conducted on [redacted] at AFH Senior Care Pompano Beach. The facility had deficiencies identified related to the Change of Ownership. The bed capacity increase from 6 to 10 beds was denied 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 [redacted] the resident may have; 2. The name of the resident's health care 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.	A 054		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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A 054	Continued From page 1 (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 record review and interview, the facility failed to maintain a detailed Medication Observation Record (MOR) for 1 out of 1 sampled residents who required assistance with self-administration of medications who did not receive medications as ordered by the Physician, specifically Resident # 1. The findings included: Review of the record for Resident #1 revealed she was admitted to the facility on with diagnoses to include , , , and . A request was made on at 1:40 PM to the Administrator to provide the MOR for Resident # 1's , , , and MOR. The Administrator only provided the MOR for , and and stated she was unable to locate the MOR for . A review of Resident #1's MOR, revealed she was to take one 5 milligram (MG) tablet by twice a day used for . However there was no documentation on the residents' MOR that on that the 5:00 PM medication was given. Additional review of the MOR revealed it was not signed by the staff providing the medication, and the medication was not given as ordered by the	A 054		

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A 054	Continued From page 2 resident's Physician. Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on this day. Review of the MOR also revealed that Resident #1 was to receive , 10 MG tablet - take one tablet by twice a day used for high , . There was no documentation in the resident's MOR on at 5:00 PM the medication was given as it was not signed off on the MOR by the staff providing the medication, and it was not given as ordered by the resident's Physician. Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on this day. Review of Resident #1's MOR revealed she was to receive , 250 MG/5 milliliters (ML) - take 10 ML (500 MG) by every 12 hours used for and , . There was no documentation on the resident's MOR on at 8:00 PM the medication was given as it was not signed by the staff providing the medication as ordered by the resident's Physician. Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on this day. Review of Resident #1's MOR revealed she was to receive , 1 MG/ML Solution - take 1.5 ML (1.5 MG) by at bedtime used for , . Observation revealed there was no documentation in the resident's MOR on at 8:00 PM that documented the medication was given as it was not signed by the staff providing the medication. Further review of the resident's chart did not show	A 054		

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A 054	Continued From page 3 that the residents Physician gave an order for the medication to be held or discontinued on this day. Review of Resident #1's MOR revealed she was to receive 50 MG tablet - take ½ tablet by at bedtime used for , and . Review revealed there was no documentation in the resident's MOR on at 8:00 PM that documented the medication was given as the MOR was not signed by the staff providing the medication. Further review of the resident's chart did not show that the residents Physician gave an order for the medication to be held or discontinued on this day. A review of the Resident #1's MOR, revealed she was to receive , 250 MG/5 ML - take 10 ML (500 MG) by every 12 hours. Further review of the MOR revealed the word "HOLD" was handwritten on the MOR for the month of . Further review of the of the MOR revealed no documentation indicating that it was or was not given. Further review of the resident's medical record did not show that the medication had been put on hold or discontinued by the resident's Physician; there were no Progress Notes to indicate an order change or reason for not administering the medication which was also indicated for her , . In an interview conducted with the Administrator on at approximately 2:16 PM, she was advised that the , was documented as being on hold for the month of , however there was no order observed in the resident's chart for the medication to be held. The Administrator confirmed an order should be given for the medication to be held and the prescription from the pharmacy sent to the facility for the MOR	A 054		

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A 054	Continued From page 4 to be updated. The Administrator was advised that the binder she gave for Resident #1 was reviewed and it did not show an order for the medication to be placed on hold, or discontinued, or any Progress Notes written to indicate a change in the order. Further, the review of Resident 1's medical record chart only showed medication orders from the Physician dated . No other updated medication lists were observed in the resident's chart. Additionally, the MOR for was not available or provided for review during the survey. Class III	A 054		
A 085	59A-36.011(7) FAC Training - Nutrition & Food Service (7) NUTRITION AND FOOD SERVICE. The administrator or person designated by the administrator as responsible for the facility's food service and the day-to-day supervision of food service staff must obtain, annually, a minimum of 2 hours continuing education in topics pertinent to nutrition and food service in an assisted living facility. This requirement does not apply to administrators and designees who are exempt from training requirements under paragraph 59A-36.012(1)(b). A certified food manager, licensed dietician, registered dietary technician or health department sanitarian is qualified to train assisted living facility staff in nutrition and food service. This Statute or Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure 1 out of 1	A 085		

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A 085	Continued From page 5 sampled direct care staff, Staff A, completed training on Nutrition and Food Service for those staff responsible for resident food service and supervision of food service. The findings included: During review of Staff A's employee record revealed a date of hire of . . . . . Further review of the employee record revealed no evidence of documentation of completion of any Nutrition and Food Service education since the date of hire. During the survey, Staff A was observed on at 12:00 PM, preparing and serving food to 4 of the 4 residents currently residing in the facility. In an interview conducted with the Administrator on . . . . . at 12:49 PM, she confirmed Staff A was responsible for ordering, handling and serving the food. She was unable to provide documentation of any completed Nutrition and Food Service training during the survey. Class III	A 085		
CZ814	435.12(2)(b-d), FS Background Screening Clearinghouse 435.12 Care Provider Background Screening Clearinghouse.- (2)(b) Until such time as the , are enrolled in the national retained print notification program at the Federal Bureau of Investigation, an employee with a break in service of more than 90 days from a position that requires screening by a specified agency must	CZ814		

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CZ814	Continued From page 6 submit to a national screening if the person returns to a position that requires screening by a specified agency. (c) An employer of persons subject to screening by a specified agency must register with the clearinghouse and maintain the employment status of all employees within the clearinghouse. Initial employment status and any changes in status must be reported within 10 business days. (d) An employer must register with and initiate all criminal history checks through the clearinghouse before referring an employee or potential employee for electronic submission to the Department of Law Enforcement. The registration must include the employee's full first name, middle initial, and last name; social security number; date of birth; mailing address; ; and race. Individuals, persons, applicants, and controlling interests that cannot legally obtain a social security number must provide an individual taxpayer identification number. This Statute or Rule is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure that all its employees were listed on the facility's Background Screening (BGS) Clearinghouse Roster for 1 out of 2 sampled employee records reviewed, specifically the Administrator. The findings included: During the Change of Ownership Survey conducted at the facility on a review of employee records was conducted. A review of the employee record for the Administrator revealed she was hired as the Administrator of the facility on . Further review of the employee record failed to	CZ814		

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CZ814	Continued From page 7 reveal documentation that she had been placed on the BGS Clearinghouse Roster. A review of the Agency's BGS Clearinghouse Roster confirmed that she was not listed as an employee of the facility. During an interview conducted with the Administrator on at 10:05 AM, she was informed she did not appear on the facility's BGS Clearinghouse Roster. She stated she was not aware the owner had not included her on the BGS Clearinghouse Roster. On at 3:13 PM, the survey team met with the Administrator to conduct the exit conference. She was informed of and acknowledged the finding. Unclassified	CZ814		
CZ841	408.823( ) FS In-person Visitation (1) This section applies to centers as defined in s. 393.063, hospitals licensed under chapter 395, nursing home facilities licensed under part II of chapter 400, hospice facilities licensed under part of chapter 400, intermediate care facilities for the licensed and certified under part VIII of chapter 400, and assisted living facilities licensed under part I of chapter 429. (2)(a) No later than 30 days after the effective date of this act, each provider shall establish visitation policies and procedures. The policies and procedures must, at a minimum, include control and education policies for visitors; screening, personal protective equipment, and other control protocols	CZ841		

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CZ841	Continued From page 8	CZ841		

for visitors; permissible length of visits and numbers of visitors, which must meet or exceed the standards in ss. 400.022(1)(b) and 429.28(1)(d), as applicable; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies and procedures may not be more stringent than those established for the provider's staff and may not require visitors to submit proof of any or immunization. The policies and procedures must allow consensual physical contact between a resident, client, or patient and the visitor.

(b) A resident, client, or patient may designate a visitor who is a family member, friend, guardian, or other individual as an essential caregiver. The provider must allow in-person visitation by the essential caregiver for at least 2 hours daily in addition to any other visitation authorized by the provider. This section does not require an essential caregiver to provide necessary care to a resident, client, or patient of a provider, and providers may not require an essential caregiver to provide such care.

(c) The visitation policies and procedures required by this section must allow in-person visitation in all of the following circumstances, unless the resident, client, or patient objects:

1. End-of-life situations.

2. A resident, client, or patient who was living with family before being admitted to the provider ' s care is struggling with the change in environment and lack of in-person family support.

3. The resident, client, or patient is making one or more major medical decisions.

4. A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently .

5. A resident, client, or patient needs cueing or

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CZ841	Continued From page 9 encouragement to eat or drink which was previously provided by a family member or caregiver. 6. A resident, client, or patient who used to talk and interact with others is seldom speaking. 7. For hospitals, childbirth, including labor and delivery. 8. patients. (d) The policies and procedures may require a visitor to agree in writing to follow the provider's policies and procedures. A provider may suspend in-person visitation of a specific visitor if the visitor violates the provider's policies and procedures. (e) The providers shall provide their visitation policies and procedures to the agency when applying for initial licensure, licensure renewal, or change of ownership. The provider must make the visitation policies and procedures available to the agency for review at any time, upon request. (f) Within 24 hours after establishing the policies and procedures required under this section, providers must make such policies and procedures easily accessible from the homepage of their websites. This Statute or Rule is not met as evidenced by: Based on record review and interview, the facility failed to provide Visitation Policy and Procedures as required for Assisted Living Facilities which came into effect 30 days after the State bill implementation date of . The finding included: On at 10:54 AM, a review of the documents from the Administrator revealed there was no Visitation Policy included in the documents received.	CZ841		

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CZ841	Continued From page 10 On at approximately 2:24 PM, the Administrator was notified of the missing Visitation Policy. She stated they do not have it as yet; they are working on it. In an interview conducted with the Administrator on at 2:53 PM, she stated again that they do not have a Visitation Policy. In an interview conducted with the Administrator on at 3:05 PM during the Exit Conference, the Administrator stated again that they have not implemented a Visitation Policy. Class	CZ841		